Inverhome Limited

# Morton Grange

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Outstanding ☆ |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection took place on 14 May 2018 and was unannounced. At the last inspection we rated the home overall as 'Requires Improvement.' There were also regulatory breaches in safe care and treatment, staffing, dignity and respect and good governance. At this inspection we found the required improvements had been made. The new overall rating for this service is now 'Good' and within the responsive section we found the home to have achieved a rating of 'Outstanding'.

Morton Grange 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 home specialises in supporting people living with dementia and providing end of life care. The home is divided into three separate parts each with its own distinct name, we have referred to these within the report as units. Each unit provided accommodation and communal spaces in relation to a lounge area and dining space. One unit had an enclosed garden which was accessible to people from all three units. The home benefits from large open grounds, which had a range of shelters and people were encouraged to enjoy the surroundings. The service was registered to provide accommodation for up to 66 people. At the time of our inspection 52 people were using the service.

Morton Grange has 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. The registered manager and provider had been in post for over 15 years, which this demonstrated stability and consistency to the service.

The provider ensured that each individuals needs were identified and considered in the programme of events. People were supported to have value based activities and to explore new areas of interest. The large outdoor spaces which were available people embraced and had also been encouraged to access events outside the home. The community was encouraged to be part of the home and strong links had been made to engage with different generations. Some events were planned; however, there was the enthusiasm for spontaneous events to capture the moment or an opportunity.

The care plans contained details of people's needs, history and preferences which enabled the care to be delivered in a person centred way. Consideration was made in how information was provided to people and a range of methods were used to support ways to communicate. People's cultural needs were considered and respected. Religious opportunities were available for people to maintain their spiritual connections. Information was provided in a range of formats and the areas of the environment considered to support people living with dementia when moving around the home.

People were integral to the decision making and this included all aspects of their care requirements. When people neared the end of their life the home ensured that all aspects and considerations were available to

make this time reflective of the individuals wishes. Staff had received training and the home had achieved the platinum award in the National Gold Standard Framework for End of Life Care.

A monthly newsletter shared information which included activities and how people or relatives could be included in the home. This also reflected initiatives the home had taken part in and the benefits this had provided to people.

The provider had increased the staffing levels to provide a good level of support, which ensured people's needs were met. Staff had received the necessary training in how to protect people from potential harm and knew how to report any concerns.

When risks had been identified these had been assessed and measures put in place to reduce the risks. The home was maintained and any repairs were completed swiftly and cleaning schedules ensured the home was protected from the risk of infection.

When people required medical support or guidance on maintaining their health this was available and care staff worked with them to ensure people's wellbeing. Medicine was managed safely and in accordance with people's prescribed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured they obtained consent before providing care.

Staff had received training to support their role and individual interests in developing their care career. People enjoyed the food and their dietary needs had been considered. Individual's health was monitored and referrals made to support these needs.

The home had been decorated with the support of people and consideration had been made to help people orientate within their environment. Staff members had established positive relationships and people told us they felt cared for. People's privacy was respected and they were able to choose how to spend their day.

The registered manager understood their registration with us and informed us of any incidents or events. Audits had been completed to consider how the home was being run and if any areas required changes or improvements. Complaints had been addressed and any responses had included an apology and the outcome, along with lessons learnt to avoid a repeat of the situation.

People's views were considered with all aspects of the home. Questionnaires reflected a positive feel for the atmosphere of the home and the care people received. Suggestions and requests were embraced and used to drive changes.

## 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

The provider had increased the staffing levels to provide a good level of support, which ensured people's needs were met. Any risks had been identified and guidance provided. People had received training on how to protect people from harm.

Medicines were managed safely and the home protected people from the risk of infection. Lessons had been learned and communicated effectively to support and drive improvements.

### Is the service effective?

Good

The service was effective

People were supported to make decisions when they lacked the capacity.
New and existing staff members both received a wide range of training and support which supported and benefited their roles.

People were able to choose their meals and their dietary requirements were supported. People's health care was supported to enable them to maintain their wellbeing. The environment of the home was inclusive and supported people to orientate within their environment.

### Is the service caring?

Good

The service was caring

People had established positive relationships with staff and felt they received kind and inclusive care.

Consideration was made for people's privacy and their dignity was maintained. When people required the support of an advocate this was available.

## Is the service responsive?

Outstanding ☆

The service was very responsive

People's life experience was used to provide opportunities to receive activities and attend events. They were able to continue to use their own skills and embrace new interests. Care plans were inclusive and reflected people's preferences, cultural needs and methods of communication.

