

W & S Red Rose Healthcare Limited

Morley Manor Residential Home

Inspection report

Brunswick Street
Morley
Leeds
West Yorkshire
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Date of inspection visit: 29 October 2015
Date of publication: 25/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 29 October 2015 and was unannounced. At the last inspection on 30 July 2014 the service was compliant with the regulations we looked at, however we noted concerns with a lack of documentation to show how staffing levels were decided, mental capacity assessments and medication record keeping.

Morley Manor Residential Home is situated on the outskirts of Morley, within reach of the town centre and local amenities. It is registered to provide care and support for 31 people living with dementia. There were 23 people living at the home when we visited. The accommodation for people is arranged over two floors linked by a passenger lift.

Summary of findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

The registered manager had no system in place to ensure there were sufficient staff to meet people's needs. We saw staff were rushed and under pressure and people were often left waiting for assistance.

The premises were not sufficiently well cleaned and some people did not have hot water in their bathrooms, meaning that infection control practices in the home were not sufficiently robust to protect people from the risk of infection.

Medicines were not always managed safely. We saw medication left unattended and 'as and when' medication was not always available when people needed it.

Staff training was inconsistently recorded and the registered manager was unable to locate records of annual appraisals

People told us they found the staff caring and able to meet their needs. Although staff could tell us about ways in which they could protect people's privacy and dignity we did not always see this in practice.

There was not a meaningful programme of activities in the home.

People told us they felt safe in the home, and staff we spoke with demonstrated understanding of their responsibilities around safeguarding vulnerable people. Records of training carried out in safeguarding were incomplete.

Recruitment practices were robust and the registered manager could demonstrate that appropriate background checks were made to ensure staff were suitable to work with vulnerable people.

Risk was well assessed in people's care plans.

The service was working within the principles of the Mental Capacity Act 2005 and managing Deprivation of Liberty Safeguards appropriately. Care plans included detail of people's ability to make decisions and the support they needed to do this when appropriate.

Daily notes were detailed and we saw any accidents or incidents were well recorded and action taken to minimise the risk of these events happening again.

Individual care and support needs were well documented in care plans and we saw evidence of some involvement of people in developing the service.

Concerns and complaints were well managed.

We received inconsistent feedback about the registered manager's approachability.

There were quality assurance systems in place in the home but these were not always sufficiently robust to ensure they were drivers for improving the quality of the service.

You can see what action we told the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There were not always sufficient numbers of staff to meet people's care and support needs.

The home was not ensuring people were protected from the risks associated with poor infection control practices.

Medication was not always managed safely

Inadequate



Is the service effective?

The service was not always effective.

The provider did not ensure staff received regular training and supervision to support them in meeting the care and support needs of people.

Care plans included information about people's choices in relation to their care and daily lives.

People were not well supported at meal times.

Requires improvement



Is the service caring?

The service was not always caring.

People were not always treated with dignity and respect.

People told us they liked the staff and relatives told us they felt people were well looked after.

Care plans showed evidence of people's involvement.

Requires improvement



Is the service responsive?

The service was not always responsive.

There was no meaningful programme of activities in the home and people told us they were bored.

People's daily notes were detailed and we found incidents were well followed up.

Care plans contained detailed initial assessments that captured detail about people's likes and dislikes.

Requires improvement



Is the service well-led?

The service was not always well-led.

The registered manager did not ensure they spot checked all staff to assess their competency.

Requires improvement



Summary of findings

We saw evidence people were involved in developing the service.

Some quality assurance systems were in place, however they were not always used effectively.

Morley Manor Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place out of hours on 29 October 2015 and was unannounced. The team consisted of two adult social care inspectors and an expert by experience with a background in caring for someone with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 23 people living at the service. During our visit we spoke with eight people who used the service, four visitors, ten staff including those on day and night shifts, a kitchen assistant, the registered manager and the provider. We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at the care plans of four people.

Before the inspection we reviewed the information we held about the service including feedback from people and previous inspection reports. We contacted the local authority and Healthwatch to ask if they had any information which related to the performance of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

The registered manager told us they did not have a formal system to work out how many staff were needed to ensure people's care and support needs were met. They said they listened to what staff told them and adjusted staffing levels accordingly, but this was not documented. People who lived at the home, visitors and care workers told us there were not always enough staff on duty. A visitor said, "Sometimes there aren't enough staff to deal with any incident that happens. A member of staff told us, "Generally it is only two staff on a night. Most people need two to one care and support." During the inspection the registered manager said they would source examples of dependency tools that would enable them to more accurately reflect people's needs when planning staffing levels.

