

Devonshire Care 1 Limited

Morton Manor

Inspection report

Dog & Duck lane
Morton
Gainsborough
Lincolnshire
DN21 3BB

Tel: 01427612796

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16 December 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Morton Manor is a residential care home providing personal and nursing care for up to 30 people aged 65 and over in two buildings, the main house and The Cottage. At the time of this inspection the service was supporting 19 people.

People's experience of using this service and what we found

In the absence of a registered manager, the provider had not consistently maintained effective oversight of the safety and quality of the service.

Routine daily safety checks had not consistently been completed. Infection prevention and control risks were not always assessed and mitigated.

Quality and safety audits had not always identified or prioritised risks to people's safety.

The provider had action plans in place for environmental improvements. However, the work had not been prioritised and there were no clear timescales for the work to be carried out.

People were treated well by staff and did not have to wait to have their needs and wishes met. Medicines were managed in a safe way and people received their medicines as prescribed.

The provider worked well with external agencies and there were enough safely recruited and trained staff to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 March 2021).

Why we inspected

We received concerns in relation to management of the service, infection prevention and control arrangements, staffing levels and recruitment procedures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Morton Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Morton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority who work with the service. This information helps support our inspections. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected. We used all of this

information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We also spent time observing the care people received. We spoke with seven members of staff including two operational area managers, a registered nurse, two care workers, a housekeeper and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records including quality assurance audits and staff duty rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. In addition, we were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- The laundry room was in a separate outbuilding situated between the main house and The Cottage. The walls were stained and dusty and there were missing tiles around the hand wash sink. The sluice basin was stained and contained soiled items. The floor was stained, dirty and there was a gap around the washing machine which could harbour dirt. This environment was not sufficiently clean and hygienic to meet infection control standards.
- In addition, the room was small and did not support a defined flow for used and clean laundry. This meant clean laundry could be contaminated.
- There was no heating in the outbuilding and the entrance door was left open during the inspection. This meant clean laundry stored in the outbuilding was at risk of becoming damp and soiled again.
- The sluice room in The Cottage was locked and not in use. This was due to issues related to the plumbing. This meant there was nowhere available in The Cottage for staff to effectively clean items such as commode pans or rinse soiled linen. Staff had to walk across the courtyard to access the sluice facility in the separate laundry building. This increased the risk of transmitting infections.
- Some doors and skirting in both buildings showed evidence of damage and poor maintenance. In addition, there was surface damage and rust on a hoist. This meant those areas were difficult to keep clean and hygienic.

We found no evidence that people had been harmed. However, the provider had not consistently ensured risks of infection were mitigated and this placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately following the inspection to address the issues we found within the laundry room and the sluice room in The Cottage. For example, refurbishment of the laundry building commenced the day after the inspection visit.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Incidents and accidents were reviewed to ensure that lessons were learned, and action taken to reduce the risk of similar incidents occurring in the future. However, recording of this process was not always clear or detailed. An area manager acknowledged the need to improve recording.
- Some risks to people's safety had been assessed. Plans were in place to manage and minimise risks such as falls, the use of bed rails and personal finances.
- We observed a box of new flooring stored in a communal area which increased the potential for people to trip or fall. In addition, a heating appliance without portable appliance testing (PAT) confirmation was observed to be in a communal lounge. An area manager took immediate action to address the issues identified.
- Personal plans were in place to ensure people could be evacuated from both buildings in the event of an emergency such as a fire.
- At the last inspection staff raised concerns about the safety of working alone in The Cottage. Since then the provider had ensured two care staff were always on duty in The Cottage.

Using medicines safely

- Protocols were in place to ensure medicines people only needed when required (known as PRN) were administered consistently. An area manager and a registered nurse acknowledged protocols could be improved to show, for example, how people communicated if they were in pain.
- People received their medicines as prescribed. We saw medicine administrations records (MAR) were completed when people had taken their medicines.
- Medicines were ordered, stored and disposed of safely and in line with national guidance.
- Staff received training in the safe handling of medicines. A registered nurse told us checks were carried out to assess their competency to safely manage medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Morton Manor and staff looked after them well.
- Staff were trained to keep people safe from abuse and they understood their responsibilities to raise concerns. Information was available for people and staff to help them raise concerns with the provider and external agencies such as the local authority.
- Managers had worked with the local authority to investigate and learn lessons when any concerns for people's safety had arisen.

Staffing and recruitment

- Systems were in place to ensure staff were suitable to work with people who lived in the home. This included checks about their identity and previous employment. The provider also carried out checks with the Disclosure and Barring Service (DBS). These checks identify if staff have any criminal convictions that may affect their suitability to work with vulnerable people.
- There were enough staff to meet people needs. Staff told us they felt there were enough staff on duty. People's dependency levels were reviewed at least monthly to ensure the correct numbers of staff were on duty.
- People told us they did not have to wait for the care and support they needed, and we observed this during the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no registered manager in the service at the time of the inspection and there were no clear arrangements in place for the day to day management of the service. This meant there was a lack of oversight regarding service quality and leadership.
- There was an expectation that registered nurses would carry out a daily management role as well as nursing duties. However, there was no clear role definition set out for registered nurses to follow. This meant some aspects of quality monitoring were not carried out consistently.
- Daily environmental safety checks had not been carried out routinely as noted in the safe section of this report. This increased the potential for people to trip or fall..
- Care staff had not been trained to administer medicines to people who did not require nursing support. This impacted on the registered nurse's ability to focus on the needs of people who required nursing care.
- Audits had been carried out but had not always identified issues we found at this inspection. For example, infection prevention and control concerns highlighted in the safe section of this report.
- Action plans for environmental improvements were in place. However, there was no prioritisation of the works required and no indication of timescales for completion of works. In addition, although the provider's environmental action plan identified area for improvement such as damaged paintwork, these issues had not been identified as infection prevention and control risks.

We found no evidence that people had been harmed. However, the provider's governance systems were not robust enough to demonstrate the service was effectively managed. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported by the area management team when they were in the service. They also had telephone access to area managers at other times.
- Where issues were identified at this inspection the area managers addressed them in a timely manner.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- Area managers were aware of their responsibilities to inform us of significant events at the service as they

are required by law to report to us.

- A complaints policy was in place. People and relatives were aware how to make a complaint if they needed to do so.
- An area manager told us they worked collaboratively with other agencies, for example, the local GP practices and pharmacy.
- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team. A relative we spoke with told us their family member was supported to access other services in order to meet their health needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they liked living at Morton Manor and were treated well by staff. One person said, "It's a very happy place... they let me do the things I can do to keep me independent."
- We observed staff speaking with people about how they wanted their care provided and encouraging people to make decisions and choices for themselves.
- At the last inspection most relatives felt the communication was good and they felt able to raise issues. However, they did say that they usually had to request updates in order to keep up to date with their family members care. The same issue was raised during this inspection.
- Since the last inspection, area managers had reviewed their visiting policy in line with national guidance as the pandemic restrictions had changed. People and their relatives told us they were supported to maintain contact through visits, telephone calls and the use of electronic devices.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not consistently ensured risks of infection were mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not consistently maintained effective oversight of the safety and quality of the service.