

Cygnet Learning Disabilities Midlands Limited

Morgan House

Inspection report

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Website: www.cygnethealth.co.uk

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Morgan House is a care home providing personal care to three people at the time of the inspection. The service can support up to five people.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people to take part in activities and pursue their interests in their local area, they also supported people to try new things and different activities to learn new skills. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The provider was actively recruiting to ensure consistency in staff.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 inspection was a targeted infection, prevention and control inspection and the service was not rated; the report was published 17 December 2020. The service was registered with us on 22 August 2019 and this is the first comprehensive inspection of the service.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Morgan House

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 Care Act 2014.

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

One inspector carried out the inspection.

Service and service type

Morgan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with two people who used the service and spoke with four relatives about their experience of the care provided. People who used the service who were unable to verbally communicate with us used different ways of communicating including their body language. We observed people's interactions with staff.

We spoke with six members of staff including the registered manager, deputy manager, regional manager, senior care staff and support workers. We spoke with a visiting nurse from the General Practice.

We reviewed a range of records. This included two people's care records and one medication record. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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.

This is the first comprehensive inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One relative told us, "I don't worry when leaving them [Person's name] there, they [Person's name] consider this home." One staff member told us, "People's safety comes first."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. Information was displayed around the home and the registered manager told us they encouraged people to complete safeguarding referral forms when required.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records.
- Staff kept accurate, complete, legible records, and stored them securely. We found one person's risk assessments had not all been reviewed when required. The registered manager took immediate action, and these were reviewed and up to date by the second day of our inspection.
- The service helped keep people safe through formal and informal sharing of information about risks. The management and senior staff shared an ethos of "sharing the risk", which encouraged staff to inform senior staff and external professionals of any concerns to people who lived at the home.
- A plan was in place to reduce restrictive intervention. The provider was in the process of completing these for each person.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- People's relatives confirmed a current high staff turnover; however, they were aware the provider was actively recruiting, and they were being kept up to date. One relative told us, "Staff build relationships then go, it takes a while to understand [Person's name] needs, but the attitude of management and staff is great."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. We queried one part of staff recruitment files and the manager acted immediately and reviewed their current recruitment process.
- The provider ensured vaccination of COVID-19 was a condition of employment.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- One relative told us how the provider identified where a person was receiving a potentially high dose of medicine. Staff informed the relatives and contacted the prescriber, where their prescription was amended accordingly.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Following incidents staff had a debrief where reasons were explored with ways of doing things differently to reduce the risk of it happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- People had short term and long-term goals in place which staff supported them to progress and meet. The provider was currently supporting one person to complete an activity-based course following their completion of college, to promote their independence.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. One relative told us, "Staff have the right attitude and training to look after them [Person's name]. We have been in situations where it was the exact opposite."
- People who lacked capacity to make certain decisions for themselves, had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- The provider checked staff's competency to ensure they understood and applied training and best practice. One staff member told us, "You have competency checks and spot checks, with medicine it is all about the training."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. One relative told us how staff were working with them to include the person's preferences to create their meal plan.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. One relative told us how staff supported their relative to go out for meals.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were able to move around easily because there were visual aids in their home and staff had

arranged the furniture to support this.

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People attended regular meetings where they chose furniture which suited them.
- People had access to an activities room as well as other communal areas within their home including a kitchen, living and dining room. People also had private facilities including bathrooms, kitchen and living rooms.

Supporting people to live healthier lives, access healthcare services and support

- Multi- disciplinary team professionals were involved in support plans to improve a person's care. The provider had a recent meeting with different relevant professionals to support one person around transitions. Staff were provided with guidance and recommendations to support this person and meet their needs.
- People's positive behaviour support plans included regular reviews with the community learning disability team as an ongoing process.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital. A visiting professional confirmed how responsive and organised the provider was. They told us the staff met people's needs effectively and always acted on advice and guidance given.
- People played an active role in maintaining their own health and wellbeing. People's care plans documented ways to promote their independence, for example, with their oral healthcare.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. Staff told us how they supported people to make individual choices.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests. For example, we saw where input was sought and clearly documented for COVID-19 testing.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Best interest meetings were held with professional input and the person's relatives.

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.