We looked at staff rotas for the previous four weeks and saw there were routinely two staff covering night shifts and five during the day. During our inspection we saw staff were regularly rushed and under pressure to meet people's needs. For example one person was calling for assistance and an inspector had to look for a member of staff to help them. A care worker had to break off from serving breakfast to attend to the person. In addition we observed people call for attention when staff failed to answer call bells. On a number of occasions during the inspection staff told us that they were finding their shift unusually busy, but could not tell us what made the day different to any other. One member of staff told us "This morning has been bedlam."

We concluded there were regularly insufficient staff to adequately meet people's care and support needs. This was a breach of Regulation 18 (1) Staffing of the Health and Social Care Act (Regulated Activities) Regulations 2014.

On the day of the inspection there were no domestic staff due to absences, which meant care workers were also responsible for cleaning. Staff told us they also carried out a large amount of cleaning on night shifts. At the start of the inspection we found some areas of the home were not clean. For example we saw faeces on one toilet, dirt on the underside of a bath chair, a soiled incontinence pad in an open bin, other soiled incontinence pads which had not been 'double bagged' prior to being placed into bins and items of soiled clothing on the floor of one bathroom. Seating throughout the home was stained and the chairs in one lounge were malodorous, meaning the cleaning of

these was not effective. We looked at the cleaning schedule and found it was not sufficiently robust to ensure safe cleaning of the home. Tasks were vague such as 'clean armchairs' and were not accompanied with detailed instructions that would have assisted staff, for example in keeping the furniture clean and odour free.

Staff told us some people did not have hot water in their bathroom, and we saw two rooms where this was the case. Staff told us they took bowls of hot water to these rooms when it was required. We reviewed the maintenance book and saw the lack of hot water had been a concern since at least February 2014. We discussed this with the registered manager and provider during the inspection and told them to take urgent action.

We concluded that people were not adequately protected from the risks of poor infection control and that this was a breach of Regulation 12 (2) (h) Safe Care and Treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at systems in place to manage medicines and found they were not consistently safe. We saw medicines were safely and securely stored in sufficient quantities to meet people's needs, and unwanted or out of date medication was stored separately and clearly marked for return. The controlled drugs book was in good order and these medicines were clearly recorded. We looked at a sample of medicines administration records and found these correctly completed. Other aspects of medicines management were not safe however. For example staff told us there was not always a suitably trained member of staff on duty at night to administer 'when required' medication such as pain relief, meaning that people could not always have this when it was needed. There was no guidance in place to assist staff assess the appropriate dose of pain relief for a person who did not communicate clearly. This meant they may not have received sufficient medication to meet their needs. We saw prescribed creams for one person stored in a basket in the staff toilet. None of the staff members we asked could tell us why they were there.

During the morning medication round we saw medicines for two people were left unattended and out of sight of the staff member in charge of the administration process. We were told this had been left out for a district nurse to administer, and when we raised our concerns it was placed into an unlocked cupboard in the communal hallway, meaning it was still not stored safely.

Is the service safe?

We concluded the above examples constituted a breach of Regulation 12 (2) (g) Safe Care and Treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe in the home and we saw they were relaxed in the presence of staff and other people. The provider had a safeguarding policy in place for protecting people from potential abuse, and staff we spoke with could tell us in detail about types of abuse and their responsibilities in reporting any concerns. We saw evidence that incidents were reported both to the Care Quality Commission and relevant safeguarding authorities as needed.

Staff told us they had received training in safeguarding, however it was not clear how recently this had been carried out. We looked at the training matrix and saw some staff had not received training in safeguarding. The record showed some staff had not had safeguarding training for two and a half years. This meant the approach to safeguarding and the ability of staff to adequately protect people from abuse may not always be consistent.

We looked at the recruitment records of four members of staff and saw appropriate pre-employment checks had been carried out. Records contained two written references evidencing experience and previous good conduct. In addition the registered manager had made checks with the Disclosure and Barring Service (DBS). The DBS checks provide information on an individual's suitability to work with vulnerable people and help employers make safer recruitment decisions.

We reviewed the care plans of four people and saw risk was assessed across a number of areas including falls, smoking and aggressive behaviours. Standard supporting tools such as pressure ulcer risk assessments were in place in care plans, meaning the provider ensured any risk to individuals was mitigated where possible.

Personal evacuation plans were in place for each person and we saw the fire risk assessment for the home had been updated in July 2015. A weekly fire systems test was carried out and we saw a fire drill had been undertaken in July 2015.

Is the service effective?

Our findings

We looked in detail at the training matrix used by the registered manager to record the dates of all staff training. We found this was only partially completed for the current year. One member of staff who had been in post for over a year had no training recorded. The registered manager was unable to provide evidence that a member of staff who worked nights had completed any fire evacuation training. Eighteen other staff had no date of fire evacuation training recorded on the matrix, however the registered manager told us they currently employed only fifteen staff. This meant the matrix was not being updated when staff left the service. Although staff we spoke with told us about training they had received, we could not establish whether there was a robust plan in place to keep staff knowledge and skills up to date. One member of staff told us “I think my training is out of date.”