When people required care at the end of their lives this was offered by staff who had the skills and understanding to ensure this was done in accordance with people's choices.

Complaints had been addressed to provide people with an apology and outcome. Compliments had been received and shared with the staff to foster best practice.

## Is the service well-led?

Good

The service was well led

People without exception enjoyed the atmosphere of the home. Staff felt supported by the provider and registered manager. People, relatives and staff had all been involved in the developments of the home to drive improvements.

Audits had been used to reflect on the quality of the home and had been part of changes made to enhance the environment and people's experience.

The registered manager understood their registration with us and completed notifications and displayed their rating as required. Partnerships had been developed to provide additional input in respect of health care and community links.

# Morton Grange

**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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and the team consisted of one inspector, an assistant inspector a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a professional who has expertise in a specific area. Our specialist was a nurse.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eleven people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with them in communal areas.

We also spoke with six members of care staff, two nurses, the cook, the maintenance person, administration manager and a member of the domestic staff, a visiting professional and the registered manager. After the inspection we contacted the activities coordinator and their comments and information have been included.

We looked at the care records for six people to see if they were accurate and up to date. In addition, we looked at audits completed by the home in relation to falls, incidents and infection control, the meetings

and feedback events and recruitment folders for three staff to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

# Is the service safe?

## Our findings

At our last inspection in October 2016, we found that the provider was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured sufficient staff to meet people's needs. At this inspection we found that the required improvements have been made.

People told us and we saw there was sufficient staff to support people's needs. One person said, "There is always staff in the communal rooms. If they have some paperwork to do they bring it in to the communal room instead of doing it in the office so they can sit with people." We observed this practice and noted staff spoke intermittently to the people around them, not just focusing on their paperwork.

The registered manager told us, since the last inspection the staffing levels had been increased. For example, they had introduced a lunchtime and teatime staff member. These staff focused on people's nutritional requirements and support needs. One staff member said, "We can focus on people's mealtimes and make it a positive experience."

The registered manager told us, "I use a dependency tool which reflects people's needs, but I also listen to the staff and reflect on what's happening on the floor." We saw that an additional staff member had been introduced to one unit, to support people's needs in the morning; this was over and above the identified numbers from the dependency tool. This demonstrated that the needs of people were reflected in the staffing levels.

All new staff were invited to attend 'Taster' sessions at the home. The registered manager told us it had ensured that prospective staff who applied for posts had a greater awareness and requirement of the role. One staff member told us they had taken advantage of this opportunity as they had not worked in care before and attended two days before they applied.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

At our last inspection in October 2016, we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always used falls information to recognise when action should be taken.

We saw when people had fallen lessons had been learnt to consider how to reduce future risks. These involved a range of equipment, supporting people on a one to one basis or accessing other health care services for support and advice.

We saw that risk assessments had been completed and any risks that had been identified were reduced in the least restrictive way. People told us safety was a big consideration by staff. One person said, "I feel safer living here, rather than at home alone, because there's always someone around, that makes me feel safe."

Some people required equipment to support them. One person said, "I am not good on my feet, so I must use the hoist, but I feel safe when they use it." We observed staff supporting people to transfer throughout the inspection visit using a range of equipment. Each person was supported in relation to their risk assessments to optimise their independence. For example, some people could still weight bear but were not able to walk. To maintain their muscle tone these people used a stand aid. When any equipment was used we saw staff provided guidance and reassurance.

Other safety equipment was used when people retired to their rooms. One person said, "When I get out of bed the staff know, because there's a pressure mat and they respond very quickly." We saw when people used their walking aids staff were nearby. One person said, "When I use my zimmer staff walk beside me to make sure I am safe." Another person said, "I've got a walking frame which I use. I get told off if I don't use it. I can walk, but it's a question of feeling safe and I feel safer when I use it."

People told us they felt confident in the support they received with their medicine. One person said, "I get my medication on time and it's never run out." We saw some people remained independent with aspects of their medicine and this was done in agreement with the person. For example, the staff kept the medicines safe and prepared them, however the person was able to administer their own medicine which was in the form of an injection.

The registered manager told us, they continued to have a pharmacy inspection twice a year. They told us, "Although we do our own checks and audits, this just gives us an extra pair of eyes." We saw audits had been completed and any concerns followed up with individual staff or reminders provided at the staff meetings.

We observed medicines being administered. When people required medicine for their pain relief on a timed basis this was clearly recorded so that the persons pain relief could be managed. The medicine administration record (MAR) had been completed correctly and on occasions when it was necessary for the MAR to be hand written, this was signed by two staff in accordance with the medicine administration guidance.

