

ADL Plc

Morton Close

Inspection report

Morton Lane
East Morton
Keighley
West Yorkshire
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Date of inspection visit:
18 July 2023

Date of publication:
04 September 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Morton Close is a residential care home providing personal care and accommodation up to a maximum of 40 people. At the time of our inspection there were 16 people using the service. The care home accommodates people in one adapted building with bedrooms on the ground and second floor and the main communal areas on the third floor.

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

Since our last inspection the provider had invested significantly in many improvements which reduced risks and helped improve the quality of care people received. Despite this there were some areas where further improvements were required.

Medicines were not always managed safely which placed people at increased risk of harm.

There was no registered manager. A registered manager was required to ensure staff received appropriate direction and support and to ensure improvements were embedded, sustained and further developed.

The provider was not always proactive in identifying and driving improvements and learning lessons. We made a recommendation about this. It was too early to assess the sustained effectiveness of the revised care records and audit processes because work to improve these areas was still ongoing. However, the actions taken so far showed improvements were being made.

Overall, there were enough staff to meet people's needs and keep them safe. On some occasions the provider's assessed safe staffing levels had not been met due to staff sickness. We made a recommendation about this. Staff received training to carry out their roles. Robust recruitment processes were in place.

People's personal emergency evacuation plans not always clear and personalised. We made a recommendation about this. Significant improvements to the safety and cleanliness of the environment and management of infection had been made since the last inspection.

Further improvements were needed to ensure safeguarding incidents and CQC notifications were consistently identified and reported by staff. We made a recommendation about this. People felt safe. Risks were assessed and staff put measures in place to reduce risks to people's safety, health and wellbeing. The analysis and recording of accidents and incidents had improved.

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

People and relatives were involved in making decisions about their care. Further work was required to

ensure people's feedback was consistently acted upon.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 18 January 2023) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, the provider remained in breach of 1 regulation.

This service has been in Special Measures since 18 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 8 and 17 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, dignity and respect, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Morton Close on our website at www.cqc.org.uk.

Enforcement

We have identified a continued breach in relation to the management of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Morton Close

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 2 inspectors, a medicines inspector 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.

Service and service type

Morton Close 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 Close 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.

Following our last inspection the registered manager left the service. A new manager was recruited and came in to post in February 2023. At the time of this inspection the new manager had left the service and there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 July 2023 and finished on 27 July 2023. We visited the home on 18 July 2023.

What we did before the 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 reviewed the provider's action plan. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 6 people who used the service and 2 relatives about their experience of the care provided. We gathered feedback from 6 staff members including care staff, senior care staff and the operations manager. We reviewed a range of records. This included 5 people's care records and 9 people's medicines records. We looked at 2 staff recruitment files, staff rotas and other records relating to staff training. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records.

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 inadequate. 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. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicine management systems were in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made in the management of medicines since our last inspection and people were no longer at high risk of harm. However, there were still some areas of medicines management which needed further improvement to make sure people were safe. This meant the provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people did not have their medicines and creams administered safely because staff failed to follow the prescribers' or the manufacturers' directions properly. For example, 1 person was not given the correct dose of a prescribed medicine which put them at risk of unsafe care and treatment. This was not identified and addressed until it was brought to the attention of staff during the inspection.
- Waste medicines were still not being stored safely and securely.
- Some medicines need to be given at a specific time to ensure they are effective. Not all time sensitive medicines were being given safely and in line with the prescribers' or the manufacturers' directions.
- Further improvements were needed to ensure protocols for 'as required' medicines were personalised and appropriately followed by staff. When medicines were prescribed with a choice of doses there was no information to guide staff on what dose should be given. One person's protocol for giving glucose also did not provide staff with clear instructions. We were concerned this put people at risk of unsafe care and treatment. Following our inspection the operations manager told us these protocols had been updated.

We found no evidence that people were harmed at the time of the inspection because the harm is not always immediate. However, people were placed at increased risk of harm by not managing medicines safely. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider did not have systems in place to ensure risks to people were assessed and managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 12 in relation assessing and mitigating risks.

