

Morris Care Limited

Isle Court Nursing Home

Inspection report

Isle Lane
Bicton
Shrewsbury
Shropshire
SY3 8DY

Tel: 01743851600

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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

The inspection was carried out on 27 July 2016 and was unannounced.

Isle Court Nursing Home is registered to provide accommodation with personal care for up to a maximum of 55 people. There were 54 people living at the home on the day of our inspection. Some people were living with dementia, they lived on the Forget Me Not unit. The home provided a rehabilitation service for up to 10 people to help regain their confidence after a period of ill health or a fall.

There was a registered manager in post who was present during the inspection. 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 and their relatives felt people were safe and well cared for. Staff were knowledgeable about the different forms of abuse and discrimination and how to report concerns. Risks associated with people's needs had been assessed and guidelines had been put in place to minimise the risks. Staff knew how to deal with accidents and incidents and these were overseen by the registered manager who took appropriate action to prevent these happening again.

There were enough staff to keep people safe and meet their needs. The provider carried out recruitment checks to ensure prospective new staff were suitable to work at the home prior to them starting work there. Staff felt well supported and received training relevant to their roles.

People were supported to take their medicine as prescribed. Medicines were stored safely and accurate records maintained. Staff monitored people's health and well-being and arranged health care appointments as and when required to promote good health.

People were impressed with the choice and quality of food provided. People's nutritional needs were routinely assessed, monitored and reviewed. Staff were aware of people's dietary and nutritional needs and supported people to feed themselves where required.

Staff sought people's consent before supporting them. People were provided with information in a way they could understand to help them make decisions. Where people were unable to make certain decisions for themselves, these were made in their best interest by people who knew them well to protect their rights.

People were supported by staff who were considerate and kind. Staff had built up good working relationships with people and their relatives. People were able to spend their time as they chose to and their preferences were respected. Staff treated people with dignity and respect and promoted their independence.

The provider sought people's views on the quality of the service and were confident that any concerns would be dealt with promptly. The provider had a clear complaints procedure which was followed by staff.

People and their relatives found the registered manager and senior staff approachable. The registered manager provided clear leadership and direction. The provider had systems in place for monitoring the quality of the service and to drive improvements.

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.

There were enough staff to keep people safe and meet their needs. Staff understood how to protect people from harm or abuse and who to report concerns to. Risk assessments and guidelines were in place to reduce the risks associated with people's needs. People received their medicines as prescribed to maintain good health

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and support to meet their individual needs. Staff supported people to make decisions for about their care. Where people were unable to make certain decisions for themselves these were made in their best interest to protect their rights. People were impressed with the choice and quality of food provided. Staff monitored people's health and wellbeing and helped them access healthcare professionals when needed

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion. Staff had formed positive working relationships with people and their relatives. People and their relatives were involved in decisions about their care and support. Staff promoted people's dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People received individualised support that was responsive to their changing needs. People were able to spend their time as they wished and their preferences were respected. People and their relatives had not had cause to complain but were confident

that should the need arise their concerns would be dealt with promptly.

Is the service well-led?

Good 

The service was well led.

People and their relatives found the registered manager and staff approachable. The manager provided clear leadership and direction.

The provider had a range of checks in place to monitor the quality and safety of the service. The provider sought people's views to drive improvements in the service.

Isle Court Nursing 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.

This inspection took place on 27 July 2016 and was unannounced. The inspection was conducted by two inspectors 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 13 people who used the service and eight relatives. We spoke with nine staff which included the registered manager, one nurse, the activities coordinator, five care staff and one domestic staff member. We also spoke with one visiting health care professional. We viewed four records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records. We spent time observing how staff supported people and how they interacted with them.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the support provided by staff. One person said, "I like it here I am safe and secure, the staff see to that, they are very good and know what they are doing. They keep an eye on me and help me if needed, like when I am having a shower, they help if needed as I can be unsteady." Another person told us, "I am safe now. I have no worries about my security here at all. I am very unsteady and have to be helped a lot to move now as my legs have given up, so I have to be careful and the staff are good." They went on to tell us their possessions and money were also kept safe. A relative we spoke with was confident that their family member was safe and well looked after.

