Wellesley House Limited

Mornington House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Mornington House is registered to accommodate up to eight younger adults with learning disabilities who need support to lead independent lives. Bedrooms are situated on the ground and first floors and a lift is available for people who have mobility problems. Car parking space is available at the side of the house and there is a small garden area.

We last inspected this service on 14 January 2014 and found the regulations we assessed were being met.

The home had a registered manager in post. 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.

We found that people living at Mornington House felt safe. Staffing levels were flexible according to people's

Summary of findings

care needs and any activities planned both within the home and the local community. People who used the service told us there was always a sufficient number of staff on duty to meet their needs.

Safeguarding procedures were robust and members of staff were clear about their role in safeguarding the people they supported. People who used the service were reminded at their regular meetings what they should do if they had any concerns.

Recruitment procedures were thorough and protected people from the employment of unsuitable staff. People who used the service were involved with interviewing applicants and their views were taken into account in the selection process.

We saw that medication was managed safely and ensured that people received their medicines as prescribed by their doctor. Members of staff responsible for the administration of medicines had received training and their practice was regularly assessed to ensure correct procedures were followed.

Members of staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service. Staff had also received training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Although there were no authorisations for DoLS in place members of staff knew when an application should be made and how to submit one.

People who used the service told us the meals were good and snacks and drinks were available throughout the day. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

Throughout the inspection we saw that members of staff treated people with dignity and respect and spoke to people in a polite and friendly manner. People told us they got on well with the staff team.

We found that people's individual care plans were person centred and tailored to the needs and wishes of each person. Care plans included detailed information about people's personal preferences, interests and diverse needs. These plans were reviewed regularly and amended when necessary to reflect people's changing needs.

Managers and staff worked closely with other health and social care professionals including the learning disabilities team in order to ensure that people's needs were met.

People who used the service told us they enjoyed leisure activities within the home and in the local community. These included voluntary work, college courses, bowling, shopping and swimming. Trips to local attractions and holidays were arranged.

People were encouraged to express their views about any aspect of life at the home at their monthly meetings. Any reasonable requests made by people who used the service were permitted by the registered manager.

The complaints procedure was displayed in the home and discussed at the monthly meetings with people who used the service. Records confirmed there had been no complaints in the last year.

Systems were in place for the management team to monitor the quality and safety of the care provided. We saw that audits completed regularly covered all aspects of the service provided.

The members of staff we asked told us they enjoyed working at Mornington House. They said that they were treated fairly and felt supported by the management team and their colleagues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People who used the service told us that Mornington House was a safe place to live. Members of staff had a good understanding of safeguarding procedures.

Staffing levels varied according to planned leisure activities and the needs of people who used the service.

Arrangements were in place to ensure that medicines were managed safely.

Is the service effective?

Good

The service was effective. Members of staff understood the care and support needs of people who used the service. People's personal preferences and diverse needs were considered in the planning and delivery of their care.

Members of staff were supported to access training appropriate to their role including nationally recognised vocational qualifications.

People were registered with a GP and had access to other health and social care professionals.

Is the service caring?

Good

The service was caring. People who used the service told us the staff team were nice and knew them well. We saw that members of staff treated people with dignity and respect.

People were invited to visit the home several times to meet staff and people who used the service before deciding whether they wanted to live at Mornington House.

Is the service responsive?

Good

The service was responsive. People told us they were involved with planning and reviewing their care and support needs.

People were given the opportunity to take part in a wide range of activities organised at Mornington House and in the community.

People who used the service were encouraged to express their views about any aspect of the care and facilities provided at their monthly meetings.

Is the service well-led?

Good

The service was well led. We saw that people who used the service experienced positive relationships with the management team.

Members of staff told us they enjoyed working at Mornington House and there was a low staff turnover.

The management team had systems in place for assessing and monitoring the quality of the service provided.

Mornington House

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

This was an unannounced inspection which took place on 11 November 2014. During the inspection we spoke with five people who used the service, four members of staff, the provider, registered manager and deputy manager.

