

Morton Cottage Residential Home Limited

Morton Cottage Residential Home

Inspection report

Morton Cottage
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Carlisle
Cumbria
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Tel: 01228515757

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Morton Cottage Residential Home is a care home providing personal care for up to 32 older people, some of whom may be living with dementia. At the time of our inspection there were 20 people using the service.

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

The provider's systems for checking the quality of the service were not always followed. This meant audits and safety checks had not been carried out so improvements had not been put in place. There were shortfalls relating to the availability and maintenance of some records. These included recruitment and training records.

The premises had not always achieved good infection control measures. The provider was working closely with a local authority Infection Control officer to address the shortfalls.

People and relatives spoke positively about the staff and the home. There was a calm, friendly atmosphere at the home. People said they felt "safe" and "comfortable".

There were sufficient staff deployed to meet people's needs including their emotional and social needs. Staff spent time with people and assisted them in a patient, unhurried way.

An electronic system was in place to manage medicines and people received these in the right way. There were some minor recording issues relating to medicines management, which the registered manager said would be addressed straight away.

People were supported to eat and drink enough to maintain their health. There was an emphasis on individual choices of meals and dining times.

People were assisted to access health and social care services when required. The provider and registered manager worked with other agencies to support better outcomes for people and were open and honest in their dealings with them.

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

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

Rating at last inspection

The last rating for this service was good (published 10 July 2018).

At our last inspection we recommended that home continue to seek the advice of the local authority in order to ensure that people's rights under the Mental Capacity Act are upheld. At this inspection we found the provider had acted on that recommendation.

Why we inspected

We received concerns in relation to the premises and infection control. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Morton Cottage Residential Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Morton Cottage Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Morton Cottage Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Morton Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 2 relatives. We observed the support people received and looked at the condition of the building.

We spoke with 5 staff including the registered manager, senior and care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke to 2 visiting professionals. We reviewed a range of records including 4 people's care records and multiple medicines records. We looked at 2 staff files for recruitment checks and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- An effective system to manage risk was not fully in place. Records relating to the safety checks and tests which were carried out to make sure the building was safe were not all available.
- Some routine safety checks to the premises had lapsed, including fire alarm tests and hot water temperature checks. The provider acknowledged these checks had fallen behind.
- Individual risks to people were recorded and were person-centred. However, the reviews of risk assessments had not always identified actions to be taken, for example where someone had lost weight.

The failure to ensure an effective system was in place to assess, monitor and manage risk was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent records to show premises safety checks had been reinstated, although these needed to be embedded into routine practice.

Staffing and recruitment

- The provider was unable to show records of the checks and clearances for the safe recruitment of newer staff. The provider acknowledged that the administration of those records required improvement.

The failure to manage records relating to staff recruitment contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider made sure there were sufficient staff deployed to meet the needs of the people who lived at the home.
- People and relatives were complimentary about the staff team. The provider employed an experienced group of staff. Staff skill mix was considered when planning rotas to ensure the right competency of staff on duty.

Preventing and controlling infection; learning lessons when things go wrong

- The provider had not always promoted safety through the layout and hygiene practices of the premises. Prior to the inspection we received concerns from visitors that the premises were not sufficiently clean.
- The local authority infection control officer visited and found a number of shortfalls in infection prevention and control. These related to areas of the premises and equipment that required cleaning. The provider took immediate actions to address any urgent issues and had an action plan to remedy the remainder.

- The provider facilitated unrestricted visiting and visiting relatives confirmed this.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home. The staff team understood their responsibility to safeguard people and report concerns.
- People said they felt "safe" at the home and were relaxed in the company of staff. One relative commented, "[Person] is the happiest they have been for a long time since moving here."

Using medicines safely

- Overall, medicines were managed in a safe way. The provider had an electronic medicines management system that supported staff in the timely and correct administration of medicines.
- Only staff who were trained and competent in medicines management were responsible for supporting people with their medicines.
- We found some minor recording gaps during this inspection, mainly relating to medicines storage temperatures and 'as and when' medicines guidance. We found no evidence this had any impact on people using the service. Following the inspection the provider addressed these points.



Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff training records were kept up to date so it was not possible to demonstrate when staff had completed refresher training.

The failure to manage records relating to staff training and competency contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager confirmed staff training records would be updated and any future training would be documented.
- Staff were confident and experienced in their roles. People and relatives comments included, "The staff are brilliant, they know how to look after us" and "It's always the same staff so they get to know people's needs very well."
- The provider and registered manager were present at the home on a daily basis so had constant oversight of staff practices and support needs. However, formal supervision sessions had lapsed. Following the inspection the provider put a new supervision schedule in place to ensure staff had regular opportunities to meet individually with the management team.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection, we made a recommendation about seeking the advice of the local authority regarding DoLS applications in order to ensure that people's rights under the Mental Capacity Act are upheld. At this inspection, we found where people lacked capacity, the registered manager had made appropriate applications for DoLS.
- People were involved in decisions about their care where they had capacity to do so. Staff understood people's rights to make their own decisions and sought their consent and permission before providing support.
- The provider made sure any relatives who acted as representatives or advocates on behalf of their family members had the legal power to do so.

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

- The registered manager carried out comprehensive assessments of each person before a care placement was agreed or put in place. This meant the provider was able to check whether or not the care needs of the person could be met and managed at the home.
- The registered manager was able to describe occasions where placements had been declined by the home, for example where the assessment showed the service was not suitable to meet a person's health needs.
- Following the assessment care records and support plans were developed with the person and their representative where appropriate.

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

- People's nutritional well-being was assessed and they received support with their dietary needs.
- People were offered a range of dishes at each mealtime. Where people required physical assistance with their meals, this was carried out in a gentle, unrushed way.

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

- Staff supported people to access healthcare services and receive ongoing healthcare support.
- The home had regular weekly visits from the district nursing team to review people's health care needs.

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

- Morton Cottage was a large, adapted building. There were some adaptations to support people's mobility such as an assisted bath and a wet room. All bedrooms had en-suite facilities.
- The provider made good use of technology to support the care arrangements. A modern computerised call alarm system in every room included portable handheld devices so people could carry them around in their bedroom if they wanted. The call alarm alerted staff by pager so they knew immediately who had requested assistance and could respond instantly
- The accommodation was warm and comfortable, but most of the premises were worn and would benefit from a redecoration plan to address this.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. The governance of the service was not fully effective.

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

- The provider's quality assurance systems to manage risk and monitor quality had not been followed. For example, some safety checks of the premises had not been completed for some time. As a result, shortfalls to infection control and other hazards had not been identified or addressed.
- The administration of records was not effective. Some routine records we requested during the inspection were difficult for the provider to find or had not been completed.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

- The provider and registered manager acknowledged the administration of audits and records had fallen behind due to a number of challenges over the past year. Following the inspection, the provider submitted a commitment to reinstate audits and update records. These remedial actions had commenced but required embedding into regular practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive, person-centred culture which focused on people being supported to follow their individual lifestyles.
- People who could express a view told us staff were "friendly and helpful" and they were "comfortable" and "content." Staff were very engaged with people despite any cognitive decline they had and included them in conversation even if they were unable to respond verbally.
- Staff said they were well-supported by the management team and their colleagues which resulted in good staff retention. They told us, "I have worked here for many years and I love it. We have time to sit with people" and "It's whatever people want. If they wanted a shower every day we would support that."
- Relatives said communication with the staff was good. One relative commented, "We can call in or ring anytime to get an update. When [person] was hospital, the staff emailed or rang us at all times to let us know how he was."

Continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; working

in partnership with others

- The provider was candid about the shortcomings in the service. They were committed to making the improvements required.
- The provider and registered manager understood their responsibilities to be open and transparent if anything went wrong.
- The service worked alongside other health and social care professionals who were involved in people's care. The provider and registered manager were working closely with the infection control officer to address the infection control issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment An effective system was not fully in place to assess, monitor and manage risk. Regulation 12 (1)(2)(a)(b)(d)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to monitor the quality and safety of the service and ensure accurate records were maintained. Regulation 17 (1)(2)(a)(b)(d)(i)(ii)(f)