

# National Society For Epilepsy(The) Morton House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Morton House is a residential care home for fourteen people with epilepsy, learning and physical disabilities. The accommodation is spread over two floors with lift access to the first floor. At the time of this inspection eleven people were living there.

At the last inspection in May 2015, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good:

People and their relatives were happy with the care provided. They felt the home provided good care to people as a result of having established, experienced and caring staff who were supported by a dedicated manager. Professionals felt the home worked well with them.

Systems were in place to keep people safe. Staff understood their safeguarding responsibilities. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's medicines were managed and administered safely. Staff were suitably recruited. Staffing levels were not sufficient to meet people's needs. This was being addressed by the registered manager. Confirmation was received following the inspection that the staffing levels in the morning shift had increased to ensure people's needs could be met in a timely manner.

Staff were inducted, trained and supported in their roles. Formal one to one supervisions and annual appraisals of staff were taking place but not in line with the organisations policy. This had been identified by the manager and was being addressed. People's health and nutritional needs were met. Areas of the home had been refurbished and the organisation was considering how the environment could be improved to meet people's changing needs. Quotes were being obtained to source specific moving and handling equipment, to ensure people's safety.

People were actively involved in making choices and decisions about their care, treatment and issues which affected them as a group. Care, treatment and support plans were personalised. People's needs were reviewed regularly and as required. Person centred activities were provided. People and their relatives were able to raise concerns and felt confident they would be addressed.

Staff were described as kind, caring, engaging and sociable. The home had an established staff team who knew people well. They treated people as individuals and showed them respect. They promoted people's privacy, dignity and created a warm homely relaxed environment for people.

The home had an experienced manager who had developed a cohesive staff team that worked well together. The manager was actively involved in the day to day running of the home as well as being

proactive in identifying and addressing issues with the organisation such as staffing levels and the environment. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

## 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 remains Good.

### Is the service effective?

Requires Improvement ●

The service was not always effective

People were supported by staff who were trained but not supervised at the frequency outlined in the provider's policy on supervision.

People's health and nutritional needs were met, however some equipment was not available for individuals.

People were consulted with regarding their care.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Morton 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection. It took place on the 7 and 8 June 2017. It was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

Prior to the inspection we requested and received a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals involved with the service to obtain their views about the care provided.

During the inspection we walked around the home to review the environment people lived in. We spoke with five people who used the service, the registered manager, deputy manager, team leader and three support staff. We spoke with five relatives by telephone after the inspection and received written feedback from one relative. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for three people, shift planners, duty rotas, four staff recruitment files, staff training and seven staff supervision records.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. People told us they felt safe. They knew who to talk to if they had any concerns. Relatives felt confident the home provided safe care. One relative raised concerns about the relationship between their family member and another person. This was fed back to the registered manager to act on.

People were protected against the risks of potential abuse. Staff were trained in safeguarding and were aware they needed to report poor practice. Information on safeguarding was displayed throughout the home. Safe recruitment practices were followed. In one file viewed the staff members references were missing. The provider confirmed this had happened in the transition from paper to electronic records and was being addressed.

People's care plans contained risk assessments and management plans which addressed risks to people's health, well-being and promoted their independence. Staff were aware of their responsibilities for responding to accidents and incidents. Accident and incident forms were completed and a log maintained which helped pick up trends.

People had individual Personal Emergency Evacuation Plan (PEEP) in place on how they should be supported to evacuate the building in the event of a fire. An environmental risk assessment was in place which identified risks to people, staff and visitors. Daily, weekly and monthly health and safety checks were carried out. Fire drills took place and equipment such as fire, electrical, moving and handling equipment was serviced and fit for purpose.

Most people told us the staffing levels were sufficient. Two people told us there was not enough staff on shift which meant staff were rushed. Staff felt the staffing levels were not sufficient, especially in the morning shift, which resulted in people getting up late. They confirmed this was not people's choice but because sufficient staff were not provided on shift. The staffing levels had been reduced the previous year and the administration time for the deputy manager had also been reduced. Professionals told us they could see staff were working to capacity. The registered manager regularly worked on shift to ensure people got up on time to attend to their activities and appointments. The registered manager was proactive in addressing the staffing levels with the provider. They had prepared a business case and had arranged a meeting for the week after the inspection with the relevant personnel to address the gaps in staffing. After the inspection the manager confirmed a fifth staff member had been agreed for 5.5 hours per day.