Staff we spoke with were knowledgeable about the different forms of abuse and discrimination. They told us they would not hesitate to report any concerns to their seniors or to the registered manager. One staff member told us they considered it was their duty to protect people and to be their voice. They were confident that the registered manager would take appropriate action to protect people from further harm. The registered manager told us that they reported any concerns of abuse to the local authority safeguarding team and took direction from them before conducting their own investigations. We saw that where concerns had been raised these had been reported to the relevant authorities and the Care Quality Commission.

Risks associated with people's needs had been assessed and guidelines put in place to minimise the risks to their safety and wellbeing. These included manual handling assessments which detailed the equipment and support required to help people move around safely. We saw that people who had poor skin integrity had plans in place to reduce the risk of skin breakdown. Staff told us they monitored people's skin condition, ensured that they were repositioned at regular intervals and that they had the correct pressure relieving equipment in place. We saw that identified risks were clearly recorded in people's care plans. Staff told us they maintained people's safety by ensuring that they knew and kept up to date about people's needs. They also ensured the environment was safe and hazard free. The provider conducted regular health and safety checks to ensure people received safe care.

Staff were aware of their responsibility to report any accident or incidents as they occurred. We were told that one person had suffered a fall and a doctor had been called to observe their injuries. The staff had notified the person's relatives and had completed the necessary forms for the registered manager to review and had updated the person's records. Records we looked at confirmed this. The registered manager told us they reviewed the completed forms to establish if there were any patterns or trends and to look at ways to prevent incidents happening again.

People had different views on staffing levels at the home. One person and two relatives felt that there were times when there were not enough staff on duty and sometimes people had to wait for help. One relative said, "We as a family are broadly happy with [Person's name] care, we have no concerns about [Person's name] safety or security at all. The staff are good but sometimes we have noticed there are not enough staff on and [Person's name] has to wait for things, which is difficult for [Person's name]. " Meanwhile other people and relatives felt there were enough staff and that staff responded quickly to their calls for assistance. One person said, "I have only had to ring for them once and they came immediately and asked if

everything was alright what did I need – I was most impressed." A relative told us although sometimes busy, staff always took time to talk with them and their family member. During our visit we saw that there were enough staff to support people in a timely and unrushed manner.

Some people told us there was a reliance on agency staff to cover some shifts. Staff we spoke with felt that there enough staff to meet people's needs and that if they needed additional help they could ask staff on other units to assist. They confirmed some shifts were covered by agency staff. They felt that this did not impact on people as they usually had the same agency staff who had got to know people well. Agency staff we spoke with were able to demonstrate that they knew people well and if they were unsure of anything they would ask a permanent member of staff. The registered manager told us they had recently had some difficulty with staffing at the home and were actively recruiting new staff. In the meantime they confirmed they were using agency staff to cover some of the shifts. In order to reduce the impact on people living at the home they ensured us that agency staff worked with permanent staff to ensure the correct skill mix and continuity. Where people had raised any concern about the suitability of agency staff the registered manager told us they had addressed these with the agencies they used.

Staff told us that the provider completed recruitment checks before they were able to start working at the home. These included references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable employees working with people. Discussions with the registered manager and records we looked at confirmed that there were safe recruitment processes in place.

People were supported to take their medicines safely and as prescribed. One person said, "I do take tablets and the carer always checks with me about them and makes sure everything is right." Another person asked a staff member for pain relief and this was provided. We heard one nurse say, "Hello [Person's name] I have your medicine here. How would you like to take them? One at a time or all together. This one is for your pain." The staff member went on to explain to the person what each of the different medicines were for. The staff member did not sign the medicine administration record until they person had taken all their medicine. Medicines were stored securely and only staff who received training on safe handling of medicine were able to administer them. Staff received yearly competency assessments to ensure that they had the skills and knowledge to manage medicines safely. Staff arranged for the doctor to review people's medicines every six months or sooner if required to ensure their medicines remained appropriate and effective.

Is the service effective?

Our findings

People and their relatives had confidence in the service and the staff that supported them. One person said, "The staff are very good and know what they are doing." A relative told us they found staff were well trained and knowledgeable about their family member and their needs.

