

Derbyshire County Council

Morewood Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 1 March 2017 and was unannounced. Telephone calls were made to families and social care professionals on 6 and 8 March 2017.

There is a requirement for Morewood to have a registered manager and a registered manager was in place. 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.

The service is registered to provide residential care and respite care for up to 10 adults with learning disabilities or autistic spectrum disorder. At the time of our inspection five people used the service.

Policies and procedure designed to ensure the safety and quality of services were not always followed for medicines given with food. Statutory notifications had not always been submitted as required. Notifications are changes, events or incidents that providers must tell us about.

Printed records of care plans for staff to reference were not always consistent and clearly organised.

The principles of the Mental Capacity Act (MCA) had not always been applied when needed and mental capacity assessments and best interest decisions had not always been held as required.

Deprivation of Liberty Safeguards (DoLS) had not been renewed when they expired, and some DoLS had not been applied for some people as required.

Other systems to check on the quality and safety of services were in place and checks to ensure equipment had been serviced and fire safety checks had been completed.

Staff had been trained in and had an understanding of safeguarding and how to keep people safe from potential abuse. Staff were recruited in line with the provider's policy and procedures, and checks were completed to ensure staff employed were suitable to work at the service.

Staffing levels were based on meeting people's needs and sufficient staff were deployed to do so safely.

Medicines were stored securely and procedures were followed for when people took medicines off site with them. Medicine administration record (MAR) charts were completed and audited to reduce errors.

Risks to people's health, for example from risks from choking or other health conditions were identified and actions taken to reduce those risks.

People were given the opportunity to express their preferences for meals and drinks. We saw people had access to food and drink throughout the day.

Other healthcare professionals were involved in supporting people's health care needs when needed to ensure people maintained good health.

Staff were supported by the registered manager and deputy manager and were confident in their role and responsibilities. Staff had skills and knowledge relevant to people's needs. The registered manager told us additional training would be arranged to support staff to fully understand people's mental health conditions.

Staff provided care that respected people's privacy and dignity. Staff had built caring relationships with people. Staff helped to create a calm and inclusive atmosphere in service.

People were supported to maintain and develop their independence. Staff supported people in positive, encouraging ways to develop their confidence. Resources had been made available to develop support for people's independent living skills.

Care plans were developed to include people and their relatives' views. People and families felt involved in any reviews of their care. Families felt welcomed when they visited.

People were supported to enjoy activities that were of interest to them. People had personalised their bedrooms to reflect their hobbies and interests, and people had regular contact with their local community.

Staff listened and responded to any views, suggestions and complaints. Any complaints were recorded, investigated and resolved to people's satisfaction.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines given with food had not been given in line with the procedure to ensure people's safety. Other medicines were managed and administered safely. Staff understood how safeguarding procedures helped to protect people. Staff recruitment included checks on the suitability of staff to work at the service. Sufficient staff were available to meet people's needs. Other risks to people were identified and care plans included how to reduce risks to people.

Requires Improvement ●

Is the service effective?

The service was not effective.

Care had not always been provided in line with the principles of the MCA. DoLS had not always been applied for when needed. People had sufficient to eat and drink. People received care from external health professionals to help them maintain good health. Staff had the skills and knowledge to care for people effectively.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported to maintain and develop their independence. People and their families were involved in planning their own care. Staff had built caring relationships with people. People's privacy was respected and staff understood how to promote people's dignity.

Good ●

Is the service responsive?

The service was responsive.

People were able to pursue their interests and hobbies. People's views were regularly gathered at meetings. People and their families were involved in reviewing their care and felt able to contribute their views. Systems were in place to manage complaints and respond to feedback.

Good ●

Is the service well-led?

The service was not well led.

Policies and procedures were not always followed in relation to medicines, the MCA and DoLS. Statutory notifications had not always been sent as required. The service was managed with an open and approachable leadership style and staff were motivated in their job roles. Other checks on the quality and safety of services were in place.

Requires Improvement 

Morewood 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.

This inspection was unannounced and took place on 1 March 2017. Telephone calls to families and other professionals were made on 6 and 8 March 2017. The inspection was completed by one inspector.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

Some people were able to tell us about their care. Other people had limited verbal communication and were unable to tell us in any detail about the service they received. We spoke with two people who used the service and we spent time talking with staff and observing how they interacted with people. We also spoke to four family members to get their views on the care given to their relatives and one social care professional who was involved with the service.