- People's care records had improved. It was too early for us to judge the effectiveness of the improvements made. However, the care records we reviewed were organised, clear and had some personalised information. Risk assessments were in place and there was evidence these were being updated as changes occurred.
- Improvements had been made to the oversight and monitoring of people's weights. Where people had lost weight, records showed what actions had been taken to identify and address potential nutritional risks.
- The provider had refurbished many areas of the home including the decoration and replacement of carpets throughout the corridors, entrance and stairways, refurbishment of some bedrooms and the cleaning of the smoking area. There was a plan for further works to be completed which included completing the refurbishment of bedrooms, the re-design of the laundry room and the replacement of seals on some fire doors.
- Systems were in place to ensure the environment was safe. Safety checks of the premises and equipment were completed and up to date. We saw two external doors and two internal doors which should have been secured left open. We discussed this with the operations manager who said the doors were left open by contractors working in the home on the day of the inspection. They said they would take immediate action to ensure this did not happen again.
- The provider had worked closely with the Fire Authority to ensure they made the required improvements to fire safety in the home. Staff were not always recording the designated fire marshal on handover records and people's personal emergency evacuation plans (PEEPs) did not include detailed information about people's needs and how they may respond in an emergency. Following our inspection the operations manager told us they were addressing both of these issues.

We recommend the provider ensure clear and personalised PEEPs are developed for every person who lives at Morton Close.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

At our last inspection there were not enough staff deployed at all times to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels were kept under review using a dependency tool. Rotas showed safe staffing levels had generally been maintained. There were some occasions where the provider's assessed safe staffing levels had not been achieved. The operations manager explained they had been unable to get the usual bank staff to cover staff sickness.

We recommend the provider ensures robust contingency plans are in place to ensure safe staffing levels are consistently maintained.

- People told us there were enough staff to meet their needs. One person told us, "I have a call bell and they come when they can if I press that...so I never feel there isn't anyone to help me."
- Improvements had been made to the deployment of staff. Each floor had an allocated staff member during each shift to ensure people received consistent and prompt support. Staff completed tasks efficiently and were aware of and responsive to people's changing needs. Where they provided support staff were patient and provided re-assurance so people did not feel rushed.
- Staff told us some shifts were still busy but now that the number of residents had reduced there were enough staff to keep people safe. The operations manager said they planned to retain the current staffing levels to ensure quality systems were fully embedded and to provide support to staff.
- Staff had received training in key areas such as safeguarding, first aid and moving and handling. We observed staff using moving and handling equipment in a confident and appropriate way, which showed their moving and handling training was being translated into safe practices.
- Robust recruitment processes were in place. The provider completed pre-employment checks to ensure staff's suitability for the role and safety in working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and showed awareness of the procedures they should follow if abuse was found or suspected. We saw some examples where staff had made appropriate safeguarding referrals. However, some professionals raised concerns staff did not consistently recognise when a safeguarding referral was required. Following our site visit a health professional made a safeguarding referral on behalf of someone living at the service as they were not assured staff had taken appropriate actions to protect the person from harm.
- Overall the monitoring of safeguarding incidents had improved. The local authority safeguarding team told us further improvements were needed to ensure information was provided to them in a complete and timely manner.
- Professionals who worked with the home told us staff were not always proactive in learning lessons. One professional told us, "My observations have been that they take an immediate approach to things after they have happened rather than a preventative approach."

We recommend the provider operates consistently robust safeguarding processes and a proactive approach to learning lessons.

- Improvements had been made to the monitoring and oversight of accidents and incidents. We saw examples where incidents had been investigated and lessons learned were captured and plans put in place to implement changes to practices and reduce future risks.
- People told us they felt safe living at Morton Close.
- Following our inspection the operations manager gave us assurance of the actions they were taking to improve the confidence and knowledge of staff's application of safeguarding procedures. They also told us they would continue to work with the local authority to ensure their safeguarding systems and processes were sufficiently robust.

Preventing and controlling infection

At our last inspection people were not protected from the risk of infection as control measures were not implemented consistently. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection

and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had a visiting policy in place. The operations manager said this was regularly reviewed to ensure it reflected current government guidance. Visitors were welcomed to the home and staff supported people to meet visitors in private if they wished.

