

# St Matthews (Moreton Centre) Limited

## The Moreton Centre

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

The Moreton Centre provides nursing and personal care for up to 64 people who live with dementia and people who live with a mental health diagnosis. The home is purpose-built over two floors and divided in to four separate units. There were 55 people living at the home at the time of the inspection with a range of complex mental health and health care needs. This included people who have had a stroke, acquired brain injury, who live with diabetes and for those approaching end of life. Ash unit provided accommodation for both male and female people living with dementia. Maple unit accommodated younger people with a mental health diagnosis and behaviours that may be challenging. A further two units, Willow and Oak provided single sex accommodation for those with a mental health diagnosis and behaviours that were challenging. People required varying levels of help and support in relation to their mobility and personal care needs.

### People's experience of using this service:

- The providers' governance systems had not identified the shortfalls found at this inspection. There was a lack of clear and accurate records regarding some people's care and support. The management of behaviours that challenge were not always documented clearly and lacked details to manage them effectively.
- People's health, safety and well-being was not always protected, because there were areas of the home that were not clean and some furniture that posed an infection control and choking risk due to split covers. People were placed at risk because some areas of the home that contained cleaning fluids and other items that may be harmful to people had been left open and people could access them.
- Risk of harm to people had not always been mitigated as good practice guidelines for the management of diabetes, behaviours that challenge, use of restraint and the use of covert medicines had not always been followed. This meant that people's safety and welfare had not been adequately maintained at all times. Whilst there were areas of care planning and assessing risk to people that needed to be improved, there was also systems to monitor people's safety and promote their health and wellbeing, these included health and social risk assessments and care plans. The provider ensured that when things went wrong, these incidents and accidents were recorded, and lessons were learned.
- There were sufficient staff to meet people's individual needs: all of whom had passed robust recruitment procedures which ensured they were suitable for their role.
- Staff received appropriate training and support to enable them to perform their roles effectively. Visitors told us, "Staff seem knowledgeable, look after my relative really well," and "The staff team seems to have really improved."
- People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave very positive feedback about the food. Comments included, "Good food," "I like the food" and "Not bad, large portions, plenty of food"
- People and relatives told us staff were 'kind' and 'caring'. They could express their views about the service and provide feedback. One person said, "We are looked after."
- People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep

in contact with their families. One person told us, "Staff help me to ring my family."

- People's care was person-centred. The care was designed to ensure people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active.
- People and families were involved in their care planning as much as possible. End of life care was planned for and staff confirmed they received training.
- Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.
- There was a happy workplace culture and staff we spoke with provided positive feedback.

The service met the characteristics for a rating of Requires Improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good. (Report published on 28 October 2016.)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

• Enforcement:

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Moreton Centre

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with mental health disorders.

#### The service is required to have a registered manager:

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### The service type:

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

#### Notice of inspection:

We did not give the provider any notice of this inspection.

#### What we did:

Before the inspection we reviewed the information, we held about the service and the service provider, including the previous inspection report. The registered provider had 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 looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is

required to send us by law.

During the inspection we spoke with:

- 16 people and observed care and support given to people in the dining room and lounges
- Three people's relatives/visitors.
- 10 members of staff
- Five external healthcare professionals.

We also reviewed the following documents:

- Eight people's care records
- Records of accidents, incidents and complaints
- Four staff recruitment files and training records
- Audits, quality assurance reports and maintenance records