One person required topical creams. The health care professional had asked staff to review the creams usage after one week. We saw the review had taken place and a further review was requested after another week and again this was completed. We saw the temperature of the medicine room and fridges which stored medicine were recorded and were within the required range to maintain the integrity of the medicines. We also reviewed the stock levels and found these to be at the correct amounts.

Some people had behaviour that could cause themselves or others harm. These people had a planned approach which we observed was followed by staff. The plans identified things which could affect the person and methods or suggestions of how to distract the person from these things. Some of these people had designated one to one staff to support their needs and these staff were familiar with the person. In addition, some of these people required medicine on an as required basis to reduce their anxiety. We reviewed the use of these medicines and found the home had used them on a minimal basis. The nurse told us, "We mostly use techniques to reduce people's anxiety rather than rely on medicine." This demonstrated that people received their medicine safely.

People we spoke with felt safe and comfortable with staff. One person said, "Yes I feel safe with the staff

here. I'd give them ten out of ten. I've got on with all of them here and I've not got a wrong word to say about them." One person said, "I definitely feel safe living here. The staff are alright and we are treated well." They added, "When I need to move from the chair to the bed there's always someone there if I need them." A relative said, "The care here is good and the staff are all concerned about everyone including each other." Staff had received training in understanding safeguarding and protecting people from harm. One staff member said, "If anything is wrong we report it and the nurses or manager would defiantly do something. We put people first here." The home had a safeguard champion, they told us." We keep an eye on anything that would place people at risk." We saw when safeguards had been raised they were investigated and any lessons learnt shared with the team of staff.

The home had a maintenance person who ensured regular checks were maintained on the home. They also had links to different contractors to support the home in specialist areas, for example larger jobs requiring plumbing or electrical. The home had completed fire safety checks and each person had a personal evacuation plan which was reviewed and updated either monthly or when changes occurred. This were required if people had to evacuate the building in the case of an emergency, for example a fire.

People were protected from the risk of infection. One person told us, "It's cleaned to my standard and [Name] room is clean." We discussed the cleaning schedules with the domestic staff. They showed us how they planned areas of the home on a cycle so that each area is cleaned and maintained. This included intensive cleaning and how they responded to spillages or additional areas which required cleaning. For example, we saw walking aids were steam cleaned on a routine basis, however in addition we saw that a care staff had requested someone's walking aid to be given an additional clean and this was completed. The home had a five star rating from the food standards agency, which is the highest award given. The cook told us, "As this rating covers the small kitchen areas, I am always checking these to make sure they are up to standard." The food hygiene rating reflects the standards of food hygiene found by the local authority.

Good

# Is the service effective?

## Our findings

In our last inspection we found the provider had taken responsibility to ensure they were operating under the principles of the Mental Capacity Act 2005(MCA). However, we recommended the provider reviewed how they obtained consent especially when people's capacity fluctuated. During this inspection we found that the provider had taken note of the recommendation and had made improvements

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

Since the last inspection the registered manager told us they had changed the form they used when completing a capacity assessment. The provider had introduced a new form which detailed when decisions had been made through a best interest meeting. The registered manager told us, all the assessments are reviewed before they are agreed. The assessments were decision specific and when people required support with a decision this was done in consultation with family and the relevant health care professionals. For example, one person required their medicine to be given disguised in food or drinks. This is known as covert. We saw a best interest meeting had been held with the relevant professionals. The agreement for this arrangement also detailed how the medicine should be given to maintain its integrity. The guidance from the best interest meeting identified that some medicines were required to be changed to a liquid formula, and we saw this had been done.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions were authorised to deprive a person of their liberty had been met. When people required a referral, this had been made to the relevant local authority and we saw the registered manager kept a record which was reviewed monthly. When people had a DoLS authorised this was recorded and any aspects noted had been incorporated into their care plan.

Staff we spoke with understood the importance of acknowledging people's ability to make decisions. One person said, "I have no complaints or worries about living here. Staff always asked consent before they do anything." For example, with daily choices, where to sit and what to wear.

People told us they felt supported by staff that were trained well. One person said, "Staff definitely have had the training to know how to look after me. They know their stuff, they get regular training." Staff told us when they commenced their role they were supported with an induction which contained training and shadow opportunities with experienced staff. One staff member said, "The staff have been really patient with me and writing things down. If you are ever stuck you just ask." New staff with no care experience had completed the care certificate and their competency was assessed. Staff with some care experience

completed a self-assessment questionnaire which identified areas of training the staff member may require. We saw these and additional training was made available. The Care Certificate sets out common induction standards for social care staff and was an introduction for employees new to care.