There were safe medication administration systems in place and people received their medicines when required. Staff were trained, assessed and competent to administer medicines. Policies were in place to promote safe practice. Daily and monthly medicine audits took place to pick up discrepancies with medicines in a timely manner. Medicines were safely administered in line with pharmaceutical guidance and the organisations policy.

# Is the service effective?

## Our findings

People and their relatives felt well supported by an experienced staff team who knew people really well.

The home had an established staff team and therefore no new staff had been recruited for some time. Staff were confident in their roles and aware of delegated responsibilities. They confirmed they received regular training and had access to specialist training such as autism awareness and mental health. A training matrix was maintained which showed training that had taken place and highlighted when updates were due. Staff told us they felt well supported. They said the registered manager and deputy manager was always available, worked on shift with them and provided practical support as well as an opportunity to talk to them at any time. Staff confirmed they had one to one supervision meetings, daily handovers and regular team meetings which provided them with ongoing opportunities to raise any issues. Formal one to one supervision meetings and annual appraisals took place. The registered manager recognised one to one supervisions and appraisals were not happening at the frequency outlined in the organisations policy. This was being addressed.

People had a hospital passport that gave key information about the person should they require hospital treatment. People's changing needs were monitored to make sure their health needs were responded to promptly. Staff informed the GP of issues they were concerned about so that prompt treatment could commence. Care plans outlined the support people required with their health needs. They had access to health and social care professionals. Records were maintained of the outcome of visits and guidance from professionals was included in care plans.

Two professionals involved with the home told us there was sometimes a delay in people being referred to them which resulted in deterioration in people's health. They gave examples where people's health needs had changed and they were struggling to do as much for themselves as they had previously. They commented "Staff managed that as opposed to seeking early intervention". Another professional told us all staff did not consistently work to the guidance in care plans which had the potential to put people at risk. This was fed back to the registered manager to follow up with staff.

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People said they were happy with the meals provided. They were involved in menu planning and could have an alternative to what was on the menu. People's care plans outlined the support they required with meals. Risks around meals and malnutrition were identified and managed. The home had a cook which meant people were provided with appetising, nutritious meals. We noted there was inconsistency in the support provided to a person in that different staff members were supporting one person during the meal. This was fed back to the registered manager to address.

Areas of the home had been updated. A new kitchen was in place and the shower rooms had been refurbished. The registered manager recognised the challenges the environment presented to people. The space in the communal areas was becoming more limited due to an increase in the use of wheelchairs and mobility aids. The bedrooms were small which made moving and handling manoeuvres difficult. The registered manager was looking at how these issues could be addressed as well as looking to have areas of

the home decorated and carpets replaced.

People were provided with equipment such as wheelchairs, walkers, specific crockery and cutlery to promote their independence. However the shower chairs required replacing and the Parker bath required an overhead hoist to make it accessible to people. People had been assessed by occupational health and physiotherapy as to what shower chairs best suited individual's needs. Options had been trialled and quotes obtained to find the most suitable equipment for individuals. The provider confirmed after the inspection an overhead hoist at another location on site was being fitted to the bath and arrangements were being made to purchase shower chairs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who lived in the service had capacity to make decisions on their care and treatment. They were actively involved in their day to day care and their views were considered. Staff were trained in MCA 2005 and DoLS. They had a good understanding of the MCA 2005. They were able to give us examples of when best interest meetings might be required and why a DoLS would be requested.

## Is the service caring?

### Our findings

The service continued to provide a caring service to people. People and their relatives told us staff were caring. Relatives felt welcomed and comfortable. A relative commented "Morton house has a homely inclusive atmosphere". They described staff as lovely, caring, engaging and sociable.

The home was busy but relaxed and welcoming. We observed positive interactions between staff and the people they supported. The home had an established staff team which meant they knew people well and knew when to intervene and support. People were listened to and involved in all aspects of their care. Staff used appropriate touch and good eye contact when engaging with people. They were kind, caring, supportive and had open, honest and fun relationships with people.

We observed a bank worker stood between two people to support them both with their meals. This was pointed out to the registered manager who addressed it with the staff member. The staff member confirmed due to limited space they did not know where to sit. On day two of the inspection the staff member displayed positive and engaging interactions.

Professionals involved with the home told us staff were caring. They commented "My impression of the staff is that they genuinely care about the service users who live there. They know them really well; they 'get' them as individuals with personalities and preferences, not just people with needs, and endeavour to deliver person centred care at all times". "Individuals are managed with amazing attentiveness to their personal preferences and needs, so that residents are enabled to lead their day with their own personal routines, and habits addressed. Each person is truly treated and respected as an individual".