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- At various times throughout the inspection process, we found that fire doors were left open when they should be closed for fire and safety reasons. This included the sluice rooms and cleaning cupboards, which contained cleaning chemicals, rubbish, mops and other cleaning equipment which could be a risk to people.
- We found four armchairs and sofas in use that had spilt covers and exposed foam which posed a cross infection risk and choking risk for people.
- Whilst there were processes to protect people from avoidable harm, there were areas that needed to be improved to ensure peoples' health and well-being. For example, the management of diabetes for one person documented about 'high', 'low' and 'normal range' of blood sugar, there were no numerical blood sugar levels given as per the National Institute for Clinical Excellence (NICE) guidelines. The person's blood sugars had been recorded as 16.8 mmols (which is a high reading) and higher on some occasions but there no information of action taken or whether the GP had been informed. The registered nurse thought that the GP would like it to be below 12 but this was not recorded and no action had been taken.
- There was a lack of documentation about the rotation of injection sites and staff were not aware this could be a factor of insulin management. Staff did not know if injection sites were regularly checked as part of diabetes management. People receiving injections of insulin to manage their diabetes should not be injected to the same site on their skin. There was a risk that this was happening.
- For those people who lived with behaviours that may challenge, staff used the principles of positive behavioural support and recorded these within the care plans. These helped staff to recognise signs that indicated a person's behaviour was escalating. There was guidance on how to respond to people's behaviour to de-escalate the situation and if physical intervention was to be considered. The de-escalation plan for each individual was kept separately and one staff we spoke with was not sure where the plan was kept.
- There was evidence that physical restraint had been used for one person during personal care. However, there was no record of how often this had happened, whether it had been assessed as necessary and agreed to and whether there had been an escalation or de-escalation of behaviours that challenged. We also found the documentation recorded about what staff did when an incident occurred, was not consistent and did not evidence whether the intervention was successful. This meant management strategies were not always explored and reviewed to check the physical intervention was always a last resort.
- Some people received their medicines covertly (Covert administration is when medicines are administered in a disguised format). However, it was not clear from the documentation that a pharmacist was involved in these decisions to ensure the medicines were safe to crush and disguise in food. There was no guidance documented in risk assessments or care plans that staff offered medicines in a normal way first and used covert as a last resort. The staff had also not documented whether it was taken normally or given covertly.

However, staff could tell us that they only gave it covertly as a last resort.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated as good practice guidelines for the management of diabetes, behaviours that challenge and the use of covert medicines had not been followed. This meant that people's safety and welfare had not been adequately maintained at all times and people had not always been protected from the risk of cross infection. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments monthly and put actions in place to reduce these risks. For example, ensuring a person who was at risk of choking was provided with a pureed diet and modified texture fluids.
- People who were identified at risk from falls had had an assessment that highlighted the risk and described the actions staff should take to reduce that risk.
- The environment and equipment continued to be well maintained. People told us that any issues were dealt with straight away. One person said, "My room is always clean, everything is looked after here."
- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Using medicines safely:

- People's medicines were administered safely and our observations confirmed this.
- At the Moreton Centre senior care staff gave people their medicines. Medicine givers were trained to handle medicines in a safe way and completed competency assessments. This ensured their knowledge was up to date. Staff told us that they received training from the dispensing chemist and support from the registered nurses.
- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required. We saw medicines remained stored securely.
- Medicines were supplied to the home in boxes and there were systems for staff to check medicine numbers on a daily basis to ensure any discrepancies were identified and acted on.
- Medicines prescribed on an 'as and when required' basis (PRN) had protocols which informed staff of when the medicines were required.
- Homely remedy guidance had been reviewed and agreed with the GP.

Preventing and controlling infection:

- Not all areas of the building and equipment was clean and free of odour. Some bedrooms had unpleasant odours, a pressure relieving cushion was found in an unclean state and one communal quiet room needed urgent attention. These were identified to staff who took immediate action. We are aware of the reasons behind these shortfalls and received clarification of how this was to be managed more pro-actively in future.
- Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons. Our observations showed staff had a good understanding of infection control procedures and we saw good practices from all staff throughout our inspection.
- Staff confirmed they had received training in infection control measures. Staff could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that



govern the service.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of abuse and harm. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. A staff member said, "We get training, which is very good, interesting and helpful." Another staff member said, "We all get training regularly and we are trained to ask questions if we see something that is not right."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- The management team had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission. There was a safeguarding folder that contained the referral and investigation document. It also contained the outcome of the investigation with action plans where required. Feedback from the local authority included, "They work with us, they inform us of events and accidents in a timely way."
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age. Staff from overseas told us how they were supported by the provider to improve their English, both spoken and written.

