

Mr & Mrs Philip J Jefferies

# Morovahview Residential Home

## Inspection report

1 Bar View Lane  
Hayle  
Cornwall  
TR27 4AJ

Tel: 01736753772

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Morovahview Residential Home is a care home which provides accommodation for up to 16 older people who require personal care. At the time of the inspection 14 people were using the service. Some of the people who lived at the service needed care and support due to dementia sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Morovahview Residential Home on 14 and 20 June 2016. The inspection was unannounced. The service was last inspected in October 2013 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "I feel safe," and a relative told us "The home is safe and secure...I have never seen any blocked doorways or corridors."

People told us they received their medicines on time. Medicines were well organised, records kept to a good standard, and staff had received suitable training to administer medicines.

Staff told us they had confidence that management would take any allegations of abuse seriously, and subsequently take suitable action. Staff had been trained to recognise potential signs of abuse.

Staff had received training to provide care and support to people. Training included moving and handling, first aid and dementia. Most staff had obtained a National Vocational Qualification, or diploma in care. Staff received regular supervision, from managers, to support them, and help develop their care practice.

Personnel files contained information, such as written references and an enhanced Disclosure and Barring Service check, to ensure staff were deemed as suitable people to work with elderly people. Suitable recruitment processes, such as the completion of an application form, and a formal interviewing process were in place.

The service had appropriate links with medical services such as general practitioners, dentists, chiropodists and opticians. The owners of the service said these services were supportive, and people said they received enough support from these professionals.

People told us there were enough staff on duty, and people said they received timely support from staff when it was needed. Call bells were answered promptly and we observed staff being attentive to people's needs.

There were activities available for people. A volunteer visited the service three days a week to help with activities such as board games, skittles and spending one to one time with people in their rooms. Some external entertainers such as musicians and singers visited.

Care records provided suitable information such as a care plan, daily records and risk assessments. Care plans were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People told us they were very happy with their meals and always had enough to eat and drink. Comments received about the meals included "It is lovely," and "Very good." People said they had a choice and received enough support when they needed help with eating or drinking.

People remarked if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told "The owners are lovely," and "The owners are friendly, supportive and attentive," to people's needs. There were suitable systems in place to monitor the quality of the service.

## 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

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs

Medicines were suitably administered, managed and stored securely.

### Is the service effective?

Good ●

The service was effective.

People received good care from staff who were suitably trained and supported by managers.

People said they had enough to eat and drink, and were given suitable help from staff to maintain a balanced diet.

People had access to doctors and other external medical support from other medical professionals such as dentists, opticians, chiropodists and specialist nurses.

### Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care from staff.

People were treated people with dignity and respect, their choices were encouraged, and privacy was respected.

Visitors told us they felt welcome and could visit at any time.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

### **Is the service well-led?**

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

**Good** ●

# Morovahview Residential Home

## **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.

We visited Morovahview Residential Home on 14 and 20 June 2016. The inspection was carried out by one inspector and was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the two days of the inspection we spoke with nine people who used the service. We had contact (either through email or speaking to) with six relatives. We also spoke with the registered manager and three members of staff. Before the inspection we had written contact or spoke with seven external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at six staff files and other records in relation to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe. Comments we received from people included, "I feel safe," and a relative told us "The home is safe and secure...I have never seen any blocked doorways or corridors."

Staff knew what signs to look for, and what action to take, if they suspected people had been subject to abuse. Staff told us managers would take suitable action if any allegations of abuse were reported. Staff had received suitable training about abuse, and safeguarding procedures.

Care files contained risk assessments for people. These covered issues such as risk of falls, poor nutrition and hydration, skin integrity and pressure sores. Risk assessments were reviewed monthly and updated. Staff had been suitably trained in safe moving and handling procedures, and people told us they always felt safe when staff helped them with their mobility.

Safe procedures about the handling of medicines were in place. People's medicine was administered by staff. People said their medicine was always on time and medicines did not run out. A relative told us "They managed (my relative's) medicine to get him to a place where his pain was under control, but he is no longer confused because he was taking too much medication and taking irregular doses." Medicines were stored securely in locked cabinets, and trolleys in the office. Records were completed appropriately. A suitable system for the return of unused medicines was in place. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Records showed staff had received suitable training about the storage and administration of medicines. We saw copies of reports, from the service's pharmacist which judged the medicines' system was operating effectively.