We spoke with five members of staff, including the registered manager. We looked at three people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, recruitment records and staff training records.

Is the service safe?

Our findings

Staff told us one person, who took several medicines, had one type of medicine with food; they showed us a letter from the person's GP regarding this. However this did not state which of the person's medicines was taken with food. The staff member told us which one they thought it was. However, the registered manager later told us it was a different medicine. There was no care plan in place for this method of administering medicines. In addition, the provider's own policy on administering medicines with food required the specific medicine, strength and method of administration to be recorded, along with signatures from a pharmacist, health care professional, the person or their representative, the registered manager and service manager. These details and signatures had not been obtained. Shortly after our inspection, the registered manager told us they had reviewed this method of medicines administration for the person and found it was no longer required to be taken with food. However, we were concerned that the steps identified in the provider's procedure to reduce the risks associated with medicines given with food, had not been taken.

One person we spoke with told us staff helped them take their medicines at regular times. They said, "Staff knock every morning to [give me my] medicines." Other family members we spoke with told us staff managed people's medicines well. One family member told us, "If there's been a change in medicines, I am told and [staff] update their records." They also told us staff made sure the person took their medicines with them when they stayed with their family." We saw staff administered medicines to people at the times prescribed. Staff spoke highly of improvements made to the two medicines rooms at the Morewood Centre. They told us the special lighting made people's medicine records clearer to read and the medicines rooms were well organised with plenty of space; staff told us this helped them concentrate on administering medicines. We completed a stock check on a selection of medicines and found the number of medicines in stock matched the records held for them. We also reviewed medicines administration record (MAR) charts and these showed people had received their medicines as prescribed.

Families we spoke with told us they felt risks were identified and steps taken to reduce risks to their relatives. For example, one family member told us staff took steps to reduce risks to their relative from choking. Staff we spoke with knew which people were at risk from choking and what action they took to reduce these. During our inspection staff sat with people over mealtimes to ensure they could check people were safe while eating. Steps were taken to identify and reduce risks to people.

Another family member told us how staff managed any risks associate with when a person could became anxious. They told us, "[Staff] know their triggers and calm them down." People had care plans in place to help staff understand and positively manage any behaviour that could challenge. In addition, staff recorded any incidents and identified any triggers to the incident and what steps could be taken to further reduce risks. Staff we spoke with and records confirmed, they reported accidents and incidents. The registered manager told us these were reviewed to identify whether any further actions could be taken to reduce risks to people.

Other risks, including risks from low lighting outside the premises and in corridors at night had been identified and actions taken to reduce those risks. In addition, people had personal emergency evacuation

plans (PEEP's) in place. These detailed what actions staff needed to do to ensure people could be assisted to safely leave the premises should an evacuation be required. The registered manager had recently managed an unforeseen situation that required people to be temporarily relocated elsewhere. Staff had been reorganised so they were able to continue to provide support to people. Families we spoke with told us the unforeseen circumstances had been managed as well as could have been expected. Risks were well managed.

One person we spoke with told us, "I can say if I'm feeling worried." Records of meetings with people showed they had the opportunity to talk about what they were happy about as well as if they were worried about anything. Staff we spoke with, and records confirmed, they had been trained in safeguarding people from abuse and preventable harm. Staff spoke with confidence about what incidents would require a safeguarding referral to be made and how they would do this. For example, staff told us they were aware abuse could take various forms, and could include, financial, emotional as well as physical abuse. Staff told us they would report any concerns over people's safety to their manager. The provider had taken steps to protect people from the risks associated with abuse.

Recruitment records showed all the required pre-employment checks, such as obtaining references, Disclosure and Barring Service (DBS) checks and checking people's previous work history had been completed prior to the person starting work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These checks helped the registered person's employ people suitable to work at the service.