Staffing and recruitment:

- Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records that evidenced that people's needs were met. Food and fluid charts were completed in real time as were turning charts and continence records. This meant staff could monitor and ensure people's needs were consistently met.
- Staff told us there were enough staff to do their job safely and well. Staff told us, "We have enough staff, it can be busy but we help each other," and "The staffing is good, the managers will help out as well." People told us, "Always staff around if you need them" and "When I need help, they come quickly" and "Yes, enough staff." Relatives said, "There seems to be enough staff most of the time" and "There is always someone in here (lounge) and if they (residents) need help, they get it."
- We looked at four staff personnel files and there was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Learning lessons when things go wrong:

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
- The provider had a system to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place. The provider then took appropriate action such as looking at staff deployment or one to one support. This was seen during the inspection.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. •Staff

knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at group supervision and on an individual basis.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

- The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.
- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines and bed rails.
- On viewing people's care plans there was little reflection on peoples' capacity on a day to basis and how staff supported those with fluctuating capacity. Staff however were able to discuss how they consulted people.
- Records for people were sometimes contradictory. For example, one person had signed to say they could make their own decisions about some aspects of care and support but their capacity assessment regarding personal care stated they lacked capacity. Staff told us the person had variable capacity and said that they took each day as it came as they knew the person well. However new and agency staff would not have that knowledge of the person.

We recommend that the provider seeks advice from a reputable source to support staff in developing care plans and risk assessments to reflect people's fluctuating capacity.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care:

- A range of multi-disciplinary professionals and services continued to be involved in assessing, planning, implementing and evaluating people's care, treatment and needs.
- Links with other organisations to access services, such as tissue viability services and speech and language

therapists (SaLT) continued to ensure effective care. This was clear from the care planning documentation and the professional visiting logs. A visiting healthcare professional told us, "Staff know their residents well, they refer to us when they have concerns and this means we can be involved early."

- People were assisted with access to appointments. People told us, "Someone goes with me on my appointments to the hospital," and "Staff help me to make appointments, I've been to the dentist and to a hospital appointment."
- Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as how they communicated, mobility and medicines.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Staff continued to apply best practice principles, which led to effective outcomes for people and supported a good quality of life.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people.
- People's health needs continued to be comprehensively assessed using recognised risk assessment tools, such as waterlow (this is used to assess risk of pressure sores) All risk assessments were regularly reviewed. Care plan reviews took place at least monthly, or as and when required.
- People's past life histories and background information were also recorded in the care documentation.

Supporting people to eat and drink enough to maintain a balanced diet:

- People's food preferences were considered when menus were planned. Comments from people included, "The food is good here," and "I like the food, lots of it." A visitor told us, "Always looks nice."
- People were shown the meal choices as the meal service began, which meant that they could visually make their choice. The chef had introduced pictorial menus; this was a work in progress.
- The chef knew the people he prepared food for. He visited people to discuss their dietary requirements and knew who required special diets and fortified food.
- There were appropriate risk assessments and care plans for nutrition and hydration.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) had been made when necessary. Emergency equipment such as a suction machine were available in both units. All care staff and registered nurses had received training in what to do if someone choked.
- People had correctly modified texture diets and fluids where there were risks of choking. All meals were attractively presented to encourage people to eat. Staff assisted those that required assistance with eating in an unhurried way.
- Staff monitored people's weights and recorded these on the nutritional assessment. The registered managers had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input. Staff could tell us who was at risk from malnutrition and dehydration. They could also tell us what actions they needed to take such as encouraging drinks and fortified food.

Staff support: induction, training, skills and experience:

- People told us, "Staff are very good, look after us all very well." A second person told us, "I rely on staff to look after my health and they certainly do know their stuff."
- The staff spoke positively about the training sessions they had received. One staff member told us, "We got a lot of training and it is really good. We can ask for training if we think we need it, we have had dementia training updates."
- The provider provided staff with regular training to ensure they had the right knowledge and skills to carry out their roles. Staff told us that they completed essential training such as infection control, moving and

handling and safeguarding. They also confirmed that they had specific training such as understanding dementia, catheter care, epilepsy and equality and diversity. The training records confirmed that training had been completed.

- There was a combination of e-learning and face-to-face training.
- Staff training records reflected the information provided by the registered managers and confirmed that staff had been supported to gain the Health and Social Care diploma.
- Records showed staff supervision had taken place regularly and the staff we spoke with felt supported.
- Staff received an induction and shadowed experienced staff before they worked with people on their own. The organisation had created their own version of the Care Certificate. This was used as part of the induction process to promote good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- We saw that staff supported people in a skilled way which evidenced that they had received training in supporting people who lived with dementia and mental health illness. For example, one person was demonstrating heightened agitation and staff skilfully de-escalated the situation and led the person away to a quiet area.