There was a system in place to record incidents and accidents. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service managed some monies on behalf of people, for example, so they could buy luxuries, pay for hairdressing and other essentials. Monies were kept securely in the safe. A system was in place to record expenditure, and obtain receipts where this was appropriate. The registered manager regularly checked monies kept. We checked how the system was operating and found the system worked well. Where necessary people had an external appointee, and staff within the home did not act as a signatory, or as an appointee for anyone who lived in the home.

Staffing levels were suitable to meet people's needs. Rotas showed there were two care staff on duty throughout the 24 hour period. This included waking support at night. Ancillary staff such as a cook and a cleaner were employed. The owners of the service lived locally and worked in the service each day. An assistant manager was also employed. People told us they believed there were enough staff, and they received prompt support when this was required. For example one person told us if they pressed the call bell: "Staff will come within a minute, I have never had to wait." A relative told us: "There seems to be a good ratio of staff to residents, but what is nice is that they are a stable group," which enabled good relationships to form, and people had "consistency and reliability," from the staff group who supported them. People also

said they did not feel the staff were rushed, or that they were ever rushed by staff. One person told us: "There never seems to be a sense of harassed or impatience."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as an application form, two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. A relative said, "I have never had any concerns about (my relative) being in a safe environment." People said the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested. Records showed manual handling equipment and the stair lift had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. The fire officer's report stated the management of fire safety was to a good standard.



## Is the service effective?

### Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. People said staff, "Are good, nice, well disciplined and very polite," "Kind and caring," "very friendly, easy to talk to," and "Very approachable." Relatives said, "I commend them (the staff) for their diligence and patience," and another relative described staff as "Attentive, caring and understanding." Professionals commented staff "Appear supportive and happy in their roles which appears to reflect in their practice," were "Caring and friendly," and, "Staff are helpful and engaging."

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The owners said when people started to work at the service they would spend time with them to explain people's needs, ways of working, and policies and procedures. New staff also work alongside more experienced staff before being expected to complete shifts unsupervised. Suitable induction records were kept. The registered manager said he was aware of the need for staff, which were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, dementia, and first aid. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care.

Staff told us they felt supported in their roles by colleagues and senior staff. Staff told us they received regular supervision, and this was demonstrated by records kept. Staff told us the owners of the service worked in the home on a daily basis, and there was also an assistant manager who could provide guidance and support. Staff told us managers were, "Good to work for," and "Supportive."

People told us they did not feel restricted. One person told us, "Life is your own, you make it your own but the staff are there to help you." Due to some people having dementia, and the high level of vulnerability of some people, the front door was locked for security reasons and to maintain people's safety. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example people told us staff involved them in how people wanted their personal care and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that there was appropriate training for staff about mental capacity and deprivation of liberty. A relative told us: "A deprivation of liberty safeguarding application was discussed with us upon admission and explained in a way that was easy to understand."

People were happy with their meals and everyone said they always had enough to eat and drink. Comments we received about meals included: "It is lovely," "Very good," and "They do try and give us a choice." Relatives told us: "People are constantly offered cups of tea and biscuits and cakes. Sunday is always a full roast dinner. The menu is varied and highly palatable. We are always offered to join (our relative) for lunch or dinner whenever we like and have done so. The standard of food is very good." People told us staff knew individual likes and dislikes. A choice of meal was available to people. The menu was displayed in the lounge, and was also displayed in pictorial form. People also told us they had a choice at breakfast and tea time. A record of people's meal choices was kept.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Specialist nurses regarding Parkinson's disease, diabetes and mental health were available for people as necessary. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. However it was not always possible to ascertain whether people wanted, needed or when they had last seen a dentist, even though from speaking to people, this service was available. We received positive feedback about the standards of the service from several health and social care professionals. Professional's comments included, "The home is well run and organised. People are well cared for," "Staff are caring and friendly, they ring appropriately and are helpful. They are knowledgeable about their residents," and, "I find it a delightful place to visit. Staff are all very professional and well qualified...The residents are treated with respect and compassion."

The home had appropriate aids and adaptations for people with physical disabilities such as a stair lift, and specialist bath. There was some additional signage to assist people to know where they were, and to find the kitchen and dining room. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable.