The inspection team consisted of two inspectors.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made. We did not request any further information from the provider prior to this inspection. We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for eight people. We also looked at the training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with who used the service told us that Mornington House was a safe place to live. No one expressed any concerns about bullying or harassment at the home. One person said, "I like Mornington House, staff are nice". Another person said, "I would tell the registered manager or another member of staff but everything's alright."

We discussed safeguarding procedures with two members of staff. Both staff members had a sound understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed. Discussion with the registered manager and the training records we were shown confirmed that all members of staff had received training in safeguarding vulnerable adults from harm. Information we received from the local authority prior to this inspection stated there had been no reported safeguarding incidents in the last year.

The registered manager explained that safeguarding was an agenda item for all the meetings held for people who used the service. This reminded people what they should do if they had any concerns. It was recorded in the minutes of the meeting held in June that five people had said they would report any concerns to the manager.

People who used the service and members of staff had received training in the prevention and management of challenging behaviour. This training was delivered by a behaviour specialist who was familiar with the support needs of people who used the service. Training in the management of challenging behaviour helped members of staff to understand and use a variety of distraction techniques which were tailored to the individual needs of each person who used the service.

We looked at the care records of one person who used the service and found that risks to the person's health and safety had been identified. Care plans which provided directions for staff to follow about how to manage identified risks were also in place. Identified risks covered things such as road safety and eating the correct diet. There was also evidence to demonstrate that these risks had been explained to the person in order to promote their understanding and wellbeing.

We saw that suitable arrangements were in place for the safe storage of medicines including controlled drugs.

Discussion with members of staff on duty and examination of records confirmed that all members of staff had received training in the management of medicines. Moreover, the competence of each member of staff to manage medicines was assessed every two months by the deputy manager as part of the system for on-going support and supervision. This process should help to ensure that medicines were used correctly and given to people as prescribed.

We looked at the medicine administration records of all the people who used the service and found these had been completed correctly. The medicine administration records included details of the receipt and administration of medicines. A record of unwanted medicines returned to the pharmacy was also available.

Where possible people were encouraged and supported to accept responsibility for managing some or all of their medicines themselves. One person was supported by staff to administer their own insulin. Another person kept a supply of their medicines securely in their own room and was responsible for taking this at the correct time. Appropriate risk assessments were in place to ensure that these people were supported to safely manage their medicines.

All members of staff had access to information about the medicines people were taking. This included patient information leaflets supplied with each medicine and a copy of the British National Formulary reference book. Having important information about medicines should help staff to be aware of and identify any unwanted side effects.

There was a system in place for regularly auditing medicines in order to ensure people had been given their medicines correctly and as prescribed by the doctor. This system involved two members of staff the checking daily that the amount of medication in stock was correct. A designated senior member of staff audited the medication administration records weekly to make sure they were up to date and accurate. Regular audits of the management of medicines helps to identify and address any problems and reduces the risk of mistakes being made.

We looked at the file of a member of staff appointed in the last year. This file indicated that all the required information had been obtained before this member of staff had started working at the home. This included an application form with details of previous employment and

Good

Is the service safe?

training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

The registered manager explained that people who used the service were encouraged to take part in the recruitment process for new staff. People were given the opportunity to question applicants at interview and then feedback their views to the manager. We were told by the manager that people's views were always taken into account before an applicant was offered a job at Mornington House.

All the people with whom we spoke told us there was always enough staff on duty to meet their needs. The deputy manager told us that staffing levels varied according to the needs of people who used the service. There was a minimum of three support workers on duty during the day with additional staff when necessary to facilitate activities in the community and accompany people to medical appointments. One person told us that at night there were two members of staff on duty one of them was awake and the other slept and there was a buzzer in their room to press if they required any assistance or felt unwell.

Good

Is the service effective?

Our findings

It was clear from the discussions we had with members of staff on duty that they understood people's care and support needs. One person told us staff had asked them about their likes and dislikes and these had been recorded in their care plan. We saw that this person had signed their care plan to indicate their agreement with the care and support provided at Mornington House.