Adapting service, design, decoration to meet people's needs:

- The Moreton Centre was based on an older property with newer extensions built in the last five years. It had been built and designed to provide a spacious and comfortable environment over two floors. There were four separate units. The décor was gradually being updated and staff talked of how they had consulted people about colour schemes in the communal areas. Staff also discussed a recent course they had attended about dementia and dementia friendly environments, "We learnt about how colours can be used to assist people who live with dementia, such as blue is calming and green is restful, we are gradually introducing more colours."
- People could choose to sit in the spacious lounges, quiet lounges on each floor, dining areas or in their own rooms.
- Some people's rooms were personalised and reflected their personal interests. For example, one person had lots of photographs and pictures.
- The garden areas were safe and suitable for people who used walking aids or wheelchairs.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People and their relatives told us that staff were caring. One person said, "I feel well cared for and treated with respect. Nothing upsetting has happened to me." Another person told us, "The staff treat me with dignity, they make sure I'm dressed as I want to be, I like to look nice, my hair and make-up is important to me." A third person commented, "Staff are nice, kind and friendly."
- Staff knew the people they were caring for and supporting. Staff were able to tell us about people's life histories, their interests and their preferences. One staff member told us, "We get to know our residents, how to recognise if they are becoming anxious, or agitated and we act quickly to reassure them. People change every day. That is why it is important to listen to them and constantly monitor them." Another staff member said, "I love to help our residents, they are all so different, unique."
- Staff communicated with people in a warm and friendly manner, and staff showed compassion when talking about people who lived at the home. We observed that when a staff member came into the room to speak to people they approached them, sat next to them and established good eye contact before speaking. We also observed that when staff members noticed when a person became agitated or anxious, they immediately went to the person to comfort and calm them down.
- Discussion with staff showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender (LGBT) people could feel accepted and welcomed in the service. A staff member said, "We have had training in equality and diversity, People's sexuality doesn't affect how we deliver care or how they are treated. Its ensuring people's needs are met."
- People who lived at the Moreton Centre came from differing cultures and staff demonstrated an understanding of the religious and cultural needs. One person had a care plan that stated the person wore specific garments and liked to pray throughout the day. There were also specific plans for personal care. This demonstrated that staff supported people to live their lives according to their culture.
- Training records showed staff had completed equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care:

- People and families confirmed they were involved in care planning and review, although not all could recall the full details. Records confirmed people and their relatives were involved.
- Records showed people's risk assessments and care plans were mostly updated regularly.
- Care plans recorded tasks the person was supported with, such as eating and drinking, but also the person's communication and emotional support, social activities and health or social care professionals' visits.
- Information about changes in people's health was appropriately communicated between the staff members. There were handover sessions throughout the day to highlight who may not be eating or drinking or who was feeling unwell.

- One senior staff member told us, "We review care plans and risk assessments every month, we have introduced a resident of the day, and everything gets reviewed, it's their special day, and they can choose to go out on a trip and a meal they like."

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us privacy and dignity were respected. One person said, "The staff are always polite and respectful." Another person told us, "Staff are very polite, they always ask me what I want to eat and drink."
- Staff gave examples about how they respected people's privacy. One staff member told us, "Doors are always closed when providing care. We always knock on their doors before entering. Make sure people who take off their clothes in front of others that we attend to them in a gentle manner and maintain their dignity by taking them to a private space and help them to put their clothes back on." We observed two incidences where someone had taken off their clothes and entered the communal areas and staff responded quickly with respect and took them back to their bedroom to get dressed.
- The service promoted people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care which supported them to maintain their independence
- Promoting independence was reflected in people's care plans. One care plan stated, 'allow time to dress by giving verbal guidance, passing each item of clothing as appropriate. Only needs help with buttons and zips'. Staff were able to demonstrate that they followed this guidance and the person was maintaining this level of independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about what they do with their time. One person said, "Staff are so good, they support me to live a normal life, they know I like to sleep in." Another person said, "I go out shopping with staff every day."
- People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people. We were told conversations with people about their history and background reassured people, particularly if they had difficulty with their memory.
- Some people could tell us they were involved in planning their care. One person said, "Staff talk to me about my care." A care staff member said, "We try to involve people as much as we can, but we know some people can't because of their health." They provided examples of people choosing to have a wash, shower or bath according to preference, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported. Staff could explain where and how this support should be provided. For example: those with mobility problems had a care plan that detailed how staff could help them to mobilise safely.
- Reviews took place to ensure people's needs were accurate and were being met to their satisfaction and involved of their family or legal representative. Where an advocate was needed, staff supported people to access this service.
- Staff spoke knowledgeably about people's needs as well as their interests, which was accurate according to people's care assessments and plans. One staff member said, "We try to get as much information about their life before they came to us, so we can talk about things that are important to them."
- People told us there was a range of activities provided and spoke highly of the activity co-ordinator and the work they did. People commented, "I like the quizzes," and "Really nice things to occupy me."
- There was a team of four activity staff, people had an allocated activity worker. Two of the activity team can drive, so trips out were arranged regularly. All activity staff work one weekend in four and work in the evenings if required for example, one of the activities staff had attended an evening show in Hastings with a person recently.
- The activity co-ordinator was very enthusiastic and would benefit from specific training to support her plans and ideas. She had introduced a surface projector and was beginning to work on picture displays for people. They used an iPad, its main use was for 'live streaming,' and there were plans to use it more pro-actively
- The activity team were encouraging care staff to write in their activity notes as well the care documentation so as to get a full picture of what people do and like to do, what benefits them and what does not.
- Care plans demonstrated consideration was given to people's individual religious and cultural needs.



