

Inspire Residential Care Limited

Morvern Care 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

Morvern Care Centre is a residential care home, providing personal and nursing care to up to 60 older people. At the time of the inspection, the service was supporting 50 people, some of whom who were living with dementia. The service is an adapted three storey building on the promenade at Cleveleys, with lift access to all floors.

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

We have made a recommendation about ensuring staffing levels are sufficient to meet people's needs safely. Staff managed people's medicines well and kept the home clean and tidy. Staff managed risk and had plans to follow in case of emergencies. The service had systems to protect people from the risk of abuse and improper treatment. People felt safe.

The service was led by a registered manager was described as approachable and caring. The culture at the service was open and inclusive. Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems, however, these had not identified and addressed the issues we found during this inspection.

The service put people at the heart of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. We have made a recommendation about ensuring people's plans of care are accurate and consistent. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. Staff supported people with their healthcare needs and worked well with external healthcare professionals. People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 March 2017) and there were two

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made. However, the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to assessing, monitoring and improving the service, and record keeping.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service 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 ●

Morvern Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the second day of the inspection.

Service and service type

Morvern Care 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.

The service had a manager 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.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior care workers, care workers, maintenance person and the catering manager.

We spent time in communal areas observing interactions between people who used the service and staff. We also observed staff administering medicines.

We reviewed a range of records. This included six people's care records and multiple medication records. We also reviewed a variety of records related to the management of the service, including staffing calculations, audits and safety certificates.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.



Is the service safe?

Our findings

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

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

Staffing and recruitment

- The service did not always have enough staff deployed to ensure people received safe and timely care. The home was split into three separate areas. In two of the areas of the home, we found staffing levels were sufficient and nobody we spoke with raised any concerns. However, in the third area of the home, we found staffing levels did not always meet people's needs safely. We looked at how staffing levels were decided and found the calculations did not account for certain aspects of people's care or time staff spent completing non-care tasks.
- Following our inspection, the registered manager acted to address staffing levels to improve people's safety. They worked with a consultant to improve the tool they used to calculate staffing levels and deployed extra staff.

We recommend the provider reviews their systems for calculating staffing levels to ensure people's needs are met safely.

- Staff were recruited safely.

Assessing risk, safety monitoring and management

- Staff managed risks to people's safety. Staff were familiar with how to manage risks, including where people displayed behaviours which may challenge the service.
- Risks associated with the environment and equipment were generally well-managed. However, we found inspections of lifting equipment had not been carried out at the correct intervals. The registered manager addressed this immediately following our feedback.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies. People and their relatives told us they felt safe. Comments included, "I do need a lot of looking after, but the staff do a good job. I do feel safe and cared for." And, "[Family member] needs hoisting now. I haven't seen them hoist her, but I have seen them hoisting other people on the unit and I'd say they are very well trained in it."

Using medicines safely

At the last inspection we recommended the provider sought and implemented best practice guidance in relation to guidance for staff around medicines prescribed for use 'as and when' and where the dose may be

variable. The provider had made improvements.

- Medicines were managed safely and properly. Since our last inspection, the registered manager had introduced detailed guidance for staff to follow for the administration of medicines for use 'as and when' and those where the dose was variable. Staff who administered medicines were assessed to ensure they were competent.

Preventing and controlling infection

- People were protected against the risk of infection. Staff received training related to infection prevention and control and followed good practice in their work. We observed staff wearing personal protective equipment, such as disposable gloves and aprons, to help protect people.

Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager analysed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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 Mental Capacity Act 2005 (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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection, the provider had failed to assess people's capacity to consent and to make decisions. Where decisions had been made in people's best interests, the decision-making process had not been recorded. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff understood when they needed to assess people's capacity to make decisions and recorded the assessments. Where people lacked capacity to make decisions, staff followed the MCA code of practice and recorded the process. Conditions on DoLS authorisations were met.
- Staff gained people's consent to the care and support they received. People told us staff gained their consent during regular discussions about their care and on each occasion before any care or support was delivered.