The members of staff on duty told us about the training they received. One care worker said, "There's lots of training opportunities." Another member of staff told us that if they requested further training which would assist them to support people who used the service the Registered Manager would arrange this for them. Training included first aid, food hygiene, fire prevention, moving and handling, infection control, medication, epilepsy, autism awareness, diabetes, dignity in care and managing challenging behaviour. Members of staff were also supported to obtain nationally recognised qualifications in health and social care. Regular training for the staff team should ensure that people received care and support which is up to date with current practice.

Training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had also been provided so that staff understood the procedure to follow if a person was unable to make decisions about their own care and treatment. Although there were no authorisations for DoLS in place at the time of our inspection this training should help ensure that people who lacked capacity received safe and appropriate care.

The registered manager explained that all newly appointed members of staff were required to complete a structured induction programme. This involved learning about company policies and values and the responsibilities of their role. New employees worked on a supernumerary basis until they felt confident in their role and knew how to support people who used the service.

There was a system in place to ensure that all members of staff were supported through regular supervision meetings with the deputy manager. Two members of staff told us they met with the deputy manager every two months for a supervision meeting. Records confirmed that at these meetings work related issues and training were discussed. The two members of staff we asked both said these meetings were helpful and gave them the opportunity to talk to their manager about anything relevant to their work at Mornington House.

To promote and maintain people's life skills they were encouraged and supported to help with household tasks such as tidying and cleaning their own bedroom and doing their own laundry. One person told us there was a rota for drying the dishes.

All the people with whom we spoke told us they enjoyed the meals at Mornington House. One person said, "Last night we had shepherd's pie peas and cabbage. It was nice." Another person said, "The food is good, we get a chippy tea on a Friday." We saw there were systems in place to monitor people's weight and nutrition so that advice could be sought from the GP if weight loss or gain became a problem.

Care records indicated that people were registered with a GP and had access to other healthcare professionals such as dentists, opticians and podiatrists. People told us that members of staff accompanied them to attend any healthcare appointments. This confirmed that people were supported by staff to maintain and promote their health and wellbeing.

Good

Is the service caring?

Our findings

People who used the service told us they were supported by staff who knew them well. One person said, “All the staff are nice at Mornington House.” Throughout the inspection we observed that members of staff treated people with dignity and respect and spoke to people in a polite and friendly manner. We saw that people were encouraged and supported to decide what activities they wanted to do and what they would like to eat.

We saw copies of a survey completed recently by people’s relatives were positive about the care provided at the home. One relative had written ‘We’re very grateful for the kindness you show.’

Community based professionals at a day care centre attended by people from Mornington House had commented on a survey, ‘Professional, friendly carers and nothing is too much trouble.’

Arrangements were in place for a member of the management team and another member of staff to visit and assess people's personal care needs and abilities when a referral was made to the service. Information was also obtained from other health and social care professionals such as the person’s social worker and learning disabilities team. People were then invited to visit the home initially with a relative or representative to have tea and meet other people who used the service. Subsequently people were invited to stay overnight and visit as often as they needed to enable them to decide whether they wanted to live at Mornington House.

People new to the service were given an illustrated service user guide which provided detailed information about the home and the support people could expect to receive from members of staff.

The service user guide also included comments from people who used the service about their experience of living at Mornington House.

Throughout the day we observed positive interactions between staff and people who used the service. People could choose whether to spend time in communal areas or in the privacy of their own rooms. Communal rooms were spacious and suitable for a variety of leisure and cultural activities. We noted that staff engaged people in activities of their choice such as doing jigsaw puzzles.

We looked at the care plans of three people who used the service. These plans were person centred and tailored to the individual needs and wishes of each person. The care plans contained a one page profile which provided useful information about people’s personal preferences and things that were important to them. It was clear that people had been involved in developing their care plans from the easy to read comments and pictures of their dietary preferences and interests these plans contained. Care plans also included details of people’s care and support needs along with clear guidance for staff to follow about how to meet people’s needs. Where possible people had signed their care plan to indicate their agreement with the care and support provided.

Meetings for people who used the service were held monthly. The minutes of the meetings we looked at demonstrated that each person had been given the opportunity to comment about the care and activities provided at the home.

Good

Is the service responsive?

Our findings

All the people with whom we spoke told us that if they needed any support, staff responded promptly. One person said, “Staff are there when you need them to go shopping or to appointments.”

