Morris Care Limited

Morris Care Centre

Inspection report

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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

Overall summary

This inspection took place on 3 February 2015. The inspection was unannounced.

Morris Care Centre provides accommodation, nursing and personal care for up to 77 people with a range of needs. There were 68 people living in the home when we carried out our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's ability to make their own decisions and consent to their care had been appropriately sought which meant people's rights were protected.

The provider had systems in place to manage risks, safeguarding matters and medication. This ensured people's safety. The provider followed a recruitment and

Summary of findings

selection procedure. Part of the procedure was to ensure that pre-employment checks had been carried out before an individual started working at the home. People were supported by sufficient numbers of staff who were suitably skilled and qualified. Staff felt they received appropriate training, support and supervision from the manager and senior management team to carry out their work.

People were supported to express their views and be involved in making decisions about their care. Where appropriate relatives/representatives were involved in identifying people's preferences and we saw these were respected.

An activities co-ordinator was employed at the home to organise social interests for people who lived there. They supported people on a one to one basis to follow pastimes that they had pursued before moving into the home as well as group functions.

Everyone we spoke with told us they thought the manager was good, kind, open and approachable. People told us they would know who to raise a complaint.

We saw that systems were in place to monitor and check the quality of care and to make sure the environment was safe and well maintained.

Summary of findings

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 safe.

People were supported by sufficient numbers of staff who were trained and knew how to protect them from harm and abuse. People received their medicines when they needed them and in line with good practice.

Good

Is the service effective?
The service was effective.

Staff were trained and had the skills and knowledge to meet people's needs. People enjoyed the choice of food they were given and had their nutritional needs assessed and monitored. People's ability to make their own decisions and consent to their care had been appropriately sought which meant people's rights were protected.

Good

Is the service caring?
The service was caring.

People were treated as individuals with kindness and compassion and were involved in making decisions about their care and support. People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People contributed to planning their care and their needs were monitored and reviewed. People were supported to follow their hobbies and interests and encouraged to raise any concerns.

Good

Is the service well-led?
The service was well led.

People considered the home was well led by the manager who promoted a positive culture and had a visible presence. The quality of care provided was regularly monitored and improvements were made where needed.

Good

Morris Care Centre

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 had received concerns before the inspection. These related to staff not using appropriate moving and handling equipment, getting people up very early in the morning and poor staffing levels. We did not identify any concerns relating to these issues at this inspection.

The inspection took place on 3 February 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with 10 people who were living at the home. We also spoke with three visiting relatives, eight staff, one health care professional and the manager. We looked in detail at the care four people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records, a sample of policies and procedures, complaints records, staff training and recruitment and records relating to the management of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

One person who lived at the home told us, "I always feel safe here. The staff look after me well. I don't have to worry about anything". Another person who lived at the home said, "I do feel safe here". A visiting relative told us, "I don't worry about [person's name] I am happy leaving them here. They are definitely safe here". Another relative told us, "They are safe here, [person's name] has been here for a very long time and we have never had to worry about their safety". We observed people been supported in a safe manner for example, we saw care staff assist people with their mobility and transfer people using hoists and wheelchairs.

We saw policies and procedures for protecting people from harm which staff were able to tell us about. Staff told us where they could locate policies and we saw staff had signed them to say they had read and understood them. Staff told us how they would recognise abuse and how they would report it. They told us and records we looked at, confirmed they had been trained in protecting people from harm. Staff understood how to whistle-blow and were confident that management would take action if they had any concerns. Whistle-blowing means that the organisation protects and supports staff to raise issues or concerns they have about the service. Staff we spoke with were also aware that they could report any concerns they had to outside agencies such as the police or local authority. Allegations of potential abuse had been managed well.

Individual risk assessments were completed to ensure staff knew how to manage risks to people. For example, one person was being supported to transfer safely by means of a hoist. Details of how this should be carried out in a safe manner was available for all staff to follow. We saw staff carry out this safely. Staff told us this information was shared with them when the person was admitted to the home. People who lived at the home told us they were involved in discussing what they needed assistance with. Staff had discussed the risks with them and how these would be managed. One person told us, "They explain things to us and if it's risky they will always tell us, then we can make our own mind up".

Changes to people's care and support was done when needed. The manager reviewed accidents and incidents in order that changes could be implemented to people's care and support to reduce the likelihood of the same thing happening again. There was a record of action taken after any incident or accident. We saw in people's care records how this information was used to update records. For example, we saw where one person had been involved in an incident that led to a decision being made about the use of bed rails. This was fully documented and consent was obtained from the person concerned. Care staff told us they were updated about changes to people's care and support through daily handovers at each shift change.