People were able to verbally communicate their needs. They were supported to be involved in all decisions about their care. They were provided with the information to enable them to make their decisions and choices. Information and guidance relevant to everyone was displayed in communal notice boards throughout the home. Resident meetings also took place which provided people with an opportunity to have input into discussions related to the running of the home.

People told us staff knocked on their bedroom doors before coming into their rooms. They told us their personal care was always carried out in private and with great respect. During the inspection staff consistently knocked on people's doors prior to entering. Bedrooms were clean, personalised and decorated to individuals taste.

The home had no advocacy involvement but staff were aware how to access advocates for people when they needed it. Information on advocates was available. People's care plans made reference to end of life care. Some people had funeral plans in place which provided clear instructions in the event of their death.

## Is the service responsive?

### Our findings

The service continued to provide responsive care to people. People and their relatives told us staff were responsive to people's needs. Throughout the inspection we saw staff quickly intervened in conflict between individuals to prevent escalation. This was done in a supportive and non-challenging way.

People had care plans in place. Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. They were detailed, specific and included pictorial guidance from other health professionals to enable staff to support people safely. Care plans were reviewed and updated in response to changes in people's needs. People had annual reviews which family members were invited to.

A new care plan format was being introduced. This was still work in progress. There was some confusion amongst staff as to what should be included. In one person's care plan we saw the plan of care and risks was one document. This meant the risks the person presented with were not clearly identified. The registered manager confirmed he was working directly with keyworkers to implement the new care plan format and that would be addressed.

People were empowered to make choices and have as much control and independence as possible. Throughout the inspection and in resident meeting minutes we saw people were supported to make choices in relation to all aspects of their care.

People and their relatives were generally happy with the activities provided. Some people felt they had less opportunity to go out which was a result of a reduction in the staffing budget. Each person had an individual weekly programme of activities which took account of their interests. Some people choose to have minimal involvement in activities whilst others were more actively involved. Discussions took place at residents meeting on what trips people were interested in doing. These were then researched, costed and planned.

People and their relatives knew how to raise concerns or complaints. They told us they would tell staff if they had any worries or concerns. They felt able to approach any staff member and felt their concerns were listened to and acted on. The home had a complaints procedure in place. A user friendly version of the complaints procedure was displayed on communal notice boards. A system was in place to record complaints received and action taken. The home had no recent complaints logged. They had a number of compliments on file from relatives and activity staff.

## Is the service well-led?

### Our findings

The service continued to be well-led. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives, staff and professionals spoke positively about the registered manager. People commented "Top manager who has helped me a lot", "Manager mucks in with residents, he helps me to get up and takes me out", "Best manager I have ever experienced". Relatives described the manager as dedicated, personable and had a presence in the home. A relative commented "The manager has all the right qualities to be a manager, he makes Morton house the home it is".

Professionals told us the home was well managed. They commented "Close knit team who seem to get along well and both like and respect the manager". "Stable and happy staff group is one sign of good leadership, as are good communications, record keeping and well-attended handovers. It seems a 'tight ship' in this respect with handovers adhered to and treated seriously".

Staff felt the home was well managed. They told us there was no hierarchy within the team. They described an open positive relationship with the manager. They commented "The manager shows empathy and is resident and staff focused". "We couldn't ask for anyone better. He puts himself out to support his staff". "The manager is great, an all-round good guy whose heart is in the right place". They described the registered manager as "Accessible, approachable, good listener, takes action, positive role model who is hands on and always available to everyone".

The registered manager recognised the challenges of the service. He was proactive in addressing issues with the organisation to bring about improvements for people. They had an established, experienced and loyal staff team to support them.

Records were organised, accessible and suitably maintained. Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. Daily and monthly checks and audits took place. These included audits of the environment, medicines, care plans, seizure activity, accident, incidents, catering, health and safety, infection control, staff supervisions and training. Alongside this the provider carried out quarterly quality monitoring visits. Records were maintained of the visits and action plans put in place to address findings. The actions from all audits were transferred to the homes development plan which was displayed on the office notice board and signed off as actions were completed.

People, staff, relatives and other stakeholders were empowered to contribute to improve the service. Regular staff and resident meetings took place. Relatives were sent newsletters to keep them informed on what was happening in the home. An annual survey was completed in December 2016. The results of the

survey were positive with an action plan in place to address suggestions for improvement.