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

- Staff assessed people's needs regularly and involved them, or others acting on their behalf, in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well which helped them provide effective care.
- Staff used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People and their relatives gave us positive feedback about how staff supported them. Comments included, "I think the staff are wonderful – really good."
- Staff were well supported by the management team. Staff were supported through day to day contact and regular supervision. They had opportunity to discuss any concerns, issues, work performance and development with the registered manager or senior staff.

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

- Staff supported people to ensure they received a balanced diet and enough fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. We saw professional guidance was used in care planning to help ensure people's nutritional needs were met effectively.
- We received positive comments about the food provision. These included, "The food is quite good. There's always a choice or two each day." And, "The food is spot-on. Very nice." A relative added, "If we take mum out and she misses a meal, they always save something for her. Sometimes it's been 7.30pm when we bring her back but they will always make sure she is fed."

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

- Staff worked with healthcare professionals and supported people to access healthcare services to ensure their needs were met effectively and consistently. Staff worked with services such as people's GPs and specialists and incorporated professional guidance into people's care plans. One person commented, "I had an infection last week and they got the doctor immediately. I had been seen and had antibiotics the same day. They are certainly on the ball with things like that."

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

- The service was adapted to be safe, accessible, comfortable and homely. Communal areas provided space for people to relax and were homely in character. We saw evidence of ongoing maintenance and the provider was making improvements to the premises. We saw people had been supported to personalise their bedrooms.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff who had a good understanding of protecting and respecting people's human rights. Staff respected and valued people as individuals. It was clear staff knew people very well and were very patient and compassionate when helping people who could become agitated. Relatives we spoke with told us staff dealt very well with some very challenging circumstances. One person told us, "They look after us well. Which is the way it should be."
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care or eating, rather than taking over and doing the task for them.

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

- Staff involved people, as far as possible, in decisions about their care and how the service was run and invited people to share their views. People who lived at the home were living with dementia in various stages. This often made it very difficult for staff to obtain their views in detail. Where people were unable to express their views, staff involved people who knew them well, or involved independent advocates, to ensure decisions were made in their best interests.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant people's needs may not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- When we last inspected the service, we found people's records were not always up to date and accurate. During this inspection, we found the provider had made improvements to care planning. However, there were still inconsistencies with the level of detail recorded. Staff were able to tell us lots of important details about how they cared for people, but these were not always recorded. The registered manager agreed checks on care planning could be improved to ensure greater consistency and began work immediately to improve them.

We recommend the provider consults best practice guidance around care planning and reviews their systems to ensure care planning is accurate and consistent.

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people and, where appropriate, others acting on their behalf, in regular reviews to ensure planned care continued to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how they supported people to communicate. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with and supported to participate in activities to help maintain their social health. We saw staff supported people with activities in the home, such as exercises, quizzes, bingo, arts and crafts and trips out to local attractions. A local primary school visited each week and a volunteer visited regularly to play dominoes and cards with people.

- People were supported to maintain relationships with those close to them. Staff supported people to call relatives on the telephone and relatives we spoke with told us there were no restrictions on when they were

able to visit.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life.

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had failed to operate effectively systems to assess, monitor and improve the service. Additionally, they had not ensured records in respect of each service user were accurate and contemporaneous. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were still inconsistencies in the level of person-centred information recorded in people's written plans of care. Records related to the care people had received were not always completed accurately.
- The provider's systems to assess, monitor and improve the service had not identified and addressed the issues we identified during our inspection around care planning, accuracy of records, staffing levels and checking of lifting equipment.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and following the inspection. They confirmed checks on lifting equipment were being carried out at the required intervals, they had introduced new checks around care planning and records of care delivered. They also confirmed they had begun to work with a consultant to address the issues around calculating staffing levels.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager maintained a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and used current legislation and best practice guidance to achieve good outcomes for people.

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

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings, and satisfaction questionnaires to gain feedback about the service.
- The service worked in partnership with a range of healthcare professionals and local schools. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

Continuous learning and improving care

- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. We saw they used audits, feedback from people and relatives and staff to identify areas for improvement. Where identified, the registered manager took action to make improvements.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems to assess, monitor and improve the service had not been operated effectively. Records in regard of each service user and their care were not always accurately and contemporaneous.</p>