We saw that staff received refresher training along with the opportunity to develop their skills. For example, one staff member told us they had received training in diabetes, they said, "It was really useful as it looked at recent research about the changes in the types of diets people can have."
The registered manager had also introduced distance learning opportunities. Some staff had received their induction into the falls prevention training. One staff member said, "I hope to learn how we can reduce falls or be more aware of people's surroundings."

People enjoyed the food on offer. One person said, "We have a menu which we choose from. There are plenty of snacks, last night I had an orange and it was all cut up ready to eat." Other people also reflected positively about the meals and snacks. A relative told us, "[Name] won't eat or drink, staff had to coax and cajole them and they do it in a nice kind manner." We observed the midday meal. The tables had been laid with cutlery, serviettes and condiments. Although people had chosen their meal, they were given a choice about the accompanying vegetables. Gravy and sauces were served in individual serving jugs to enable people to have the amount they wished.

All the staff were aware of people's dietary needs and there was a list available in each kitchen area as a reminder. This also reflected people's preferred choices of drinks and how they liked to receive it which included the type of cup. For example, one person liked a china cup and saucer, other people required specialist cups to help maintain their independence.

The cook told us, "I want for nothing, if I see something I think someone would like I get it." They added, "One day I asked for some sparkling wine and I got champagne." They told us when new people come to the home, they speak with them and ensure their preferences and needs are recorded. The cook said, "I have a wipe-board with all the details on and when we get any changes from the health care team I update it."

When people required medical assistance, this was provided. One person said, "Staff get the doctor when I need one, they are very responsive." A relative told us, "They called the doctor quickly when [name] had chest problems." Staff told us and we saw they worked together to deliver effective care and support people's needs. For example, in the team meetings staff discuss any concerns they had about people and what next steps they needed to make to support the person. We saw that referrals had been made to the relevant health care professional so that guidance could be provided.

People told us that staff cared about their health. One person said, "I didn't feel good yesterday and the staff were quite concerned, so I was helped to bed early to rest." Another person told us,
"One night I had a coughing fit and staff wouldn't leave me until I'd stopped coughing." We saw that each person's medical needs were considered and when required specialists had been consulted. For example, a nurse who specialises in Parkinson's Disease had reviewed a person and provided staff with some guidance especially for this condition.

The three units and grounds offered a variety of spaces for people to support their needs. One person said, "I love the building. There's plenty of space for me in my chair to move around easily." We saw that the garden and grounds were well maintained and had covered areas for when people sat outside to protect them from extremes of weather. The communal areas within the building had been refurbished. We saw how people had been involved in the decision making in relation to the colour and the types of chairs to be purchased. The registered manager told us, "We had a range of chairs brought in and people were able to try them out

before making a decision on what we should purchase." We also saw in the newsletters a reflection on the event to choose the lounge curtains and blinds.

Consideration about the environment had been made to support people living with dementia to help them to orientate around the home. For example, the handrails had been painted red and within the bathrooms the toilet seats were blue to help people identify them. People told us they could personalise their own space and had been encouraged to make their room their own. We saw how people had been consulted about their own bedrooms, one person had chosen a butterfly theme and another person had chosen football. One person said, "I have brought some of my own bits of furniture and photos, it's a pleasant room." This shows the environment had been adapted to support people's needs and choices

Good

# Is the service caring?

## Our findings

At our last inspection in October 2016 we found that the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always considered peoples dignity and supported people's independence. At this inspection we found that the required improvements have been made.

People told us their dignity was considered at all times. One person said, "They respect my privacy and I can take a shower whenever I want." Another person said, "You can get your hair done, your nails done, I've just had my hands massaged it was lovely. There are some nice staff here." There was a flexible approach to people when they required support in the bathroom. The registered manager had arranged for the continence team to provide staff with training. This had enabled staff to be more focused on individual's personal care requirements.

Staff showed respect for people's appearance. We saw people in a range of outfits which people told us they had chosen. One person had spilt porridge on their clothes. The staff member spoke discreetly to the person about this and assists them in cleaning the area. When people had a shared room, we saw that a curtain was available to provide privacy when they received care.

Since the last inspection the registered manager told us they had introduced observations. These are completed at different times and by different staff and any feedback shared with the staff to drive improvements or to provide staff with additional training or guidance. The registered manager told us they had also changed the napkins to fabric ones as requested by people and the use of different clothes protectors, for example, pashminas which had special water proof backing to protect the person when they had refreshments.