Families we spoke with told us there were enough staff to care for their relatives. One family member told us, "There is always quite a lot of staff around." Another family member told us they were reassured by the amount of staff they saw when they visited. They told us they thought the levels of staff were appropriate to people's needs. During the day of our inspection we observed staff were available to provide individual and personal support to people. This included having the time to sit and talk with people as well as support people with their individual activities of choice. Staff we spoke with shared the view there were enough staff to meet people's needs; they told us it had improved as housekeeping staff had also been recruited. They told us the housekeeping staff enabled them to focus on their caring role. There were sufficient staff to meet people's needs.

Is the service effective?

Our findings

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible.

We reviewed the care plans for people who lacked the mental capacity to make specific decisions relating to their care and treatment. Care plans showed where staff provided personal care and were involved in handling people's money. These are examples of when if a person lacked the mental capacity to consent to these decisions, staff are required to follow the principles of the MCA. Staff we spoke with understood the principles of the MCA and how it applied to people's care and treatment, however staff were not able to evidence records of mental capacity assessments and best interests decisions in respect of providing personal care, managing people's finances and medicines.

The registered manager sent us further information shortly after our inspection, and although we saw some mental capacity assessments had been recorded for specific decisions, such as the decision to live at the Morewood Centre; not all relevant decisions had been consistently supported by the MCA process as required. For example, we did not see the MCA principles had been followed when staff administered medicine to a person with food, or for people's personal care. The registered manager was not able to demonstrate the principles of the MCA had been always been followed as required.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can 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). The registered manager confirmed one person's DoLS authorisation had expired in January; at the time of our inspection no application had been made to renew it.

The registered manager also confirmed that DoLS applications for a further three people had been identified as required, however these had not been made. We were aware these people had restrictions on their care to keep them safe and had resided at Morewood for a period of time. We asked whether there was a reason the applications for people's DoLS had not already been made. The registered manager told us there was no reasonable explanation as to why applications had not been made. They told us, in future, applications would be made when restrictions to people's care were thought to amount to a deprivation of the person's liberty. The registered manager confirmed DoLS applications for these four people had been submitted shortly after our inspection. DoLS had not been applied for, or renewed as required.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

One person told us they were looking forward to their dinner of, "Fish pie and bread and butter pudding." Another person told us the food was, "Lovely." Families we spoke with also commented their relatives enjoyed their meals. One family member told us when they had visited over dinner time that, "It smelt lovely; roast chicken." Staff were seen to offer people choices, for example, people chose what flavour yogurt they wanted for pudding, and were asked whether they wanted sandwiches or soup for lunch. Staff with responsibility for cooking told us they knew which people required modified texture or diabetic diets and if people had food allergies. Staff prompted people to drink to help them maintain their fluid levels. People received sufficient food and drink and followed a balanced, healthy diet.

Family members we spoke with told us other professionals were involved with their relatives care when needed and when appropriate. We spoke with a social care professional involved with the care of some people. They told us they felt staff involved them, as well as other health professionals in people's care appropriately. Records showed people visited their GP's for blood tests and referrals were made to speech and language therapists. Staff we spoke with were knowledgeable about what professionals were involved in people's care and when they would contact them. People were supported to maintain good health and access healthcare services when needed.

Staff told us they received helpful support and supervision from the registered manager and deputy manager. One staff member told us, "The registered manager is out to help [staff]." Staff told us and records confirmed they had regular meetings with their manager for support and development. Staff told us they could approach the deputy or registered manager for support and help at any time. Staff received support to care for people from their managers.

Staff we spoke with were confident in their role and understood their responsibilities of caring for people. For example, one member of staff told us updates on training were sometimes arranged at team meetings for specific areas of care; for example, stoma care and updates on epilepsy care. Staff told us they had regular training and records confirmed this. Records showed staff had been trained in areas relevant to people's needs. However, there was no recorded training on mental health conditions and one person had a mental health diagnosis. When we spoke with staff they had an understanding of mental health care however, the registered manager confirmed they would arrange specific training for staff in this area. Care plans contained information on people's care needs. Staff were supported to understand how to meet people's specific needs.

Is the service caring?