## Is the service caring?

### Our findings

People were positive about the care they received. We were told staff are: "Excellent. ...I get lots of attention. I cannot fault it," "Staff are very kind, nice, helpful as if they like their job," and "Staff always have a smile on their faces." Relatives told us "Staff are attentive, caring and understanding," "Staff could not be more supportive," "(They are) Exceptionally caring," "The staff have been tremendously patient and caring, and the improvement (with my relative) has been fantastic," and, "Working with the elderly appears second nature to the staff." Professionals stated "(The service) is very caring, you can feel the warmth, nothing seems too much trouble," and "I have no hesitation or concerns in placing individuals at Morovahview and feel they offer a safe and person centred service."

We observed staff working in a professional and caring manner. The people we met told us care was provided in a kind and caring manner and their staff were patient. Staff were calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided. A relative told us when they had visited one person had required medical attention. "The whole incident was handled with a minimum of fuss so that none of the residents were upset. The staff had obviously been trained for and had experience in such an event, and were very quickly on the scene."

Relatives commented that staff managed to deal with any difficult situations in a patient, diplomatic and caring manner. For example we were told due to dementia one person could at times have some "Minor behavioural issues," but staff managed these situations in a manner which never made their relative "Not feel chastised or uncomfortable in any way." It was commented that people were never "Scolded but diplomatically redirected," to resolve difficult situations.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. One professional described records kept as "consistent and accurate." The registered manager said where possible care plans were completed and explained to, where possible, people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. We were told, "There is always a very happy atmosphere when I visit." People could go to their bedrooms, and also to the lounge or dining room if they wanted to meet with visitors.

## Is the service responsive?

### Our findings

People were positive about the responsiveness of the service. We were told, for example, staff were "Helpful," "Will always come as quick as they can," and were, "Very approachable." Comments from relatives included: "They got to understand (my relative's) temperament and abilities both mental and physical very quickly." Comments from professionals included: "They always contact me with any information or concerns in a timely manner and offer suggestions to promote positive outcomes for their residents." We observed staff acting in a kind and considerate manner. When people rang call bells for help we were told, and we observed these were answered promptly.

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and or their relatives, were also able to visit the service before admission. The owners said they encourage people to visit the home, either for lunch or for an overnight stay, if they wish and /or are able to. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time. The service was introducing a computerized record system. This was being introduced carefully (for example at the time of the inspection it was running alongside the paper based system), and staff were receiving training on the first day of the inspection.

The service arranged organised activities for people. A volunteer provided activities three days a week. Group activities provided included singing, board games, quizzes and skittles. The volunteer also did someone to one activities with people either in the lounge or in their bedrooms. Some people said they were just happy to amuse themselves watching TV or listening to the radio. The library regularly visited the service, so people could have a selection of books to read. Some external entertainers such as musicians and singers visited. People told us they enjoyed the activities although one person told us, "It would be nice if they occasionally organised a trip out if possible, for example to see the beach and sit and stare before returning home."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

## Is the service well-led?

### Our findings

Management were viewed positively by people who used the service, relatives and the staff who worked at the home. We were told by people the owners, "Are lovely," "Very nice," "Very approachable." Staff said the owners were, "Approachable," "Good to work for," and, "Very, very friendly, you can talk to them, and pull their leg." Relatives told us, the owners were, "Very approachable," "Very professional," and "They are a very cheery couple who always have time for a chat. They keep us informed of all decisions regarding (our relative's) wellbeing and finances and let us have any necessary documentation. They are highly experienced in these matters." Professionals told us, "Mr and Mrs Jeffries are friendly, supportive and attentive to resident's needs."

People said there was a positive culture at the service. People told us, "It is excellent," and "They bend over backwards to do what they can," "It is a home from home," and "Everything is to a very high standard."

Staff said there was a positive culture among the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. We were told by a staff member, "I love working here, If I did not I would not be here. Everyone works to a high standard," and another member of staff said, "Everyone gets on. Staff all seem to click."

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. For example we were told, "I am informed of any needs, changes or medical concerns almost as soon as they arise," and, "Both management and staff could not be more supportive. There is an open communication channel."

There had a clear management structure. The owners of the service work at the home each day, and there is an assistant manager. The owners said they were on call when they were not present at the service.

The registered manager monitored the quality of the service by completing regular audits such as of care records, medicines, staff training and supervision, health and safety, accidents and falls. An annual survey of relatives was completed to find out their views of the service. Results of previous surveys were all positive. An audit of the CQC's standards was also completed, with an action plan completed.

The registered provider was registered with the CQC in 2010. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.