People had also been supported with their independence. For example, when people went into the garden without staff, they were given a pendant, connected to the call bell system. If the person required assistance they could press the pendant to request support. One person said, "I can go out if I want. Sometimes the staff will say 'are you coming to post this with me?". When people received care they were provided with choices. One person told us, "A male carer came and said 'Do you mind me showering you? Because if you do, I'll go and get someone else.' I didn't mind because they're trained to do it, it's their job."

Staff reflected the homes motto, 'care with choice.' A relative said, "The care staff are an exceptional professional team of caring nurses. They are kind and patient and an engaging team of care staff." Another relative said, "Care was provided with thoughtfulness and kindness." These comments and other examples within the report show the care which was provided by the staff.

Some people had been supported to access a lay advocate. For example, one person had expressed an interest in body modification. This person was supported by an advocate to understand the decision they were making. Other people had been supported when they wished to make life changing decisions, like

advance care planning. An advocate is a person who supports someone who may otherwise find it difficult to communicate or to express their point of view.

All the people we spoke with felt that the relationship between them and the staff was positive. One person said, "I've got a good relationship, I'd give them ten out of ten." Another person said, "The staff are caring and loving. If I say can I have a cuddle, they do. I think hugging and praising is very important." We saw that people had developed friendships. Staff support people to embrace these friendships by accommodating people to sit in their friendship groups or to do activities together. One person said, "The staff are caring and very kind. We have a good relationship with the staff." All the staff we spoke with felt positive about their relationship with people. One staff member said, "I am happy in my role and I love looking after people. We need to care for people like we would our own family."

Visitors were welcome to call at any time and some family members told us they had joined their relative for meals at the home. One relative said, "Staff keep me well informed, they tell me everything. The manager will stop and listen if I want to discuss something with them."

People were able to follow their faith. The home hosts a church service monthly for Church of England and Methodist. If anyone requires a Catholic priest this could be arranged.

Outstanding ☆

# Is the service responsive?

## Our findings

At our last inspection whilst we found the provider was not in breach of any regulations it was felt there was a limited amount of stimulation available. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made many enhancements to the activities available.

People were encouraged and supported to join in activities or events of interest. One person said, "They have activities like singers, the pet man comes in and I handled a tarantula. We have had a person in selling clothes and I bought two tops. It's easier than going to the shops."

The activities person took a broad approach to the activities. They told us, "I try to encourage people to live in the moment and enjoy their time." They added, "I try to consider what I would want if I was living in a home." We saw that this approach had meant a wide variety of activities were available, linking people to past or new interests. For example, a knitting group, baking, puzzle books, quizzes, and playing 'hopscotch' by throwing beanbags on to a floor mat which looks like the ones you would draw with chalk. There were also themed activities, for example,
a seaside theme with ice-cream, beach towels on the chairs and laminated pictures of seagulls which were stuck around the garden along with sand with buckets and spade. Other events reflected seasonal events and celebrations of other places, like Scotland, France and Ireland. The activities person said, "Staff are seeing more and more opportunities for activities and how to engage people in daily life skills like washing the pots, it's great when people are involved."

Other people had been encouraged to be involved in the running of the home. One person told us, "I am fully involved here. I asked if I could help and the manager said I could help in the office and with interviews." They added, "I type letters, I can't just sit I like to keep busy. I haven't watched much television since I've been here." We discussed the interview aspect and the person told us, "I write down some questions that I'd like to ask, for example, 'What would you do in this situation?' and we share ideas for questions."

We saw that when each person arrived at the home a booklet called, 'This is me' was completed. This enabled the activities person to reflect on the person's life and link past interests with the new. For example, a couple who had moved to the home used to enjoy dinning out. The activities person arranged a trip out and when they got to the restaurant the couple had their own table in a separate part to provide privacy and an intimate time.

Some activities provided a positive distraction. For example, one person had expressed an interest in flowers, so a flower arranging activity had been introduced. For that person they had commented that the activity distracts them from their physical pain. Other people showed an interest in the garden and wanting to spend time outside. We saw the garden was also being transformed with the planting of perennial plants and bulbs which will last all year round. On the day of the inspection it was a warm sunny day. People were

supported to enjoy the outside air and were protected with hats and sun cream. The provider had also purchased structures which provided shelter for people. We saw one person enjoyed an evening walk with a care staff after tea, staff told us, it helped the person to settle in the evening.