Our findings

One person told us, "Staff are all good; I can have a chat with them." Another person told us, "It's nice living here." During our inspection we observed staff were friendly and kind when they spoke and spent time with people. For example, we heard staff provide positive and friendly encouragement to one person to mobilise. One staff member told us, "People here are relaxed because we [staff] are relaxed." They went on to tell us the support they received from their managers helped them to feel confident to care for people and this created a calm atmosphere. Families we spoke with shared the view that staff were caring and kind. One family member told us, "I'm very happy my relative is at Morewood. The kindness of all the staff; they're all marvellous." Another family member told us, "[My relative] just seems to be happy at Morewood; they like it [there] and [the staff] like them." A third relative told us, "[My relative] loves being there; [staff] are wonderful." People were cared for by kind, caring and friendly staff.

People were involved in their care at the Morewood Centre. For example, one person told us they were involved in planning an important celebration. Staff we spoke with were enthusiastic in their support for this event. They told us the person had sat with them and had made a list of the things they wanted for their celebration. Another person told us a member of staff had sat with them and helped them plan what different things to do throughout the week. They showed us they had put their weekly planner up in their room. People were involved in their care.

One person told us they had been involved in their care plan. They told us, "It was discussed when I was first here." Care plans showed people and their families had been involved and their views had contributed to the care plans. For example, people's known preferences had been recorded for types of interests and hobbies as well as for food and clothing. Information about people's care was presented in ways that were easier for some people to understand. For example, they contained photographs and pictures. This meant the service had taken steps to involve people in care planning and their views were represented.

Throughout the day we saw people enjoyed the time they spent with staff. Staff paid attention to ensure people felt cared for. For example, staff respected one person's choice to eat their lunch on their own. However, we saw staff check a little bit later that the person felt alright and still wanted to eat on their own. This demonstrated people's choices were respected and in addition staff were caring and checked on people's well-being.

The Morewood Centre is a short stay and respite service. As such, when people stay at the Morewood Centre they continue to maintain the independent living skills they already had, or to develop them further. For example, one person told us they were just about to change their bedding and would take it to the laundry. They also told us they enjoyed cooking. They said, "I made a homemade apple pie for everyone; I really enjoyed it." people were supported with their independence.

People enjoyed their independence. One person told us about their job and told us they enjoyed walking into the local town when they wanted. They also told us about the educational course they were on. We saw staff planned and reviewed how to provide the best support to promote people's independence. For

example, staff told us one person had vacuumed that morning. Staff had completed a review of the activity. They identified what things had made it successful; for example no distractions and lots of praise given. The knowledge of what helped the person achieve success would help staff create the right environment next time the person wanted to try something.

Family members we spoke with were confident staff cared for people respectfully. During our inspection we saw staff speak with people respectfully and calmly. We saw staff knock on people's bedroom doors to check if it was a good time to speak with them. Staff told us about a 'pamper day' and 'cinema evening' they had arranged to coincide with the national dignity in care action day. The service had also been awarded a dignity in care award by the local authority and staff were in the process of becoming, 'dignity champions.' Staff we spoke with told us the steps they took to ensure people's care was respectful; this included ensuring people's privacy by closing doors or curtains for any personal care. One staff member told us, "I always feel I should treat people how I would want to be treated myself; with respect." People had their privacy and dignity respected.

People were supported to maintain their important relationships. Families we spoke with told us they were made to feel welcome whenever they visited. Records showed families were kept informed about their relative. For example, staff and records confirmed, families were told about any health appointments. People were supported to maintain relationships with people that were important to them.

Is the service responsive?

Our findings

One person told us they had been out shopping on the morning of our inspection to buy some things they needed. They told us about the other things they enjoyed; this included swimming as well as regular social time with their friends. We saw another person spent time in one of the quiet lounges and watched the television; their care plan recorded this was one of their preferred pastimes. Care plans contained relevant details of people's interests, hobbies and preferred pastimes and staff understood these. One person was known to enjoy helping staff with their paperwork and staff facilitated this when the person expressed they wanted to help. Other people had attended a day centre on the day of our inspection. People were able to enjoy care that was responsive and personalised to their own needs.

Facilities at the Morewood Centre had been developed in response to people's needs. The registered manager showed us one of the kitchens available for people to use at the Morewood Centre. This had been designed with height adjustable work surfaces and safe to touch hob and cooker. The kitchen design had taken account of people's needs and was inclusive of, and responsive to people's needs.