Clergy from various faith groups attended the home on a regular basis and we noted in one person's care records it stated that staff should remind this person when a visit from the clergy was due.

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The provider had taken steps to meet the AIS requirements and told us that work was on-going.
- People's communication and sensory needs were assessed, recorded and shared with relevant others. The documents created to go with people go to hospital, had peoples' communication needs clearly documented. For example, people who were non verbal had information of how they expressed pain or displeasure.
- There were specific details in people's care plans about their abilities, needs and preferred methods of communication.
- There was some pictorial signage around the home to help orientate people, but we were made aware that due to some people's complex needs, it was often removed.

Improving care quality in response to complaints or concerns:

- There were processes, forms and policies for recording and investigating complaints.
- There was a satisfactory complaints policy. People also had access to the service users' guide which detailed how they could make a complaint. The complaint forms were available in differing formats such as pictorial, so people who were unable to read could voice any concerns.
- The provider kept a complaints log which showed that complaints were taken seriously and responded to appropriately. There was also evidence that complaints were analysed and lessons taken forward to improve care. For example, there were a number of complaints from the local community regarding noise levels and we saw there had been responses made, meetings arranged and learning taken forward.
- One person told us, that they had made a complaint about the food and this had been resolved immediately.

End of life care and support:

- Staff told us they had attended palliative/end of life care training and there was a provider policy and procedure containing relevant information. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home when this was the person's wish.
- Care plans for one person who had an end of life care plan contained information and guidance in respect of when pain control may be required to ease their symptoms. These are known as 'Just in case medicines' (JIC).
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

## 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.

Aspects of leadership and management did not consistently assure person-centred, high quality care.

Understanding quality performance, risks and regulatory requirements:

- The provider and registered manager had continued to implement quality assurance processes. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
  - However, as discussed with the management team during the inspection, the systems had not identified some of the shortfalls we found. For example, we found some information in care plans was inaccurate, one persons' weight charts identified a weight loss of 10kgs in one month from February 2019 to March 2019. Staff were not aware of this weight loss despite it being on key documents and no action had been taken. A senior care staff member retook the weight and found it was inaccurate. There was a weight loss but not 10kgs. The lack of follow up identified that systems were not always effective and could have had a negative outcome for that person.
  - Another care plan had been half updated but the guidance had not been changed to reflect that the person now had a percutaneous endoscopic gastrostomy, (PEG). Staff however were aware of the changed care needs. The care plan audits had not identified that this was incorrect.
- Oral hygiene was not monitored and we found some shortfalls in that some people had no toothbrush and other people's tooth brushes were not fit for use. This was acted upon when identified but the provider's auditing systems had not ensured such matters were identified earlier.
- Daily notes and behavioural charts were not always detailed and lacked meaningful information. For example, daily notes for one person described the person, "shouting and being agitated" but lacked detail on how staff responded to allow an analysis of how best to support them.
  - The environmental and cleaning audits and daily checks list had not identified the shortfalls we found during the inspection process.