The gardening activity was linked in with the development of volunteers to the home. We saw that several family relatives had continued to provide support to the home, after their loved ones no longer used the service. One relative had helped build raised flower beds in the garden and on the day of the inspection they were painting these in a vivid orange ahead of the people planting in them. One person said, "I was supported to go outside and I painted some planters, I enjoyed that." The registered manager told us, "We contacted our local volunteer services as we wanted to open up the home to the community and this has been successful."

We saw how the home had forged a link with the local primary school. The activities person told us, "People connected with each other by writing 'pen pal' letters. Relatives were involved and some wrote on behalf of the people who were unable to write themselves." The school had visited the home and there was a planned reciprocal visit to the school which people told us they were looking forward to. The National initiative relating to dementia had also been shared with the local community. The 'Dementia friends' awareness raising had been shared with the local scout meeting. Dementia friends, presents information and some insight into what it's like to live with dementia. This meant that when people from the home visited places in the local community the children had a greater awareness of how living with dementia impacted on the person's behaviour or how they presented.

To raise awareness of Dementia, training had been made available to interested relatives. The 'Dementia Tour' is a, hands-on, experiential tool kit created for anyone seeking to understand the physical and mental challenges of living with dementia. One relative said, "It was emotional and made you realise, what your relative could be experiencing." Another relative told us how they had taken guidance from staff when they support their relative. They said, "I watched how staff interacted with [name] and now I do the same and it has improved my relationship." This showed that the training had enabled greater understanding for relatives which in turn provided better outcomes for people when they were visited.

The training had also impacted on staff's understanding and the support they provided. One staff member said, "It opened my eyes. I can see some of the elements in people, like 'how [name] walks as if they have things in your shoes." Another staff member spoke about the importance of the environment and keeping it calm. They said, "The training makes you reflect and consider what noise is around, like the television or differing noises which can make people anxious."

We saw how one person since living with dementia had increased anxiety. The home had introduced a 'worry book.' The person writes things down and this reassures them that things which are important to them are not forgotten. The activities person said, "I want to make people's lives as pleasant as possible."

We saw how the home embraced new ideas and initiatives. The cook told us how they had expressed an interest in a 'shared reading' idea they had heard about on the radio. A member of the management team sourced some online training in this area and now the cook provides a Poetry club on a weekly basis.

There was also a photo album entitled, 'magic moments' this contained a range of photographs of the events which had taken place at the home. The registered manager said, "We enjoy sharing things with family and friends and as you will see some of the photos are missing as family have wanted to keep them as a memento."

The home produces a monthly newsletter, this provides information and events. We reviewed a sample of the newsletters; they showed pictures of people enjoying a wide range of events. The activities person said, "The newsletter helps to encourage a network and reassures relatives that their loved ones are enjoying themselves." The newsletters reflected on any projects or initiatives the home had taken part in. For example, 'strictly no falls' project, this is a scheme run by the local authority to evaluate the reduction in falls when people participate in exercise to support their balance and mobility when transferring or mobilising around the home.

The 'strictly no falls' project had provided positive results for people. One staff member told us, "We have already had some good results, one person used to use a stand aid they are now using a walking aid." They told us that they had noted other improvements. For example, the increase in people's abilities when getting dressed. For some people with memory loss the activity had helped them to focus and give them confidence.

One of the newsletters featured a relative who had won the 'Unpaid carers award' at the Great British Care Awards National Finals. Staff at Morton Grange had put the relative forward for the award due to their dedication to their relative and support they provided to the home on a weekly basis with the bingo. This award received television coverage and on the day the cameras went to the home they had a surprise tea to celebrate. Other members of the care team had also received nominations and were finalists.

The newsletters also contain the 'Friends of Morton Grange' meeting minutes, these reflected things going on at the home and actions required to support future events. The attendees included relatives, staff and the cook. Within the news articles representative events were reflected. For example, the Grand National, where people were enabled to join the sweep stake. Other news stories reflected spontaneous events, like the biscuit challenge. A family member had brought in some biscuits; staff thought it would be fun to do a blind biscuit taste test; the pictures reflected the event and showed many happy faces.

People's views were acknowledged and supported. For example, one person had expressed an interest and discussed the possibility of a slimming club at the home. This has been embraced by the cook who made a slimming curry. The person told us, "I want to lose some weight as I think it will be beneficial to me. We're going to get together with the people and staff and plan it and there are staff that also want to join in. I aim to raise money for Ashgate Hospice as I have a personal connection there." We saw a meeting had been planned to consider how they could progress the club.

