

Morleigh Limited

Clinton House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 December 2014. We found the service was not meeting the legal requirements. This was because some of the processes to monitor and assess the service provided were not effective. Care plans had not been updated, there was no analysis of learning from monitoring people's behaviour and people did not have access to meaningful activities.

After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. We undertook a focused inspection on 10 June 2015 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clinton House Nursing Home on our website at www.cqc.org.uk.

Clinton House Nursing Home is a care home that provides nursing and personal care for up to 46 older people. At the time of the inspection there were 36 people living at Clinton House.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. However, the manager who was in overall charge was a registered manager at another of the provider's locations. They were in the process of applying to be the registered manager of this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our focused inspection on 10 June 2015 we found people's care plans had been updated to accurately reflect how they would like to receive their care and support. This included the analysis of any learning from monitoring people's behaviour. Staffing numbers had been increased and this meant staff were able to facilitate activities and spend meaningful one-to-one time with people to meet their individual needs. Staff told us, "it is brilliant that staffing levels have been increased, we have time to sit and talk to people", "our role is to make people happy" and "we have time now to have a laugh with people".

People were able to take part in a range of activities facilitated by staff in the service. This included an external entertainer, trips out, craft work and card games. People told us, "A group of us play cards with staff", "I enjoy growing vegetables and plants in the greenhouse", "I like my daily newspaper it reminds me what is going on in the world" and "I go out on day trips".

There were systems in place to monitor the quality of the service provided at both the level of the service and with senior management. The auditing process provided opportunities to measure the performance of the service.

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 responsive?

The service was responsive. People received personalised care and support that was responsive to their changing needs.

People were able to take part in a range of activities facilitated by staff in the service.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Requires Improvement



Is the service well-led?

The service was well-led. There was an effective system in place to monitor and assess the quality of the service provided.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Requires Improvement



Clinton House Nursing 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.

We undertook a focused inspection of Clinton House on 10 June 2015. This inspection was completed to check that improvements necessary to meet legal requirements after our comprehensive inspection on 16 December 2014 had been made. We inspected the service against two of the

five questions we ask about services: is the service responsive and is the service well-led. This is because the service was not meeting legal requirements in relation to these questions when previously inspected.

The inspection was carried out by one inspector. Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet the legal requirements.

During the inspection we spoke with eight people living at Clinton House, the manager, the head of operations and four care staff. We looked at the four records relating to the care of individuals and records relating to the running of the service.

Is the service responsive?

Our findings

At our inspection on 16 December 2014 we found people did not have access to meaningful activities that met their individual social and emotional needs, especially for people who required assistance from staff for their daily living. Some care plans were not personalised to the individual and contained generic statements that were not informative about the person or relevant to their needs. Charts to record specific incidents that occurred did not contain sufficient detail about how staff had responded to the incident or if any action had been taken.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 10 June 2015 we found that the provider had taken action to address the shortfalls in relation to the requirements of regulation 9 described above. People's care plans had been updated to accurately reflect how they would like to receive their care and support. This included the analysis of any learning from monitoring people's behaviour. Staffing numbers had been increased and this meant staff were able to facilitate activities and spend meaningful one-to-one time with people to meet their individual needs.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported, including how people liked to spend their time. Care plans were informative and accurately reflected people's needs, such as how staff should support people who may have communication difficulties. For example one person's care plan stated, "[person's name] sometimes forgets what they want to say. ... responds well to reassurance and it is better to ask closed questions so that [person's name] can give yes or no answers". Each nurse was allocated between six and eight people's care plans to review and update on a monthly basis. These reviews captured people's changing needs and provided important information for staff to follow when people's needs changed. One member of staff said there is, "lots of information to follow" in people's care plans.

Some people living in the home could display behaviour that was challenging for staff. Whenever incidents occurred

behaviour charts were completed. Since the last inspection the format used to record these incidents had been changed. The new charts recorded specific incidents for individual people and gave clear information about how staff had responded to incidents and the actions that had been taken. For one person recording each incident and analysing trends had resulted in staff being able to recognise the triggers that would proceed periods of anxiety. This had given the service vital information to update the person's care plan and guide staff about how to deliver care to meet their needs.

We spent time observing people in the lounge and dining room area, where most people spent their time. Throughout the inspection there was an unrushed and relaxed atmosphere. Staff were attentive to people's individual needs. Staff spent one-to-one time talking and reading with people. One care worker told us, "we [staff] often take our breaks sitting with people to have coffee together, people enjoy having a chat".

Since our last inspection the post of activity co-ordinator had become vacant. The head of operations told us they were reviewing the post as recruitment to the existing hours and role had not been successful. In the meantime the service had reviewed the staffing levels taking into account people's emotional and well-being needs. The number of staff on duty had increased by one care worker from 8.00am–8.00pm and an additional care worker was on duty from 4.00pm–10.00pm. The additional evening duty was put in place to meet the needs of people who liked to go to bed later and some people who could become anxious in the afternoon and early evening. Staff told us, "it is brilliant that staffing levels have been increased, we have time to sit and talk to people", "our role is to make people happy" and "we have time now to have a laugh with people".

The increased staffing levels meant that staff had time to facilitate group and individual activities for people. This included an external entertainer, trips out, craft work and card games. People told us, "A group of us play cards with staff", "I am a gardener, I started as a child, I enjoy growing vegetables and plants in the greenhouse", "I like my daily newspaper it reminds me what is going on in the world" and "I go out on day trips".

Is the service well-led?

Our findings

At our inspection on 16 December 2014 we found there was no system in place to monitor the quality of the service provided at the provider level. There was no external auditing process or any opportunities to share good practice across the organisation.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection of 10 June 2015 we found that the provider had taken action to address the shortfalls in relation to the requirements of regulation 17 described above. There were systems in place to monitor the quality of the service provided at both the level of the service and with senior management.

This service is required to have a registered manager and a registered manager has not been in post since March 2014. A registered manager from another location within the Morleigh group had been managing this service since 30 March 2015. They were in the process of applying to be the registered manager of this location. At the time of the inspection out of six nursing and residential homes, in the Morleigh group, only two had a registered manager in post. Three of the four services without a registered manager had been without a registered manager for over 12 months, including this location. This meant there was a risk there would be a lack of consistency and clear leadership throughout the services.

In March 2015 the organisation employed a head of operations to streamline the service provided by the Morleigh group across all of its locations to offer a more consistent and reliable standard of care. We found an audit system in the service and by senior management had been fully implemented in May 2015. The first of monthly managers meeting had taken place and we saw the first manager's monthly report for this service had been completed. This gave managers of each location the opportunity to share good working practices and discuss any issues. The head of operations told they would use information from the managers meetings and monthly reports to improve and develop the services. In addition the head of operations would visit each location monthly to carry out audits in line with the five CQC inspection questions. We saw that these visits had already started.

Audits to monitor the quality of the care provided and equipment checks were completed regularly at the service level by the manager, nurses and senior care staff. These included audits of; care plans, medication, falls, pressure areas, accidents and incidents, hoists, slings and general maintenance of the building. The manager included the findings of these audits in their monthly report, highlighting any areas in need of improvement. This enabled the head of operations to have a detailed overview of the service.

Staff told us they saw these management changes as a positive move. Staff said the new manager and the senior management structure had improved the running of the service. Staff felt supported and told us, "[Manager's name] is with you all the way", "staff have connected better and are happier about coming to work" and, "love it here, things have really improved in recent months".