The above examples, demonstrate that the provider's quality assurance framework was not consistently robust and the provider had failed to maintain accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Managers and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People and relatives were positive about the leadership of the service. One person told us, "I can always find someone to talk to, it's a good place to live." A relative said, "I believe it's well-led, always very helpful, very welcoming, I shouldn't think it's an easy place to run but they do very well."
- Staff were equally as complimentary about the leadership at the service. One told us, "It's a great place to work," and "Very supportive, really good communication and lots of meetings."
- There were quality assurance systems to monitor the quality of care being delivered and the running of the

service. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.

- The management team and staff were committed to improvements and were proud of their service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and their relatives felt that communication between them and the home was open and transparent. A relative told us, "It's an honest service, they contact me if there are any changes or accidents, I trust them."
- Staff told us that the management support was good and that they were listened to when they raised any issues or concerns. Feedback included, "Good management style here," and "Management is supportive. We have really worked hard since the last inspection to solve the issues."
- Regular care staff, registered nurse meetings and heads of department meetings encouraged effective communication and gave staff an opportunity to raise concerns, make suggestions and share good practice.
- People were supported to complete surveys about the service to capture their views and opinions. We saw evidence that indicated people's feedback led to changes including new menus and improved laundry systems. In this way the service could find out people's preferences and involve them with how the service worked.
- Staff meetings were held and discussed topics including equality and diversity, expectations within employee roles, time sheets, and handover and communication sheets. One staff member said, "If I felt there was something I would speak up – I would be listened to." This showed staff were involved in shaping and understanding the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and relatives confirmed they attended meetings and were asked their views on the running of the service. One relative told us, "I have been to a meeting. It was very interesting and informative."
- We saw from the minutes of meetings that people had fed back ideas for improvements in the service. For example, outings have been more regularly provided.
- Surveys were sent out each year to people, relatives and staff and actions taken as a result.
- Staff told us they felt supported and were encouraged to progress within the service. One staff member told us of the opportunities they had, such as becoming a team leader and medicine giver.
- The provider supported nursing staff from overseas to gain their experience and staff achievements were celebrated and shared across the service.
- One health care professional told us, "Staff know clients and families well. They make efforts to maintain good relationships with staff, families, funders and clients."

Continuous learning and improving care:

- Throughout our inspection we saw evidence the provider and the registered manager were committed to drive continuous improvement.
- The provider and registered managers were open and transparent when discussing the areas to further develop and immediately started to put actions into place. For example, updating peoples' weights and care plans immediately when identified.
- A member of staff told us the organisation encouraged learning. The team were able to access career development opportunities and qualifications, and ideas were shared from other services within the organisation. The staff member believed this had contributed to their learning and skills had improved and

good practice ideas shared.

- Staff told us there was not a "blaming culture" at the service. The provider and registered manager facilitated coaching sessions and reflective opportunities, and staff confirmed this. One staff member said, "If an incident or accident happens to someone whilst we are delivering care, the circumstances are looked at and we get the opportunity to discuss how it could have been prevented. We learn all the time."
- The service valued sharing information and held regular team meetings to facilitate this. We saw team meeting minutes covered various topics such as people's changing needs, falls, incident debriefs, evening activities and engagement and fire drill practices to build confidence.

Working in partnership with others:

- The Moreton Centre continued to work in partnership with the local community, other services and organisations.
- Health and social care professionals confirmed the service communicated and worked effectively with other agencies to benefit people using the service.
- Staff continued to hold multi-disciplinary team meetings to discuss people's needs and wishes. A visiting professional told us, "I've been involved in reviews with the person, GP and families and have always been made welcome."
- The service had a good working relationship with the local authority and contract monitoring officers and took the initiative to seek feedback from the safeguarding team. The registered manager welcomed feedback as a learning tool to prevent a re-occurrence. Staff confirmed that they received feedback following a safeguarding investigation of any areas that they could improve. One staff member said, "It's really helpful, we recently had further training on the mental capacity act."

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                       | <p>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. This pertained to the management of diabetes and the management of behaviours that challenged and the use of physical restraint.</p> <p>The provider had not ensured the proper and safe management of covert medicines.<br/>12(1)(2)(a)(b)(g)</p> |
| 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                       | <p>The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a).</p> <p>The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).</p>   |