Community Integrated Care

Morningside

Inspection report

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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

This unannounced focused inspection took place on 29 December 2016. We carried out an unannounced comprehensive inspection of this service in January 2015. After that inspection we received concerns in relation to high levels of safeguarding incidents, particularly people being violent or aggressive towards each other. Concerns had also been raised about the leadership and management support and the management of medicines. We attended quality improvement meetings throughout the latter half of 2016 in which the provider discussed the current challenges of managing the service. They provided an action plan to help us understand the improvements they were making. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Morningside on our website at www.cqc.org.uk.

Morningside is a small bungalow set in its own grounds in a residential area a short walk from the amenities of Penrith. It provides care and support for up to five people who live with learning disabilities. At the time of our inspection there were four people living there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

The premises were not clean or tidy which meant that it was difficult to maintain a hygienic environment. The provider intended to improve the environment and ensure people were properly supported to maintain their own personal spaces, such as bedrooms.

There were insufficient staff to meet people's needs. The provider had identified a safe level of staff but consistently failed to maintain this. The provider had successfully employed two new staff to alleviate this issue and recruitment was ongoing.

A quality assurance system was in place but was ineffectual. This was because the registered manager had insufficient time to complete audits and checks, due to staffing pressures.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

We found breaches of regulations in relation to premises and equipment, staffing and good governance. You can see the action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was frequently insufficient staff on duty.

The premises was not clean.

Medicines were managed appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had a quality assurance system in place but it was not being implemented, monitored or reviewed correctly.

The registered manager often had to work on the 'shop floor' due to lack of staffing.

Morningside

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 checked 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.

This inspection took place on the 29 December 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care and the clinical commissioning group (CCG). We planned the inspection using this information.

We spoke with two of the people who used the service. We also spoke with six members of staff including the registered manager and support staff.

We read four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined quality monitoring documents.

Requires Improvement

Is the service safe?

Our findings

Prior to our inspection representatives of local adult social care and NHS staff had informed us the home was failing to manage issues with cleanliness and hygiene and that the home was generally untidy. A support worker showed us around the home when we arrived.

Communal areas were not clean, there were stains and drip marks across the walls. The walls had been painted with matt emulsion and were difficult to clean. We asked that radiator covers be removed which proved to be difficult for the staff to do easily. The covers were of poor design and people had 'posted' rubbish into them including food and drinks. This led to a malodour when the radiators were switched on.

We looked in two people's bedrooms. One bedroom had bedding on the floor as well as other items of clothing. A curtain was hanging by its corner on a screw which had been screwed into the window frame. The en-suite toilet had not been cleaned, there was unidentified fluid on the floor. This meant people going in and out of the en-suite had to walk over bedding, clothing and the fluid on the floor.

In the other bedroom we looked at we were unable to see the floor due to piles of clothing and the persons personal belongings. We were aware from our previous inspection that this person required additional support to enable them to keep their room tidy. The service had also been developing the use of assistive technology to help this person communicate via a computer tablet. A support plan had been previously developed that outlined how staff were to do this and how the assistive technology would aid both them and the person. During this inspection we found that the computer tablet was not in regular use and the support plan had been removed from the persons care file.

The service had a cleaning schedule in place that was to be implemented by care staff. However care staff were not completing cleaning tasks as key issues, such as tidying bedrooms and ensuring that décor, fixtures and fittings were easily cleanable, had not been dealt with.

We spoke with the registered manager and the provider about this. They told us that plans were in place to improve the overall environment and that they had re-instated support plans relating to tidiness of people's bedrooms.

This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 15 Premises and Equipment (1) (a).

We spoke with people who used the service and asked if there were sufficient staff within the service. One person told us, "I'm getting looked after." Another said, "Yes [there are enough staff]."

One person said they were looking forward to going to the pub that day. However they did not go out of the home while we were there. We asked staff about this and they told us there was not sufficient staff to allow them to do this safely.

We looked at people's written records of care. Each person within the service required some level of supervision when 'at home'. All the people who used the service required an escort within the community. These measures helped keep people safe. In addition access to the local community was noted to be necessary to people's health and wellbeing. The provider had calculated that there must be a minimum of three staff on a shift in order for there be sufficient staff to support people access the local community and keep people safe when in the home. Though according to the local Safeguarding Authority and our own records there had been over 40 incidents of violence and aggression within the home since May 2016. The level of incidents may have been affected by the lack of staff available to support people to access the community according to their plans of care.

We looked at the duty rota for staff. It showed that there was rarely three staff on duty, in fact the majority of the shifts we looked at showed that there were only two staff on duty. On occasion this number included the registered manager. For example she had worked a 'double' shift on Christmas day. This confirmed that staff were unable to safely support people to access the local community with any regularity. Furthermore support plans indicated that time away from the home was beneficial in preventing people becoming agitated or upset. In fact one person noted in their support plan that it was, "Really, really annoying" when they were, "Not able to go somewhere [when] there are not enough staff."

We spoke with the registered manager and the registered provider about staffing. They told us that they were having difficulties in recruiting staff into the service. However they had recently appointed two new starters who were awaiting pre-employment checks before commencing work.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (1) – Staffing.

Prior to our inspection we had received information about a number of medicine errors occurring within the home. We were aware that staff were being supported to ensure that medicine errors did not happen. On the day of our inspection we saw medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. There were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. One person told us, "[The registered manager] is alright."

As part of the quality improvement process the service had provided an action plan to help demonstrate improvements they intended to make. We noted that all of the 21 action points listed had the registered manager's name against them as the person responsible for carrying them out. We asked staff if the provider's senior management team attended the home to support the registered manager in the implementation of the action plan. Staff told us that they rarely saw members of the senior management team.

On further enquiry we established that a deputy had been appointed by the provider to assist with the action plan but they were only available for a short period of time. The provider's quality manager had carried out work in the home throughout September 2016 to help identify areas for improvement and devise the action plan. The regional manager attempted to visit once a month.

Having noted the information in the duty rota we asked the registered manager if she had sufficient time and support to ensure the home was meeting the standards outlined in the action plan. The registered manager told us she often had to, 'Work on the shop floor' in order to cover staffing deficits and therefore was unable to spend enough of her time ensuring the service was operating appropriately.

We found that audits relating to quality improvement in the home, such as activities audits and health and safety audits had not been carried out in a timely manner. This meant that the registered manager was unable to make improvements as both her and the provider had failed to identify and act on issues such as the ones raised in this report. In addition parts of the action plan had not been successfully implemented in a timely manner, this included sourcing and replacing radiator covers, an issue that had been identified in August 2016.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good Governance (1) (2) (a) (b).

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 15 HSCA RA Regulations 2014 Premises and equipment The service provider had not ensured that the premises were clean, suitable for the purpose for which they were being used and properly maintained. Regulation 15 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service provider had not established and operated systems and processes effectively in order to assess, monitor and improve the quality and safety of the services being provided in the carrying out of the regulated activity, including the quality of the experience of the service users in receiving those services. They had had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may have been at risk arising from the carrying out of the regulated activity. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of

people using the service.

Regulation 18 (1)