Staff told us they had regular one to one meetings with their seniors where they were able to talk about practice issues, training and personal matters. Staff felt well supported and had access to a range of training relevant to their role. They told us that they could also ask for specific training to meet the individual needs of people who lived at the home. Such as dementia and continence care. One staff member told us the training they had received had given them confidence to do their job. Another staff member told us that any training they had they shared with other staff to provide consistent support to people. The provider operated a mentor scheme to support new staff in their roles. This was confirmed by staff who had been asked to become mentors and new staff who felt that they had benefitted from having a mentor. One staff member told us they had worked alongside their mentor on a number of shifts before making a joint decision with them about when they felt competent to work independently. New staff told us they had the opportunity to complete the care certificate which provided them with the knowledge of the care standards required of them. The registered manager showed us they had systems in place to monitor staff training needs and when training required renewing.

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 and their relatives told us staff always checked people were happy to be supported before they proceeded to help them. We saw many examples of staff giving people choices and explaining to them what they wanted to do. We also saw that staff respected people's choice to decline support. For example, one person refused to be supported when staff offered assistance. Staff respected the person's wishes and returned a little later when the person was ready to be supported. Staff had received training on the MCA and understood it was important to provide information to people in way they could understand to enable them to make decisions for themselves. For example, one staff member told us a person had difficulty communicating their needs verbally so they asked simple questions which the person was able to answer yes or no to. Where people were unable to make decisions for themselves staff knew that decisions needed to be made in their best interest to protect their rights. We saw that MCA and best interest decisions had been made in relation to specific decisions about people's care and treatment. Best interest decisions involved the person, their relatives and other professional where required. Where relatives had Lasting Power of Attorney (LPA) for people, a copy was retained detailing what decisions they were authorised to make on behalf of them. A LPA allows people to appoint one or more people to help them make decisions or make decisions on their behalf if they lose mental capacity to make certain decisions.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had a clear understanding of the MCA and DoLS and had implemented a clear process for applying and renewing DoLS applications. We saw that appropriate DoLS applications had been made and that staff were supporting people in the least restrictive way. For example, one staff told us if a person wanted to go outside they would go with them to ensure their safety and wellbeing.

People were impressed by the choice and quality of food and drink available to them. One person told us, "The food here is excellent and the choice is good. I prefer fruit and vegetables I do not eat much meat and I am always catered for. There is a very good chef here, good menu's and good choice you are really spoilt for choice." Another person said, "Food is good I cannot fault it." People told us if they disliked something on the menu they could ask for an alternative. For example, one person said they disliked soups and some of the other starters but were able to have something they liked instead. Lunch was a sociable event that was enjoyed by all with lots of chats and laughter. One person said, "I do enjoy the lunch here it's quite nice I go and sit with some other ladies and we have a good old chin wag." Where required staff supported some people to eat and drink. We saw that this was done in a patient and reassuring manner. For example, we saw one staff member explain the different lunch options to a person then asked them how much they would like, if they wanted it cutting up and if they 'Would like a little bit of help to eat it?' Throughout the day we saw that people were offered a variety of hot and cold drinks.

People's nutritional needs were routinely assessed monitored and reviewed. Where there were concerns about weight loss or about what people ate and drank staff told us they monitored people's intake. Staff demonstrated that they were aware of people's dietary needs and the support they required to maintain a balanced diet. Where required staff ensured that people's food and drinks were provided at the correct consistency to reduce the risk of choking. One person we spoke with told us they had swallowing problems. We saw that the Speech and Language Therapist (SaLT) had provided clear guidance and saw that this was followed by the person and staff.

People and their relatives told us that staff were quick to notice changes in people's health and to arrange the necessary health care. For example one person told us, "I have had a tickly cough and I mentioned it and immediately they got in touch with the pharmacist for advice and the next day what I needed was here. They came and talked to me about it and described what I had to take so that I know." We saw that a doctor attended the home during our visit and arranged for one person to attend the hospital. A nurse informed us that the doctor routinely visited the home two days a week. People told us that staff arranged for various health care professionals to visit them, such as physiotherapist, podiatrist and opticians. Staff were informed of any changes in people's health needs during staff handover. Records we looked at detailed referrals made to other professionals and outcomes of medical interventions.

Is the service caring?

Our findings

People and relatives found staff to be caring and considerate. One person said, "They have been wonderful to me, always have a smile, they're a happy bunch." Another person told us, "Everyone here is so kind and friendly, the carers are observant you know and always keep an eye on me. They always treat you with great respect which I like." A relative we spoke with told us, "They treat [Person's name] wonderfully and support us a family." One person told us that they had the opportunity to build positive working relationships with staff who had got to know them and their needs well. They explained that staff had encouraged and helped them get their independence back. Staff told us they took time to talk to people and get to know them. One staff member told us they were a keyworker for two people. They explained they had the opportunity to spend time with them, to develop a relationship and build up trust. They felt this gave people the confidence to tell them how they would like things to be done. Staff were positive about their caring role. One staff member said, "I love this job, really enjoy it. It's rewarding to go home and know you've done something worthwhile." We saw that staff spoke with and about people with warmth and compassion.

