Care Quality Commission

Community Integrated Care

Morningside

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

This unannounced inspection took place on the 23rd January 2015. We last inspected Morningside in July 2013 At that inspection we found the service was meeting all the regulations that we assessed.

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

The service currently does not have a registered manager. The provider had made interim arrangements with the CQC and a temporary manager was in place while recruitment took place for a permanent manager. The temporary manager was carrying out the role of a registered manager and had previous experience working for the provider. 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.

There were sufficient staff on the day of our inspection. Staff and the manager at the home acknowledged that, at times, more staff were required to meet the needs of

Summary of findings

people in the home. The manager was devising strategies to ensure that more staff were available when needed. Risks were being managed well at the home because comprehensive assessments were carried out and risk plans adhered to.

Staff were well versed in the safeguarding of vulnerable adults and records we held indicated that the home cooperated with the local safeguarding authority.

Medicines were well managed and stored correctly.

People were cared for by well trained, competent and confident staff. Every effort was made to ensure that people's rights to consent to and refuse treatment were respected. This included following appropriate guidance when people lacked capacity to make their own decisions.

People's nutritional needs were being met because they had been correctly assessed and the information from assessments was being used to good effect.

The service cooperated with other providers to ensure that all of people's health and social care needs were met.

The staff were caring and professional. They had taken the time to get to know the people who they supported.

Wherever possible people were involved in decisions about their care. Staff utilised a number of techniques, including assistive technology, to ensure that they communicated with people effectively. People were treated with dignity and respect.

Support was based on the ethos of maximising people's independence. Assessments of people's needs were comprehensive and took into account people's likes and dislikes. Support plans were based on assessments and gave clear strategies as to how to meet people's needs. People were engaged with on a daily basis by staff in Morningside. In addition to this they met with social workers and community learning disability workers as well as their relatives and friends. This meant that people were able to express their thoughts and opinions of the service to a variety of people if they chose to do so. In addition to this there was a corporate complaints policy that was accessible to the people who use the service and visitors to the home.

We found that the service was well led. The temporary manager was aware of issues that needed to be addressed and had a vision of how the service would look in the future. There was a corporate quality assurance system in place which gave both the manager and the provider up to date information as to how the service was performing.

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?
The service was safe.

There were adequate staff on the day of the inspection who knew how to protect vulnerable adults.

Risk assessments were in place that helped to identify and minimise hazards to people's safety and welfare.

Medicines were managed correctly and stored appropriately.

Good

Is the service effective?
The service was effective.

Staff were well trained, competent and confident.

People's nutritional needs were being met.

Other providers of health and social care were involved in supporting people who used the service.

Good

Is the service caring?
The service was caring.

People were supported by staff who cared for them and protected their rights.

Staff used a variety of ways to communicate with people including assistive technology.

Good

Is the service responsive?
The service was responsive.

Support plans were well written and based on robust assessments

People were able to make their thoughts known about the service if they had concerns or complaints.

There was a corporate complaints policy in place that was fit for purpose.

Good

Is the service well-led?
The service was well-led.

The temporary manager was aware of issues and had plans in place to address them.

Checks and audits were carried out to help assure the provider that they were delivering quality care.

Good

Morningside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected on the service on the 23rd January 2015. The inspection was unannounced and carried out by one adult social care inspector.

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

We spoke with three people who used the service and reviewed four written records of care. In addition to this we spoke with two care staff, a senior carer, the temporary manager and the area manager of the service.

We looked at other records relating to the service such as policies, risk assessments and records relating to medicines.

We looked around all the communal areas of the home and with permission some bedrooms.

Good

Is the service safe?

Our findings

We spoke with people who used the service. They confirmed that they felt safe at Morningside.

We discussed how people were protected from bullying, harassment, avoidable harm and abuse with the manager, the staff and the senior carer. They told us that all staff had completed training to help them identify abuse and prevent it. The records we saw confirmed this.

There was a safeguarding policy in place and safeguarding procedures were clearly displayed on the wall of the service's office. There was also a whistleblowing policy that outlined what staff should do if they had concerns about the conduct of a colleague.