The provider used innovative approaches to involve people and their families to be part of the decision making at the home. They had introduced a 'Time for a cuppa' event which was on a monthly basis. This was open to people and their relatives and an alternated start time from 2.00pm or 6.00pm had been planned to enable as many people to attend, the dates were also planned a year in advance and were displayed around the home. The registered manager told us, "I want to listen to people's views and for them to feel consulted and part of any changes."

The home has received praise and status in supporting people in a dignified and responsive manner when they neared the end of their life. We saw the home had achieved the platinum status in the Gold Standard Framework for End of Life Care. In the report it said, 'The overall impression of the home is that the Gold Standards Framework Co-ordinators and all other staff have worked very hard to make this home an excellent place for the people to live and die in. All the staff are involved in the care of the residents but particularly towards end of life, including ancillary staff.' The standards framework requires the home to meet agreed national standards and to show how these had been implemented to provide the level of care expected.

We saw how one person had requested that two nominated staff from the home cared for them, rather than their relatives. This request was supported and relatives were kept well informed with staff breaking the news gently to them. We reviewed the care plans of a person who had passed away two days before our inspection visit to review the support that person had received. There was an EoL care plan in place which reflected the care needs and described their general deterioration in health. The person's pain relief had been considered and had been put in place and used effectively, to provide a pain free death. In the days leading up to the person passing we saw entries in the daily notes recorded as, 'sitting with the person', 'holding their hand' and 'reading to them'. It also noted they passed away peacefully with her family present.

Staff had received training in EoL and this showed how responsive they had been to people and how passionate the staff were in delivering care at this time. One staff member said, "Each person is different and we need to respect their wishes and provide the care they wish for right to the end." This shows that people received the care they needed throughout their stay and at the end of their lives.

During our inspection it was identified it was 'Dying Matters' awareness week. This week aims to raise awareness of aspects of dying attributed services. The home had arranged a Dying Matters presentation for people and relatives. The meeting included a range of professionals from different services. For example, the funeral directors, solicitors and the local vicar. This took place on the day of the inspection and was well attended, by relatives and people living at the home. The sessions are open to the community and anyone was welcome to attend.

Staff had detailed skills and knowledge about people's needs. These were reflected in the care plans which were person centred and included people's history, needs and preferences. People and their relatives or those important to them told us they had been involved in the planning of their care. One person said, "They ask you lots of information and share the plans with you." A relative told us, "I have been involved in providing information about [Name] care so that the staff can get to know them and their past." Staff had also been part of the development of the plans. One staff member said, "We read the care plans, we know people's history and we are then able to relate to them." They added, "People's lives are so interesting and amazing." Other staff told us how they had been able to add details to the care plans as they got to know the person or when things changed.

Staff had an understanding of people's preferences and how they wanted to be supported. Assessment had been considered in relation to the protected characteristics under the Equality Act 2010 and reflected people's diversity and sexuality. The registered manager and the cook both told us how they had previously sourced a butcher when a person required Halal meat. During this person's stay staff ensured their head was correctly covered and that they only received care from female care staff. Some staff were also able to speak with them in their own language. The person had visited the home for respite and they had returned for a second period due to the assurance of their cultural needs being met. We saw other examples of people being asked about who provides their care and for couples who stayed at the home the support they required to maintain their relationship.

The provider understands the importance of identifying and meeting the information and communication needs of people. The Accessible Information Standards (AIS) is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw this had been considered and that information was available in different formats. In the reception next to the information leaflets, there was a sign offering any item to be produced in large print. In other areas of the home large print and pictorial options were available. For example, the menus which were displayed on the tables in the

dining areas.  We saw that orientation boards were available in each unit and were correctly completed. These identified the day, time and the outside weather.

People's needs had been reviewed and any daily changes or relevant information was shared with staff. When each staff member commenced their shift, they received a handover. The 'handover' reflected any changes which had occurred or any required support or guidance people may need, which had changed. One staff member said, "We have a communication book which reflects any changes. You are always brought up to date." In each unit there was a board which showed a picture of each staff member and their role. This was linked to their allocated duties or responsibilities for the day.

Calls bells were used for people to request support when they were in their rooms or when staff were not in direct contact. The registered manager told us how they had linked the use of the call bells to the computer system. This meant they could reflect on the time taken to respond to the calls bells. This provided additional information in managing people's care needs and staffing levels. The links had been completed on two units and the provider was able to share with us the planned arrangements for the third unit to be linked up to the system.