People we spoke with were actively involved in decisions about their care and support. One person told us they felt fully involved and staff explained everything that was happening. Another person said, "Everyone has a very caring way here, they help me with everything. I have a shower when I want and it is very private here." A relative told us staff always involved both their family member and them in decisions. They explained staff kept them fully informed of any changes in their family member's needs. We saw that two people had been seen by the doctor during our visit and that staff had spoken with the family members about the outcome of these visits. Staff told us they promoted people's inclusion and choice. They said they enabled people to make choices both through verbal communication or by showing them items to allow them to choose between the different options. One staff member said, "Always ask people what they want, be aware of their preferences, prompt people but don't make decisions for them. Keep it simple, if they get confused, don't overwhelm them."

People told us that staff supported them to maintain contact with friends and relatives who were important to them. One person showed us a notice board they had in their room. They told us this helped them remember what they were doing each day and when family would visit. A relative told us they were pleased to see their family member's bedroom was personalised with family photographs. They felt that their family member had settled well in the home. They said, "[Person's name] has found peace and contentment."

People were treated with respect and their dignity was promoted. One person said, "Dignity and respect is important to everyone and it is good here. Every one treats you with it here, it goes a long way to make you feel at home and at ease. My privacy is always respected when they help me. They gently remind me I am due for a shower and keep an eye on me when I am having it but not in a way that makes me uncomfortable. I find this to be good and I don't have to worry". Another person said "The staff are always very courteous to me which is very good and they always respect my privacy and they have to do a lot for me. They all treat you as you should be treated with dignity and respect." They went on to tell us they were never made to feel uncomfortable and that staff always knocked before entering their room. A relative told us staff treated people as individuals and were respectful towards them. Staff felt it was important to maintain people's

independence as this also promoted people's dignity. One staff member said, "They feel better in themselves if they can do it for themselves." They went on to explain that they would offer people a flannel to wash themselves to keep them independent as possible. We saw there were discreet colour coded reminders on people's bedroom doors which staff told us indicated people's level of dependency.

Is the service responsive?

Our findings

People we spoke with found the service responsive to their needs. One person said, "I like it here because it's peaceful and quiet which is good for me. The staff are always around and will do anything for you; they are good and very responsive. I am very impressed with how responsive they are and I am confident I can rely on them." Another person told us, "There are no problems at all here. The care is good, the food is good, they cannot do enough for you, I am very safe." This was confirmed by their relatives who said, "We don't have any worries about [Person's name] here."

People and their relatives told us staff knew people and their needs well. One relative told us, "They [Staff] know when they are upset and provide support and reassurance." They went on to tell us staff treated people as individuals. Staff told us they got to know people's preferences by talking with them and their relatives. One staff member said they involved people by asking them what they wanted and how they wanted it done. Another staff member told us they referred to people's care plans and spoke with other staff about how people preferred to be supported.

People were able to spend their time as they wished. One person said, "I choose to go into the sitting room most afternoons and they ask me where I want to take lunch. I do enjoy some company and I feel I am helping out – it's nice to be social." Another person told us staff would invite them to take part in what was happening or to socialise with the other people. They said, "They [Staff] come in everyday and ask if I wanted my lunch in the dining room." The provider employed an activities coordinator who helped people to take part in various interests such as painting, card games and flower arranging. One person told us they particularly enjoyed exercise to music which was facilitated by the activities coordinator. A relative we spoke with felt that one activity worker was not enough to keep people occupied. They said the worker spent much of their time on the Forget Me Not unit and limited time to support people on other units. Staff told us they gave people the opportunity and support to take part in activities. Where people chose to remain in their rooms staff said they took time to sit and chat with them.