We asked staff if they were supported with regular supervision and appraisal. One member of staff told us “I have never had supervision. I have never even seen the manager.” Another told us, “I had supervision with the manager last week. I think I had an appraisal a year ago.” We saw records relating to individual supervisions carried out in June and September 2015 and a group supervision in March 2015.

Staff undertook an induction programme which included training in health and safety, ‘the needs of our residents’ and a discussion about moving and handling. We looked at the induction records of three recently employed members of staff and saw they and their trainer had signed to confirm training had been received, although this was not always dated. One member of staff had not signed to confirm they had received fire safety training. We saw staff were assessed at two and twelve weeks into their employment. These assessments included ‘approach to residents’, ‘general attitude’ and ‘responsiveness to senior staff and residents’.

The registered manager told us they carried out some spot checks out of hours, but did not visit the home unannounced at night to assess the performance of night staff. They also told us they did not carry out competency checks of staff once they were out of their induction period.

We concluded the provider did not have a robustly planned and controlled approach to providing staff with appropriate support, training, professional development,

supervision and appraisal necessary to enable them to carry out the duties they were employed to perform, and this constituted a breach of Regulation 18 (2) (a) Staffing of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us they had made three applications for DoLS for people living at the home, but these were not yet granted. We did not find evidence that people’s liberty was being inappropriately restricted. For example one person preferred to have the door to their room locked to protect their privacy, and we saw this choice documented in their care plan.

We saw people’s care plans included assessments of their mental capacity to make decisions and information about their choices and decisions regarding their care. Where people liked to have or needed the help of family members this was well documented. Staff we spoke with showed an understanding of how to protect people’s rights to refuse care and support and there were records of training in the MCA being received by most staff. Care plans which contained valid ‘Do Not Attempt Cardio-Pulmonary Resuscitation’ forms showed decisions had been made on the basis of individual assessment in line with General Medical Council guidelines.

People’s health was supported by a range of professionals such as district nurses, mental health teams, dieticians and opticians, and we saw their input recorded in care plans.

Care plans contained information about people’s dietary needs and preferences. For example we saw in one

Is the service effective?

person's care plan that they needed blended meals and there was detail relating to how they liked this food to be presented. In another person's care plan we saw the provider had sought advice from a dietician and the Alzheimer's Society to ensure the person's diet was appropriate for them. A visitor told us "[name of person] lost weight in the last place they lived, but there they have put it back on."

We observed the lunchtime meal service which was not well managed. We saw staff trying to support a number of

people by prompting them to eat, but they were not able to remain focused on one person as they were also answering call bells and serving food to people who had remained in the lounge.

People were offered a choice of two main meals, and we saw one person was given an alternative that was more to their taste. Initially people were only offered one dessert although we saw an alternative available in the dining room. This was only offered when one person helped themselves and other people shouted to bring this to the attention of staff.

Is the service caring?

Our findings

We asked people whether staff were caring and able to support them well. One person said, “I like the staff. They are very kind.” A visitor told us, “I am satisfied that [name of person] is well looked after.” Another told us “The staff are very good and approachable.” We observed a number of interactions and saw staff were patient and reassuring when speaking to people who used the service or providing assistance. Staff we spoke with were knowledgeable and spoke with fondness when we asked about people they supported.

One member of staff told us about people’s morning routine. They said “During the last three months we have been expected to get people up and dressed from four o’clock in the morning and then leave them in bed.” Another member of staff told us “Day staff expect all the residents to be up,” and a third said “About half the people are usually up by the time I come in. Some residents had been put back to bed dressed this morning.”

We saw some other examples of poor care practice. For example, one person who preferred to spend time in their room could not reach their call bell from their chair and was not able to mobilise independently to use it. There was no extension cord to enable them to use their bell from their chair. We saw the wall around the bell was damaged where they had repeatedly attempted to use other objects to press it. They told us they had to shout for assistance until someone came to them. Another person was left in soiled clothing because staff had not visited their room to check on them. They were unable to call for attention themselves.

We concluded that people were not always treated with dignity and respect and that this was a breach of Regulation 10 (1) Dignity and Respect of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with told us about ways in which they promoted people’s privacy and dignity. These included being mindful of knocking on people’s doors, maintaining conversation with people and taking care to keep them covered as much as possible when providing personal care. We saw some evidence of this during the inspection. For example we heard two staff assisting a person in their room. The person repeatedly expressed confusion about what they were doing. We heard the staff use calming tones and language as they reassured the person and explained what they were doing.