Is the service caring?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection people were not always treated by staff with compassion, dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- We observed caring interactions between staff and people. Staff treated people with compassion and respect and engaged them in fun and meaningful conversations. One person told us, "The staff are very good, they are very polite, young but very nice so I like living here very much and the people, they're very cheery." Another person said, "They [staff] are all lovely and will get you anything you need and talk to you, and I really like living here." Another person told us staff were, "All very nice."
- Staff supported people to maintain their appearance. Clothes were clean, people were wearing appropriate footwear and had received support with personal care and grooming. Some people had long dirty fingernails. We spoke with the operations manager about this and they said this would be addressed as an immediate priority.
- Staff treated people with respect and dignity. Staff knocked and waited before entering people's bedrooms and ensured conversations about personal matters were conducted in a private and sensitive manner.
- Staff knew people well and were responsive to people's changing needs. We saw several instances where people became confused or upset. Staff responded with warmth, empathy and reassurance and showed a good understanding of how to provide appropriate support to meet each person's individual needs. One health care professional told us, "The staff do seem to have a good rapport with residents."

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

- Staff offered choices and encouraged people to express their views. Staff provided clear information so people could make informed choices and were respectful of people's individual preferences.
- People told us they were able to make decisions about their care. People and their relatives had formal opportunities to provide feedback such as care reviews and quality questionnaires. People told us they felt able to approach staff to discuss any issues outside of these formal processes and that staff would listen to them.

- A new resident ambassador had been appointed since our last inspection. They told us how they used this role to ensure positive changes were made for the benefit of all the people living at Morton Close.

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 inadequate. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Overall improvements had been made to quality assurance systems and processes. It was still too early for us to test the effectiveness of the revised audits in sustaining improvements.
- The provider was not always proactive in ensuring they identified and addressed areas for improvement. For example, the local authority commissioners visited the home in June 2023 and identified care records were poorly completed. The provider told us they thought more improvements had been made to care records and said they were taking immediate action to review and update all records. We saw positive improvements had been made to care records during this inspection.

We recommend the provider operates their own effective audit systems which continuously monitor and drive improvements to the quality of care provided.

- Improvements had been made to address 3 of the 4 breaches identified at the last inspection. Where there was a continued breach of regulations the risks to people had reduced. One relative told us, "We noticed that recently they seem to be trying to make improvements but it seems it's still a challenge."

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

- People, staff and professionals told us the new manager had implemented positive changes and they had seen improvements. One relative told us, "Before [the new manager] was here this place was unsafe and people were neglected and although it's not perfect, now it does feel safer and it's not there yet but they are trying". At the time of this inspection the new manager had left the home.
- The operations manager assured us both they, and a registered manager from another home, would be providing management support with ongoing support from the operations director. However, many areas where improvements were still required were due to the lack of oversight, leadership and direction from a

registered manager. One professional told us, "Staff appear caring and mean well but don't appear to have the direction and skills needed to engage and care for the patients."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Overall channels of communication had improved in the home. However, staff, people, relatives and professionals were all unclear about the current management arrangements. A staff meeting had been arranged for the week of our inspection and the operations manager told us they were arranging a residents meeting to discuss this.
- The provider did not always demonstrate their legal responsibility to be open and honest. We saw two instances where notifications had not been submitted to the CQC. The operations manager assured us this was an administrative oversight and they would ensure all future notifications were sent to the CQC in line with the provider's regulatory responsibilities.
- Further improvements were required to ensure the staff culture was positive and cohesive. Staff told us they tried to deliver the best care they could but staff morale was low. The operations manager told us they were planning team building and social activities to improve this.
- The provider had displayed the rating from our last inspection in the entrance to the home. However, the provider's website did not clearly display the latest rating or provide a link to the inspection report in line with regulatory requirements. The operations manager told us this would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been consulted about some of the improvements made in the home, such as helping to choose the new furnishings. However, there had not been a residents' meeting since January 2023. Some areas of feedback from the last meeting had not been fully addressed. For example, people told us the quality of food still needed improvement and some changes they requested to the activities programme had not been fully implemented.
- Following our inspection the operations manager told us they were taking action to address these issues and would ensure there were regular residents' meetings so the implementation of actions could be monitored.

Working in partnership with others

- The operations manager told us the provider and entire staff team were keen to ensure the improvements were fully embedded and sustained and were committed to working with other agencies to achieve this.
- Communication with professionals had improved. Multi-disciplinary logs were kept to record advice, actions and outcomes from the various health professionals involved in people's care.
- All of the professionals we spoke with told us further improvements were still required to ensure people consistently received safe care and good health outcomes.

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 Systems to ensure the safe and proper use of medicines were not effective. Reg 12(1)