This is the first comprehensive inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. One relative told us, "[Person's name] has had some absolutely fabulous carers."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. A visiting professional told us, "Staff provided a high standard of care, it is very individual, they provide a lot more."
- Staff members showed warmth and respect when interacting with people. One staff member told us, "People have 100% of your attention, it is very rewarding."

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

- People were given time to listen, process information and respond to staff and other professionals. Staff confirmed they supported people with one thing at a time. One staff member told us, "You give them [Person's name] time to process and not bombard them with information."
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff knew people's individual communication styles. Staff recently supported one person in reintroducing using a picture exchange communication system which they used when they were younger.
- Staff supported people to maintain links with those that are important to them. One person's care plan included their goal of staying in communication with their friends from college.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff continuously supported people to try new things, they provided people with different activity choices to learn and develop.
- Staff knew when people needed their space and privacy and respected this. People's relatives confirmed this. One relative told us, "Staff know when they [Person's name] needs private time, they will redirect them to their room and make sure they are safe."
- People's care records guided staff to support people and meet their needs whilst respecting their privacy, dignity and independence, for example when shaving.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first comprehensive inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. The provider had recently refurbished three of the five bedrooms to make one person a separate flat within their home. This was specifically designed to meet their needs and support them to achieve good outcomes.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. People's relatives told us how staff used their knowledge of the person to guide them and form people's care plans.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. One staff member told us, "We learn what people like, we suggest activities which best suit the person, but it can be trial and error, as we don't just assume they will like it."
- People's preferences were documented in their care records and guided staff to support people in their preferred ways.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. Around their home and in people's care records information was accessible through different visual and pictorial formats.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One staff member told us how they, "I mentor and lead staff to get the most out of people."
- One member of staff told us how they communicated with one person and encouraged their social interactions. They asked them questions about activities they knew they completed with relatives. Staff were aware this person enjoyed socialising and knew how to support the person in this way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. People had individual activity plans, which included daily activities which were of an interest to them. One relative

told us, "They [Person's name] goes ice skating, they love walks and going to cafés, the activity plan is meaningful."

- Staff enabled people to broaden their horizons and develop new interests and friends. Staff told us how they encouraged people to try new things. One staff member told us, "We have risk assessments in place for new activities and people have competent staff with them, we make it fun".
- Staff provided person-centred support with self-care and everyday living skills to people. People were supported to attend different social clubs and joined a gym membership, which was incorporated into their activities plan.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The provider displayed an accessible version of the complaints process, so people and their relatives knew how to complain. Relatives confirmed they knew how to complain if they needed to.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. The provider was acting on a recent complaint from a neighbour in relation to the noise level. Meetings were held with the estates team and they planned to add ground floor sound proofing.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The provider had initiated conversations with relatives around people's wishes and preferences.

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.

This is the first comprehensive inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One relative told us how much improvement their loved one had made since living at the home, they told us, "It was 100% better being here."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff, people's relatives and a visiting professional praised and complimented the registered manager, deputy manager and regional manager. One staff member told us, "You feel you can conquer the world when you talk to the registered manager".
- Management and staff put people's needs and wishes at the heart of everything they did. Staff spoke passionately about care people received. One staff member told us, "We are very on top of people being safe and cared for, staff mood can impact on people, so we support them, healthy staff equals a happy house."

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

- The service apologised to people, and those important to them, when things went wrong. Staff confirmed they always informed people's relatives of any incidents.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. One relative told us, "They [Staff] are very open, and we are with them, we have regular meetings with them and the community nurse as well."

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. The registered manager reviewed people's daily risk assessments within 48 hours to ensure people were supported and staff were effectively meeting people's needs.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. We received notifications about significant events which occurred in the home.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff knew people's needs and spoke passionately about how they supported them.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. Relatives told us they had regular communication with management about the service. One relative told us, "They [staff] phone us most evenings to tell us about the day, we have the opportunity to ask questions and make suggestions."
- Staff encouraged people to be involved in the development of the service. People attended a regular meeting where they had input in decisions made around their home. A recent meeting included easy read documents and pictorial formats which provided people with their choices for chairs and curtains in the activities room.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. One staff member told us, "I love the drive here, the management are driven, and it trickles down, you can achieve anything."
- The provider kept up to date with national policy to inform improvements to the service.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to improve people's wellbeing.