We reviewed information that the service had sent us in the past. We saw that they had dealt with issues related to the safeguarding of vulnerable adults. We noted that they had correctly notified and liaised with the local safeguarding authority. This meant that when poor care or abuse was drawn to the attention of the service they acted quickly and appropriately to ensure that people were safe.

We saw that each individual who used the service had risk assessments in place. The risk assessments ensured that potential hazards were identified. Actions were put in place to minimise or eliminate the risk of harm to people who used the service. For example some people assessed as needing two staff to support them when they left Morningside to go to town or other trips out. This was to ensure that people were supported to stay safe while out in the community.

We looked at how many staff were supporting people at Morningside. On the day of our inspection the service was calm and well organised. However when we spoke with staff they told us on occasions more staff were required if people needed additional support if they were upset or agitated. Staff felt that when this happened it impacted on their ability to take people for trips out.

We spoke with the manager of the service. We were told us that this had been a problem but recently had become less of an issue as staff had consistently employed agreed strategies with people who lived in the home which had led to a period of stability within the service. For example people were being communicated with in a more effective way. However the manager agreed that further work was required to ensure that there was sufficient staff available when required.

We looked at the management of medicines in the home. We saw that all the medication administration records (MAR) charts were completed correctly. There were arrangements in place for the ordering and disposal of medicines and all medicines were stored correctly. In addition to this medicines were regularly audited by the senior carer. We saw from the staff records that they had all received training in the administration of medications and that this training was up to date.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff knew how to support them appropriately and always asked their permission before they did anything. When we asked about the quality of the food at Morningside one person told us, "I like the chips and egg!"

We spoke with staff on the day of our inspection. They were able to demonstrate their knowledge about the people who used the service and the care of people with learning disabilities in general. We looked at staff records that related to training. We saw that staff had received training in a variety of areas including the safe moving and handling of people, infection control and fire safety. In addition to this nine staff had completed their national vocational qualification in health and social care at level two.

We observed staff working with people who used the service. We noted that they were careful to ask people's opinions about what they wanted to do and did not act without the people's permission. We looked at people's written records of care. We saw that, on occasions, some people lacked the capacity to make their own decisions. The staff ensured that meetings were held with relatives, other professionals and if appropriate an advocate in order to make decisions in people's best interests.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty. The service was working hard to ensure that people lived with as little restriction to their freedom as possible. For example two of the people who used the service had their own room keys.

We looked at the nutritional support offered at Morningside. We saw that each person had a nutritional assessment which identified what their needs were. The information from the assessment was used to create a support plan. For example if someone was identified as requiring assistance to eat then this was noted in the plan as well as guidance on how to support that person. The home had also recently redesigned its dining area. A wall had been removed opening up the formerly small and poorly lit space. This made for a more pleasant atmosphere when people were eating.

In addition to this we found people were people referred to dieticians and speech and language therapists. This helped ensure that the service was acting on appropriate professional advice when supporting people with their nutritional needs. We noted that other professionals such as social workers and GP's were regularly consulted with. On the day of our inspection one person was attending a dental appointment. This meant that the service was effective because it cooperated with other providers of health and social care to ensure people's needs were met.

Good

Is the service caring?

Our findings

People who used the service told us they felt cared for and supported at Morningside.

We found that staff had developed caring relationships with people who used the service. They did this by taking the time to get to know people who used the service and speaking with their relatives and friends.

Some people who used the service found it challenging to communicate verbally. For example for one person staff had asked for the help of the local Speech and Language Therapy (SaLT) team. The SaLT team had recommended the use of an iPad to aid with communication. Staff used an application (app) on the iPad called 'proloquotogo'. The app allowed staff to display a selection of choices. The person could then indicate their choice by touching, or pointing to, the iPad. For example the staff had photographed all of the persons t-shirts. The photos were displayed on the iPad through the app and the person was able to choose exactly what they wanted to wear.

Staff told us that this method of communication had helped the person manage their frustration and enabled staff to form a more positive relationship with the person.