The care plans we looked at included detailed information about people’s hobbies, family and friends and religious needs. One person told us their relatives regularly rang up and arranged to visit them at the home. The manager explained that if people’s relatives were unable to visit due to poor health then staff were available to accompany people to visit relatives. People were also supported to practice their chosen religion. We were told that two people regularly attended services at local Churches.

We saw that people’s care records were kept under review and were updated when necessary to reflect people’s changing needs and any recurring difficulties. One care worker explained that people who used the service were involved in these reviews in order to ensure that the care and support provided continued to meet people’s needs.

People told us they were involved in making decisions about the environment. One person explained that they had been to a furniture store and chosen a new chair for their personal use. This chair was delivered during our inspection and we observed a member of staff asking the person where they would like the chair to be situated. Another person said they had chosen the colour scheme for their bedroom when redecoration had been required.

All the people with whom we spoke told us they enjoyed the activities provided both inside the home and in the local community. One person told us they attended the local college and were doing a course in ‘life skills’ which included maths and English. They said, “It’s really good.” Another person told us they did voluntary work at two local venues. People were also supported to go bowling, shopping, swimming, theatrical performances and to the pub. In addition to this trips to local attractions and holidays were arranged.

People were encouraged to express their views about any aspect of life at the home at their monthly meetings. Minutes of a recent meeting stated that people had enjoyed a holiday in Skegness and had requested to go bowling and out for a meal. At an earlier meeting one person had requested a shelf for their toiletries and another person had asked to go shopping for new shoes. The management team told us that they had agreed to these requests and always permitted any reasonable requests from people who used the service.

We saw that a copy of the complaint’s procedure was displayed in the hallway. This reminded people of the action they should take if they wanted to report any concerns or make a formal complaint. The complaints procedure was also explained to people who used the service at their monthly meetings. Records confirmed there had been no complaints in the last year.

Good

Is the service well-led?

Our findings

There was a registered manager who had been in post since December 2011.

Information received from the local authority commissioning team prior to this inspection confirmed that there were no concerns about how the home was being managed.

During our inspection we observed that people who used the service experienced a positive relationship with the management team. We saw the registered manager and the deputy manager chatting with people in the lounge. We found that throughout the day when people were present in the home they were engaged in meaningful or recreational activities of their choice.

Members of staff on duty told us they enjoyed working at Mornington House. They reported that they were treated fairly and felt supported by the management team and their colleagues. One member of staff said, "The people and the staff team are great." Comments from other members of staff included, "The management are really good." and "We don't have a high turnover of staff here." We were told that most of the staff team had worked at the home for more than five years. The management team had an 'open door' policy which provided the opportunity for people who used the service and members of staff to discuss any issues with them at any reasonable time.

Discussion with members of staff confirmed that policies and procedures for reporting poor practice, known as 'whistleblowing' were in place. Staff said they would not hesitate to report any concerns about the practice of their colleagues and were confident that these concerns would be acted upon immediately.

Meetings for the staff team were held every month. At these meetings any issues relating to care planning and the needs of people who used the service, various policies and procedures such as infection control, fire safety and property maintenance were discussed. Minutes of the most recent meeting which was held in November indicated that questions about 'Dignity in Care' were discussed as part of the on-going training with Skills for Care in this topic. Regular meetings helped to ensure that the staff team were informed of any policy changes and that they were actively involved in any on-going training.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

Systems were in place for the deputy manager to monitor the quality and safety of the care provided. We saw that audits of the service provided were completed regularly by the registered manager. These audits included care planning, medication, infection control, the environment and health and safety. There were also records to demonstrate that fire safety equipment was tested and serviced regularly. This should ensure that in the event of a fire emergency lighting, fire alarms and fire extinguishers were in full working order.

Fire drills including evacuation procedures were practiced every six months by people who used the service and members of staff. This should help to ensure that appropriate action was taken in the event of a fire or other emergency.

The provider had achieved the Investors in People Award. This award recognised sound management practice which motivated, trained and developed all members of staff to achieve their full potential. This in turn should ensure that people who used the service received safe and appropriate care and support.