People contributed their views at weekly meetings. Records showed people had discussed what they enjoyed at the Morewood Centre. Families we spoke with told us they could contribute to their relative's care plans at review meetings; or if needed, more informally in between review meetings or before a new respite break. One family member told us, [Staff understand [my relative]; we're involved in the process." They explained how their relative had a short respite break to see if they would enjoy living at the Morewood Centre before they made their final decision. Another family member told us, whenever their relative went for a respite break, staff would check if their care needs had changed at all. People and when appropriate, their families, were supported to contribute to their care.

We viewed some people's bedrooms and found these were personalised to each person's individual taste and preference. People's art work was on display in communal areas and on some people's bedroom doors. We also saw evidence of people's social and recreational interests throughout the service. For example, we saw puzzles and creative art books for a person who enjoyed this activity. In addition, one room made use of technology to produce a calm and sensory light experience. People were supported to follow their interests and hobbies.

The registered manager told us they had received two 'client questionnaires' since our last inspection. These questionnaires were available in an 'easier to read' version for people to use. The registered manager told us about the changes made in response to the issues raised. The registered manager showed us one complaint had been investigated since our last inspection. This had been by a person who had completed an easier to read 'complaints procedure workbook.' This had been investigated and the person had recorded they were satisfied with the response they received to their complaint. People were able to raise concerns, suggestions and complaints and these were recorded, investigated and resolved.

Is the service well-led?

Our findings

Policies and procedures relating to the quality and safety of services were in place, however these had not always been followed. For example, the provider had a procedure in place to ensure any medicines given in food or drink had been assessed as safe to do so by a doctor and a pharmacist. In addition, the procedure ensured if the person lacked capacity to consent to this method of administering their medicines, a mental capacity assessment had been completed. We discussed this with the registered manager, who confirmed, for the duration of time this person had received their medicines in this way, this procedure had not been followed.

Printed records of people's care plans for staff to reference on a day to day basis were not consistent, clearly organised, or always demonstrated the MCA had been followed for specific decisions. There was also no system in place to alert staff when a person's DoLS authorisation expired. In addition there was no system to ensure DoLS applications were made when people's care contained restrictions in order to keep them safe. Shortly after our inspection the registered manager told us they had introduced a system of care plan audits to ensure all the required records were in place and in date. They told us this contained specific systems to ensure DoLS were applied for and to track any expiry dates on DoLS.

Morewood Centre is required to have a registered manager and a registered manager was in post. There is a responsibility for registered managers and providers to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about. Whilst we had received some notifications as required, we found there had been three occasions when the police had been involved with a person and we had not been notified. Notifications are required for incidents reported to or investigated by the police when they are related to a regulated activity carried out. Notifications had not always been sent as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We saw other checks on the quality and safety of services were in place, for example staff completed legionella tests during our inspection and we saw fire evacuations had been practised. In addition, we saw equipment such as mobile hoists and bath lifts had been serviced. Other audits were completed on medicines administration and staff told us they felt these audits had improved their practice because they were involved in the process.

People were also involved in developments in the service. For example, records showed two people were committee members. They had attended a meeting to decide how some fundraising money would be best spent. People's views contributed to the development of the service.

We saw people knew the registered manager and were comfortable when spending time with them. Staff told us the registered manager was approachable. One staff member told us, "The registered manager listens and they want it right; You can trust them to get it right." Another staff member told us, "All [the managers] are approachable; we may have disagreements but I can voice my concerns." Family members

told us they had good relationships with the staff at the Morewood Centre and they would be able to approach any member of staff if they needed anything. The service was led by a registered manager with an open and inclusive management style.

The registered manager was supported by a motivated and supportive staff team. Staff told us they enjoyed their job. One staff member told us, "I love coming to work; I love my job; We're not just a team, we are a family." We saw regular staff meetings checked staff were up to date with any changes to policies. For example, we saw the role of staff in medicines auditing was discussed as well as new fire evacuation procedures. In addition staff meetings reminded staff where improvements were needed, for example staff were reminded to record the weekly legionella tests. These meetings helped to support teamwork and reinforce good practice and quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications had not been submitted as required. 18 (1)(2)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Evidence of records for mental capacity assessments and best interests decisions were not consistently in place. 11(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment DoLS to authorise restrictions on a people's care had either not been made when appropriate or had expired. 13(1)(2)(5)