We observed that all the people who used the service were encouraged by staff to express their views. Staff had also developed close relationships with the people's families who either visited the home regularly or were visited by staff whilst accompanying people who used the service.

As part of a regular audit the area manager would visit the home and speak with people who used the service to ensure that their views were taken into account.

All of the staff we spoke with were aware of people's need for privacy and dignity. We observed staff supporting people in a professional but friendly manner. There had previously been an issue with the location of one of the toilets at Morningside. The door of the toilet originally faced the front door. This meant that if staff or people who used the service left the door open they could be seen from outside the building. Staff had identified this as an issue and, as part of a refurbishment, the doorway had been moved and could no longer be seen through the front door.

Good

Is the service responsive?

Our findings

We spoke with people who used the service. They confirmed that they received care which was appropriate to their needs. We asked if the service could be improved to which one person commented, “We want trips to Morrisons.” They also told us that if they were unhappy with the service they were able to discuss it with someone. One person told us, “I’d tell my Mam and Dad.”

We looked at four people’s written records of care. We saw that each person that used the service had been comprehensively assessed by staff at Morningside. These assessments included mental capacity, nutrition and mobility. There were also detailed assessments of people’s likes and dislikes and personal preferences.

The information from the assessments was used to structure support plans. The support plans focused on people’s identified needs and outlined how to meet these needs on a day to day basis. The service had adopted a strategy of using support plans to maximise people’s independence.

The support plans also included strategies in the management of behaviour that challenged. We saw that staff used various techniques to ensure that when people became distressed or agitated they received adequate support to help them become calm and less upset. Techniques included distraction, respecting people’s right to become upset and improved ways of communicating with people. The records we held on the service showed that these strategies had decreased the incidents of aggression within the home. However this is a new initiative and the service has yet to demonstrate that this improvement could be sustained. We will continue to monitor this.

We saw that people engaged with the senior carer and support staff on a regular basis. People were able to communicate, using various methods, if they were unhappy or dissatisfied with their care. Relatives regularly visited the home and in turn were visited at their homes by the people who used the service. This gave them an opportunity to engage with the staff if they had concerns.

The home was also visited by social workers and community learning disabilities nurses who were able to advocate on people’s behalf.

In addition to this the service had a clear and robust complaints policy. The policy included access to advocacy services information. There was clear guidance as to how quickly a complaint should be dealt with. Where complaints were not dealt with to the satisfaction of the complainant the address of the local government ombudsman had been provided.

Good

Is the service well-led?

Our findings

We looked at how the service was led. At the time of our inspection the service was without a permanent manager as they post holder had recently left the employ of the service. The provider had made interim arrangements with the CQC and to this end had employed a temporary manager to work within the service who had experience working for the provider.

We spoke with both the temporary manager and the senior carer on the day of our inspection. We found that they were aware of issues that we had identified and were working on strategies to improve the service. For example they were keen to ensure that there were sufficient staff to ensure people's needs were met in a timely manner.

The manager was keen to develop the way people were offered choice and communicated with in the home. Particularly as they had recently had some success with assistive technology. The manager and the senior carer worked alongside staff and promoted a positive culture of person centred care. This ethos was shared by the staff who we spoke with on the day of the inspection who were keen to ensure that the people who they supported were treated as individuals and choice and independence was maximised..

We spoke with the senior carer who told us that she received a good level of support from her direct manager. The manager told us that she was being supported by the area manager and felt confident that the provider of the service would respond positively to her suggestions for improvements to the service.

We looked at how the manager assured themselves and the provider that quality care was being delivered in the home. The manager and senior carer carried out audits and checks across the service that included, medication, quality of support plans and health and safety. In addition to this a large quality audit was carried out regularly. Action plans were derived from the outcome of this audit which were monitored by the area manager, who also visited the home on a regular basis. We asked for examples on how these audits and checks had improved or maintained quality within the service. The manager told us that they had identified that the care of people who used the service had not been reviewed, in conjunction with other professionals, often enough. We saw that reviews were being scheduled and had taken place.