One person who lived at the home told us, "There are always enough staff around, there's always someone to help you when you need it. Another person said, "If you call for help they come straight away. One visiting relative told us, "There are always plenty of staff". We talked with the manager about how they ensured there were the correct number of staff on duty with the right skill mix to meet people's needs. They told us, "I look at the hours needed based on individual need and I review these daily". They explained, "I work alongside the staff and I'm out on the floor so I can see what staff are needed and I'm aware of the staff competencies, this helps when planning staffing across the home." We saw there were sufficient staff to meet the people living at the home and staff responded to people in a timely manner.

There were safe recruitment procedures in place. Staff spoken with confirmed their recruitment to the home was robust and they did not start work until all necessary checks had been completed.

We looked at two staff recruitment files. We found the necessary checks had been undertaken prior to staff starting work.

One person that lived at the home told us that their medicines never ran out. Another person said, "I trust the staff to give me my tablets at the right time and this has always been the case". A visiting health care professional told us, "The staff seem very good at medicines management. There is good medicines recording". People's medicines were managed safely. We saw there was suitable storage for all medicines kept at the home. The staff checked the temperature of the medicines fridge daily to check that medicines were stored at the correct temperature and were safe to use. Medicine administration records showed people were given their medicine at the correct times and this was confirmed with people who lived at the home. We observed the medicines administration at

Good

Is the service safe?

lunch time and saw this was carried out safely. One nurse told us, “We receive medicines training and our competency to safely administer medicines is checked regularly”.

Good

Is the service effective?

Our findings

One person who lived at the home told us "The staff are lovely, all of them are wonderful", Another person who lived at the home said, "I'm happy here they look after me well".

People told us they felt staff knew their needs well. One person told us, "The staff know how I like things done, they know all my little ways". Staff told us that the training provided was good and that training considered essential by the provider was up to date. One care staff member told us, "My training is up to date, we get reminders from [person's name] to say when it's due". Another care staff member said, "I'm being sent to do refresher training soon in infection control. I've been sent on catheter training and all of my mandatory training is up to date. I watch DVD in house training monthly on different topics as well". We saw training certificates in staff files and an up to date staff training matrix which confirmed the organisation had an essential training programme in place. Staff were knowledgeable about the needs of the people we looked at in detail and considered they had the skills and knowledge to carry out their work. The manager told us, "I work on the units so I get to know people's skill mix and pick up on issues very quickly. I use my observations to monitor things like the quality of care, staff competencies and staffing levels".

Staff confirmed they had regular support from the manager. One care staff member told us, "We are supported regularly on a one to one basis. It gives us the opportunity to discuss our work, any concerns we may have and we also talk about our progress with training". Another care staff member said, "The manager is very good at supervising us". We spoke with a new member of the care team who told us their introduction to their work had been positive. They said, "We covered lots of different things including the home's fire evacuation plan, health and safety and the home's expectations of staff. I also worked alongside more experienced staff members which was great and that helped me not only pick up the routine but I also got to know the residents well".

The manager and staff understood the principles of the Mental Capacity Act (2005). They explained their understanding of the importance of protecting people's rights when making decisions for people who lacked mental capacity. The manager had worked in conjunction with the Deprivation of Liberty safeguards (DoLS) team. They had made referrals into the process where it had been identified the home was depriving someone of their rights. This was because it was in the person's best interest to do so and where the person lacked mental capacity. The manager identified three people who had DoLS authorisations in place. However, we had not been notified about the authorisations which the provider is required to do so by law. The manager agreed to complete the notifications and forward them to CQC. We were told meetings and discussions were held with relevant professionals and relatives who had the legal authority to act in a person's best interests were held. We observed staff asking people for their permission before they carried out any required tasks for them. For example we saw staff ask a person's consent before they used a hoist to transfer them from a wheelchair to an armchair. Staff did not carry out the assistance until the person had given their consent.

One person who lived at the home told us, "The food here is really nice, there's lots of choice, you can see the choice we get from the menus". Another person who lived at the home said, "I like the food". We observed the lunchtime meal. We saw people were offered choices and alternatives if they wished. We saw one person change their mind about what they wanted for lunch. This was not questioned by the staff and an alternative meal of the person's choice was provided. Dining areas were nicely presented and people were not rushed to eat their lunch. We saw staff were respectful and offered assistance discreetly in a dignified way when people required it. The chef and staff spoken with were aware of people's special diets that were required either as a result of personal choice or clinical need. We saw where people had been identified as being at nutritional risk their food and fluid intake was monitored. The care records we looked at showed regular risk assessments relating to nutrition have been identified. People with speech difficulties had been referred to the speech and language therapist for assessment and this was evidenced in records we saw.