Overall we saw people were presented in clean, well-cared for clothes and there was evidence that personal care had been attended to. A number of male residents appeared unshaven, but we were unable to determine whether this was a personal preference or a lack of attention to their personal care needs.

People’s care plans contained information about individual preferences, needs and interests and showed some evidence of involvement of people and their relatives. A member of staff told us they got information about people from their families and friends. They said “I see families, especially when care plans need reviewing. We do that by telephone or in person.”

Is the service responsive?

Our findings

Daily notes were kept for each person and captured detail relating to any accidents or incidents and a log of social visitors the person had received. There were also records of the activities that each person had participated in, however we found these did not evidence a varied and engaging programme of activities being provided in the home. We looked in detail at the daily records for three people. One person's activity was listed as 'resting' on six occasions, with one day when no activity was recorded. Another had 'watching television' on two occasions, 'resting' on two occasions and nothing for the remaining days of the week. We asked people what activities were provided in the home. Most people we spoke with replied 'nothing.' One person told us "We do nothing all day. I like to be busy all the time or I get bored. I'm bored." The registered manager told us they were in the process of recruiting a member of staff to lead activities, but at the time of our inspection care staff were providing these. Staff we spoke with told us there was no activity plan for the day of the inspection. One care worker told us "We will play dominoes or have someone to one time with residents." Another told us "There are no activities." On the day of the inspection we saw some people were icing buns in the dining room.

Where incidents had been logged we saw these were recorded in detail and included information as to any changes needed in relevant parts of the person's care plan. For example we saw detailed records relating to one person's challenging behaviours which assessed what had

happened, any known causes of the incident, observations as to the person's mood state and how the incident was resolved. We saw how learning from such incidents was used to update the person's behaviour support plan.

The care plans we looked at in detail contained initial assessments which captured detail including important relationships, health needs, religious beliefs, preferred name and whether the person wanted to vote in future elections. These were accompanied by documentation showing how each person's care needs were being met. For example we saw personal care plans in place for a range of needs including language and communication, behaviour support and skin integrity. We saw these were regularly reviewed and signed by people or their relatives. People we spoke with confirmed they were included in discussions about their or their relative's care. One visitor told us "The staff give you time and talk to you about what's going on."

People's life history, likes and dislikes were documented in care plans and covered such things as what clothes they like to wear, hobbies and interests and preferred times for getting up and going to bed. We saw evidence care plans were regularly reviewed at different intervals determined by the pace of changes in people's health and support needs.

The service had a system in place for managing and responding to concerns and complaints, and we saw complaints were all responded to within the timescales identified in the complaints policy. We saw the policy on display in the home, meaning people had access to written information about how to make complaints and how they could expect the provider to respond.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care staff. During the inspection we saw they were a visible presence in the home and familiar to people and their visitors. We saw they were frequently needed to assist staff with care tasks throughout the day.

Visitors told us the registered manager was approachable and communicated well with them, however staff gave inconsistent feedback about leadership in the home. One member of staff told us “I think the management are approachable and responsive.” However another said “The care staff are really good, but the manager is not approachable.”

We looked at how the registered manager involved people in developing the service. We looked at the minutes of a ‘residents and relatives’ meeting held two weeks before our inspection. Feedback had been given relating to a need for more activities in the home, some improvement work for the premises and a request for the home to have a pet. We looked at minutes of a staff meeting held in August 2015 where relevant topics including care plan documentation, staff recruitment and cover for shifts were discussed. One

member of staff estimated there had been three meetings in the previous two years, but could not recall a recent one taking place. Another told us they saw minutes of meetings but did not always attend.

There were quality assurance systems in place to assess and monitor the service that people received, however these were not always robust. The registered manager conducted a series of audits and checks including analysis of falls, people’s weights and the condition of the mattresses in the home. We saw evidence of recent completion of these. We looked at the care plan audit which was last completed in May 2015 and had only looked at two people’s records. Spot checks were recorded but we did not see evidence of these being done at all times. The registered manager confirmed they did not attend after 10:30pm, meaning the night staff would not be checked after this time.

We saw staff were recording maintenance needs in the home’s maintenance log book, but there was evidence the registered manager was not carrying out checks to ensure work was done. In addition to the repeated records of a lack of hot water in some rooms, we saw the need to repair a noisy fan in one person’s room had been marked ‘done’ in August 2015, however when we checked the room we found the fan was still malfunctioning. The registered manager could not provide an explanation for this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People were being woken, dressed and returned to bed by night staff. Not all rooms had hot water. People could not always get help and assistance in a timely way.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines were not always managed safely.

People were not adequately protected from risks associated with infection control.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not always enough staff to meet people's care and support needs safely.

Staff were not adequately supported to meet people's care and support needs because training was not kept up to date and the registered manager could not demonstrate they had carried out appraisals in line with the provider's policy.