On the Forget Me Not unit one person showed us a personalised placemat that staff had supported them to make. This had pictures of them of their wedding day and of their spouse on their motor bike as well as other memorable pictures. They laughed as they recalled memories of holidays they had taken. A staff member told and showed us they had made placemats with a number of people capturing memories from their past lives. In addition to these the activities worker showed us they had helped develop memory boxes with people and their relatives. These contained pictures and memorabilia from people's past lives that staff used to stimulate conversation with them. We saw the activities coordinator supported people to do some painting and later played a memory card game with people. The cards featured pictures that stimulated reminiscence about the past.

The service offered a rehabilitation service for up to ten people. One person told us staff had provided support and encouragement to help them to regain their independence and as a result they were able to return home. We spoke with a visiting community occupation therapist (OT) who explained that they were part of a community team who supported people with their rehabilitation. The team consisted of an OT, a

physiotherapist and a rehabilitation assistant. They developed plans to support people's independence in different areas such as personal care, mobility, eating and drinking. They said that staff working at the home followed the plans put in place and promoted people's independence. They told us staff would contact them for advice if they had any concerns. People they supported were happy staying at the home and were always telling them that they did not want to go home after their rehabilitation.

People and relatives we spoke with had not had cause to complain but were confident that if they did these would be dealt with appropriately. One person told us, "I have no complaints at all about anything. I did have problems initially with the call bell which made life difficult for me but it was sorted out which was good." We saw that the provider had a clear complaints procedure and that this had been followed by staff and the registered manager.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and senior staff. They felt they could approach either at any time and they were quick to respond to their requests. We saw that both the registered manager and senior staff were visible throughout the service and led by example. One staff member told us the registered manager was very knowledgeable and approachable they described them as, "Firm but fair." This was confirmed by another staff member who felt staff benefitted from clear boundaries. They said, "It works as Isle Court is a nice home to work in."

People and their relatives were complimentary about the standard of care received. A group of people told us in terms of quality of the homes they had looked they thought the home was, "The best of the bunch." A relative told us they would not have any hesitation in recommending the home to other people. Another relative felt staff were 'amazing' and was pleased with the service provided.

The registered manager had a clear vision for the service. They said they wanted to maintain the excellent reputation of the home in working to the highest standard of the care for the people living there. Staff confirmed the registered manager would not tolerate poor practice. They too wanted the very best quality of life for people living at the home. One staff member said, "I treat them [People] as I would my own [Family member]." They went on to explain staff worked together as a team to deliver a good standard of care. Another staff member told us everyone was really nice and they enjoyed working at the home. The community OT found that there was a calm and relaxed atmosphere at the home.

Staff told us they felt supported in their roles and could access training and guidance when required. Staff told us they received regular memos from the registered manager which gave direction for practice and recognition for their efforts. Whilst they found these useful two staff told us they would prefer more face to face contact with the registered manager. The registered manager told us they had an open door policy where staff could approach them at any time. They held briefing meetings with staff and did regular walk arounds of the home. A new deputy manager and administrator were due to start work at the home in the near future which would allow them to provide more management support. The registered manager felt that the provider was the best company they had worked for and they could access support as and when required.

The registered manager told us they encouraged links with the local community. They said the local vicar came in and offered people Holy Communion and the scouts and guides visited the home on a regular basis. They had arranged for a social visitor to attend the home each week to socialise with people. We saw the provider produced a newsletter which captured the events that were held at the home such as people celebrating the Cubs 100th Anniversary with them. The newsletter also featured that a clothes company had visited the home so that people could choose and purchase their own clothes.

The registered manager and provider had a range of checks in place to monitor the quality of the service. These included care plan and health and safety audits. They also monitored pressure area care and frequency of infections. They analysed the information to establish the most appropriate intervention such

as referral to other professionals or medicine reviews. The registered manager was also keen to establish people's views and operated a 'You said we did' system. They said they held meetings at the home where people and their relatives could put forward suggestions. They would provide a response to each of the suggestions at the following meeting. For example, they told us people had asked for the patio to be cleaned and this had been done. There had been a request to repair the fountain and quotes had been obtained. Minutes we looked at confirmed the actions taken. A relative told us they and their relatives had recently been involved in renaming the dementia unit and it was now going to be called the Forget Me Not unit.

The registered manager told us the provider had their own training department and sourced training and guidance on best practice. They and the senior staff monitored the application of training and staff practice. They completed regular spot checks and had systems in place to support staff development and to deal with poor practice. The registered manager was aware of their legal responsibilities and had submitted notifications to the Care Quality Commission when required.