One person who lived at the home told us, "The doctor visits here, we can see them when we need to". One visiting relative told us, "They call the doctor when [person's name] needs a visit; it's always done at an appropriate time". Another relative said, "I was invited to a physiotherapy assessment which [person's name] was having". Another relative told us, "The doctor has been called today to review my relative's condition because they are not very well. One person who lived at the home told us, "I can see

Good

Is the service effective?

the chiropodist and dentist when I need them". Care records we looked at showed referrals had been made to a range of health care professionals. This meant people received the correct specialist involvement when they required it. One health care professional told us, " They use professional trained nurses who use their judgement to call us if they need help. Staff put in practice my recommendations. It's a pretty big place and busy, they do a good job". A survey was carried out April 2014. We saw one health care professional's feedback. They had rated the quality of personal and social care provided by the home as good and the quality of the health care provision as very good.

Good

Is the service caring?

Our findings

One person who lived at the home told us, “The staff here are marvellous”. Another person said, “The staff are kind, caring and friendly”. A visiting relative told us, “This is the best care home in Shropshire, they are welcoming and it’s a happy cheerful place”. Another visiting relative told us, “It’s a wonderful place A+++. It’s the best care home in Shropshire I reckon”. We saw relationships between staff and the people they supported were positive and caring.

One visiting relative told us, “They know and understand our relatives’ needs. We’ve been encouraged to personalise their room. We’ve put up curtains and matching duvet”. Another visiting relative said, “I helped personalise [persons name] room, I made photo displays. This home is the next best thing to home”. Care records we looked at showed how staff recorded people’s needs in a personal and detailed way. For example what cup someone liked to drink out of and what people preferred to be known as and their likes and dislikes. This meant people were put at the heart of their planned care.

Staff sat and chatted with people who lived at the home about everyday things and the activities that were due to take place later on in the day. People told us they enjoyed the time staff spent with them, one person told us, “I like to talk to the staff. It passes my day and they are all so friendly. Everyone has time for you here”.

We saw people make their own decisions about where they wanted to eat their meals and whether they wanted to participate in social activities. One person told us, “I decided I wanted to lie in today and that’s exactly what I did. If I tell staff what I want I’m always allowed to make my own mind up”. Staff told us they would assist people with using advocacy services to support making them where required. . There was also advocacy literature posted around the home. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

People were treated with kindness, respect and dignity and staff were attentive to people’s needs. Staff were discreet and considerate when offering people who lived at the home assistance. We saw one person being assisted to eat their lunch. This was done in a respectful and dignified manner. We saw staff always knocked before entering people’s bedrooms and waited to be invited in. Privacy signs were placed on people’s bedroom doors when personal care was being carried out. This ensured people’s privacy was protected.

Good

Is the service responsive?

Our findings

One person who lived at the home told us, "I was asked what I needed help with before I came here, and ever since I moved in that's always what's been done for me. They ask me how I feel about things every so often but it's all good here". The manager told us, "We take all new assessments very seriously here. We have to be able to know we can meet someone's needs before they move into the home". We saw assessments had been completed before people moved into the home. One visiting health care professional told us, "They assess everyone who is coming from hospital to here before they are admitted". One visiting relative told us, "It's all very organised here. We were asked lots about what [relatives name] needs were and how they liked their care to be done".

We saw the home had a proactive approach to reviewing people's care and support. Reviews of people's care were carried out frequently with the individual and where appropriate their relative/representative. This meant that people were at the centre of guiding how they wanted the staff to meet their needs. We saw how the staff had incorporated any changes to people's care if the individual's circumstances had changed. For example, where a person someone had fallen, we saw their care plan and falls risk assessment had been reviewed and updated. This was to minimise a repeat of the incident and showed the staff had been proactive in taking steps to reduce any further risks. Updating people's care records also kept staff informed so that they could support people appropriately.

One person who lived at the home told us, "I love going to the sing alongs we have. There's always something going on that I like to go to". One visitor from the local place of worship told us they were at the home to give a service to someone privately in their bedroom. They said they visited on a regular basis at the person's request. There was a varied range of social opportunities for people who lived at the home to take part in if they wished. An activities co-ordinator was employed. They told us, "I provide one-to-one activities where people can do something they like on an individual basis. I have one person who used to do a lot of art work at home before they moved in. I encourage this. I also do group activities for example; we have an armchair exercise class to music taking place downstairs in the home later. We have a planned activity for Valentine's day, flower arranging, yoga, bowling and a pampering morning". One visiting relative told us, "They take [name of relative] out to town when they want to go. It's a busy home with loads of activities going on".