The provider had a complaints policy and it was displayed within the home. We saw when concerns had been raised they were responded to. For example, one person experience difficulties with the lift. The situation was investigated and the person received an apology and formal response to their concerns. Following the complaint, the staff reviewed their approach and details relating to how to address any issues with the lift in the future. We saw that compliments had been shared with the staff. We noted that the registered manager had communicated by email with some family members and shared some photos. The family had responded with thanks saying, 'Lovely surprise and they look so happy.'  Another compliment reflected on the difficulty of choosing a home for their relative, they said, 'We have no doubt we made the right choice with Morton Grange.'

Good

# Is the service well-led?

## Our findings

At our last inspection in October 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured audits had always been used effectively to drive improvements. At this inspection we found that the required improvements have been made.

The registered manager told us how they had developed the audit in relation to falls and incidents. This was completed monthly linked to each unit. The information from the audit was shared with staff and ideas and considerations made to reduce the incidents reoccurring. We saw audits were continually being considered, reviewed and improved to make them more effective. For example, the times of the incidents and if they were witnessed or unwitnessed. The registered manager also told us they planned to plot the information on an annual basis to see any trends along with using the data for their quarterly monitoring for the local authority.

The home showed consistent leadership by a registered manager who had been in post for over 15 years. They completed regular walks around the home and people, relatives and visiting professionals all felt able to approach them with any comments or concerns. They were supported by the providers who had been the owners of the home for over 32 years and still played an active role in the day to day running of the home.

Staff told us how the audits for each unit were shared with them at the team meetings. We saw how equipment had been considered to reduce the risk of further falls. For example, a bed which can be lowered to the floor. Following one person's fall, staff had reviewed their foot wear and purchased new slippers. Another person had fallen four times; this was due to a water infection, the registered manager put in place one to one care until the person received medicine and began to recover. Other audits had been used to drive improvements. For example, repairing and painting a damaged door and removing the stains on the carpet.

People and relatives were encouraged to be part of the homes developments and improvements. We saw questionnaires had been completed and actions noted had been addressed. For example, more social activities, we saw these had increased and linked to themes and events. The development of a memory corner and the recreating of an 'onsite' shop. We also saw a 'You said, We did' approach had been taken to provide information to people on the action taken to requests. People wanted more showers, these had been provided. More diabetic snacks and a review of the menu, this had also been done. The positives on the questionnaires reflected the improvements in the decoration, staffing and atmosphere.

In the PIR the registered manager told us they completed a range of observations and daily walk arounds the home. People and relatives knew the manager by name and felt able to approach them if necessary. One Relative told us, "The home was able to provide an environment where my relatives were able to continue their relationship." Relatives also felt they were engaged and involved in the home. One relative said, "We were felt welcome from the first meeting…… Which made us feel we only wanted care delivered

by this home." The registered manager attended the funerals of people who had died after receiving care in the home. Each year the home holds a remembrance service for those people who have died.

Staff had also completed quality questionnaires. The results of these were shared in the newsletter. There were lots of positive comments and staff feeling supported. We saw the provider had rewarded staff with a voucher and thanks, when they had a year of 100% attendance. Staff also told us, "The provider treats us to meals throughout the year and there are always things going on here." One area identified to improve on, was to involve people in the interview process and we saw this was being done and we have reported on in the 'Responsive' section of this report.

All the people and relatives we spoke with felt the atmosphere of the home really reflected the care people received. One relative said, "We looked at a few other places and they weren't a patch on here. What made us choose here was because when we walked in we could see staff helping people, we saw people sitting in proper chairs. It's a fantastic building and great staff. It raises itself well above the other places." Other people told us they always felt welcome and one staff member commented, "There is a good atmosphere here, and everyone gets on well."

Staff felt supported by the provider and registered manager. One staff member said, "Lovely people that we support and really good management." Another staff member said, "Great management team, always willing to help." The registered manager told us they had set up a system to ensure they completed all the staff members' supervisions routinely, this enabled them to reschedule if a person missed a meeting. One staff member said, "We meet every few months, but you can ask if you want more. The sessions are good, it's always constructive feedback and there are training suggestions."

Staff were aware of the whistleblowing policy. This is a policy to protect staff if they have information of concern. The provider welcomed feedback and we saw that any concerns raised had been addressed.

The home had worked in partnership with a range of health care professionals. We saw the home had been part of some care home projects. For example, 'The red bag scheme' this is scheme which provided communication between the home and the hospital services. Other initiatives have been reported on in the 'Responsive' section of this report.

The registered manager was aware of their registration with us and ensured that notifications had been completed to reflect accidents or events. This is so we can see what action the provider had taken. The home had conspicuously displayed their rating as required in the home and on their website.