One person who lived at the home told us, "If I wasn't happy with something I'd tell the staff or the manager". Another person said, "I have no complaints at all". A visiting relative told us, "Any little niggles are sorted out straight away. I have no complaints with the way the home responds to concerns I raise". The provider had a complaints policy and procedure in place which was made available to people who lived at the home and their relatives. We looked at complaint records held. We saw that people's complaints were fully investigated and the outcome of complaint investigations was shared with the complainant to their satisfaction. The manager told us they shared complaints with the staff team at team meetings so staff could understand the issues that people had raised.

Good

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way the home was run and knew who the manager was. One person told us, "I see the manager every day, she's very approachable". Another person said, "The manager always ask how I am, she's lovely". One visiting relative told us, "The manager is fantastic. She's welcoming and always happy". Another visitor said, "The manager is very responsive and approachable, she works on the shop floor if they are short staffed". Another visiting relative told us, "The manager is seen around the units, they're very approachable". One care staff member told us, "The manager is very good; she knows how to run the home well." Another care staff member said, "The manager is supportive and always approachable whatever it is you have to discuss with them".

The manager strived to continually provide a high standard of care to people that lived at the home. The manager told us, "Nothing beats good communication with everyone. I make sure staff have access to good training so they feel empowered to do their job. I like to think I'm fair, open and transparent and treat people as individuals". All of these points were confirmed by people who lived at the home, staff and relatives we spoke with when they gave us their views and experiences of living, working and visiting the home.

One care staff member told us, "We have regular team meetings where the manager updates us with things we need to know. We get chance to speak about anything we feel is important. It could be to do with care issues or staff issues. They [the manager] are always there to listen and support us". Another care staff member said, "The manager is someone you can approach at any time. I feel they listen to you and support you when you need it".

The manager had been registered with us since August 2014 and understood their responsibilities as a registered person. We saw good visible leadership at all levels. They manager told us that they were supported by the care director who visited the home regularly and provided support and supervision to the manager. The care director visited the home during our inspection and offered support to the manager. The manager said, "They are very supportive and approachable". The manager explained they continued to update their knowledge and skills by attending training and gave examples of their professional development and training attended. A nurse told us, "The manager is very supportive and very much involved in the day to day running of the home, they are visible and that makes it easy to access them quickly". A member of the administration team told us, "[managers name] has their own style but hasn't everyone? They get the job done". The manager was proud of the home and the staff employed at the home. They told us, "I'm very proud of my team and I think I have the best team ever. They're the kindest bunch going". All of the people who lived at the home, staff and visiting relatives told us they thought the home was well led.

The manager sought feedback about the home. This was through surveys, formal meetings such as reviews with people and their relatives/representatives, day to day observations and conversations with people who lived at the home, relatives, staff and visiting professionals. A survey was carried out April 2014. We saw one health care professional's feedback which stated the home's manager was always available to discuss any matters relating to their visit and that the manager created a good atmosphere. The survey identified that people wanted to be involved in menu planning. We saw a letter had been sent out to people who lived at the home asking for spring menu ideas. We were told people's ideas were being incorporated into the next menus. This showed information gained from surveys was used to improve the service the home provided.

The manager told us that they had introduced a 'resident of the day' where the person who lived at the home is looked at holistically. This meant that a room audit was carried out which ensured the room met the required standards of décor, cleanliness and maintained to a high standard. The kitchen staff would discuss food and meal times with the individual. Other aspects of the individual's care and support would be discussed with them with the appropriate staff being involved. This system was introduced at the beginning of December and the manager told us they would be building on the system to make sure it was effective and meaningful for every person who lived at the home.

The manager informed us that a team briefing was held once a week with all heads of departments to ensure information was cascaded to staff at all levels by the heads of departments. Multi-disciplinary team meetings were

Good

Is the service well-led?

held weekly. The manager told us, “These develop the nurse’s skills; they liaise with other professionals and take responsibility for making referrals for the people who require this to be done”.

The manager told us the home mentored student nurses on placement and also provided placements for local health and social care students. This was because the training providers recognised that the home was a good place for people to learn and gain practical experience whilst being supported by a good manager and team.

We saw there were quality assurance systems in place to monitor quality and drive continuous improvement. For example we saw the manager encouraged learning from complaints and shared the nature of complaints at staff meetings. This encouraged discussion about how to learn and improve the service. The manager had clear vision and values for the home and how to support the staff team to deliver them. They ensured regular quality audits were carried out. We saw evidence of a sample of these. They included medicines, infection control, accidents and incidents and maintenance. The manager told us that they were well supported by the provider. They said the care director visited the home on a regular basis to monitor quality. However, the findings of these visits were not formally recorded to evidence the outcome of the visits.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.