

# City of York Council

# Morrell House

## 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 ●

# Summary of findings

## Overall summary

Morrell House is a residential care home. It provides personal care and accommodation for up to 29 older people and specialises in supporting people who may be living with dementia. The home is a large detached building and accommodation is provided over two floors. There is a small car park at the front of the property. The home is situated in a residential area of York. The registered provider is City of York Council.

We inspected this service on 5 and 6 May 2016. This inspection was unannounced. At the time of our inspection there were 26 people using this service.

The service was last inspected in November 2013 at which time it was compliant with all the regulations we assessed.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

During this inspection we found that people's needs were assessed, risks identified and risk assessments put in place to keep people safe.

Appropriate checks were completed to ensure that only people considered suitable to work with vulnerable adults had been employed. There were sufficient staff employed to meet people's needs.

Staff we spoke with showed a good understanding of how to identify and respond to safeguarding concerns.

People were supported to take their prescribed medications, but there were discrepancies in records of medicines in stock. We have made a recommendation about this in our report.

Staff received effective training and supervision to support them in their role. The registered provider and registered manager were proactive in developing staff knowledge and implementing changes to provide effective dementia care.

People were supported to make decisions in line with relevant legislation.

People were supported to eat and drink enough and access healthcare services where necessary.

Staff were observed to be, and described by people using the service as, kind and caring. We observed that staff had developed meaningful caring relationships with the people they supported.

People told us that staff listened to them, respected their decisions and treated them with dignity and respect.

Care plans were person centred, reviewed and updated regularly and information was effectively communicated to enable staff to provide person centred care responsive to people's needs.

People using the service told us there was not always a lot to do at Morrell House, but we saw that the registered manager and registered provider were developing the range of activities on offer to support and encourage people to engage in meaningful activities. We have made a recommendation about this in our report.

The service was well-led. We received positive feedback about the registered manager and the service provided. The registered manager and registered provider were proactive in developing the service, introducing numerous pilots and projects to improve the quality of the care and support provided and to improve the outcomes for people using the service.

There were systems in place to monitor the quality of the service provided and information regarding improvements or changes needed were communicate with staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff we spoke with understood their roles and responsibilities with regards to safeguarding vulnerable adults.

Risks were identified and proportionate risk assessments were used to guide staff on how to reduce risks and keep people safe.

There were sufficient staff to meet people's needs.

People were supported to take their prescribed medication, however, we noted that medication stock levels needed to be more accurately recorded.

### Is the service effective?

Good ●

The service was effective.

Training was provided to equip staff with the knowledge and skills needed to carry out their roles effectively.

The registered manager and registered provider were committed to implementing best practice guidance with regards to effective dementia care.

Consent to care and treatment was sought in line with relevant legislation and guidance on best practice.

People were supported to eat and drink enough and to access healthcare services where needed.

### Is the service caring?

Good ●

The service was caring.

We received a number of very positive comments from people using the service about the kind and caring nature of the staff that supported them.

We observed that people were offered choices and encouraged to make decisions.

People's privacy and dignity were maintained by staff.

### Is the service responsive?

Good ●

The service was responsive.

Needs were assessed and person centred care plans developed to guide staff in how best to support people using the service.

People we spoke with commented about the limited range of activities available, but we observed that work was on-going to develop and improve the activities on offer.

People we spoke with told us that they felt able to make comments or raise concerns if needed. There were systems in place for the registered provider to gather feedback and learn from people's experiences.

### Is the service well-led?

Good ●

The service was well-led.

We received positive feedback about the home, the service provided and the registered manager.

Records were generally well-maintained and quality assurance systems were in place to identify and address areas of concern.

The registered manager and registered provider were innovative in their approach to developing the service and had introduced a number of projects to improve the outcomes for people using the service.

# Morrell House

## 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. The inspection was planned to check whether the registered 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 5 and 6 May 2016. This inspection was unannounced. The inspection team was made up of one Adult Social Care (ASC) Inspector.

Before our inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at information we held about the service, which included information shared with the Care Quality Commission's via our public website and notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

During the inspection we spoke with five people using the service and four visitors who were their relatives or friends. We spoke with the head of service, the registered manager, the deputy manager, five care staff and the cook. We also spoke with a visiting healthcare professional.

We looked at four care files, four staff recruitment and training files and a selection of records used to monitor the quality of the service. We observed interactions between staff and people using the service and observed lunch being served.

# Is the service safe?

## Our findings

People using the service told us they felt safe living at Morrell House, with comments including "Yes I feel safe. There's always someone there for you if you need it" and "Oh yes I feel safe, I'm quite happy here."

A relative of someone using the service said "Without a doubt they [people using the service] are 100% safe; they are supervised. I've never heard any complaints about this place." A visiting healthcare professional told us "There's no concerns on our part."

Throughout our inspection we observed that people using the service were relaxed and at ease in their surroundings and responded positively and warmly to the staff supporting them. This showed us that people felt safe living at Morrell House.

The registered provider had a safeguarding vulnerable adult's policy and procedure and staff received training to guide them on how to appropriately respond to safeguarding concerns to keep people using the service safe. Staff we spoke with described the signs and symptoms that may indicate someone was being abused and appropriately told us what action they would take if they had any concerns. One member of staff said "I look out for a change in behaviour, bruising or signs that people are upset" and told us they would report any concerns they had to the registered manager. Another member of staff said "I had safeguarding training on my induction; if I was worried about someone I would report it to the manager. For example, if someone was upset around certain carers, not eating properly or their behaviour changed."

Records showed that where safeguarding concerns were identified, these were referred to the local authority safeguarding team, notifications were sent to the Care Quality Commission and appropriate action taken in response to concerns to keep people safe.

We reviewed four people's care files and saw that risks to people's safety were identified and risk assessments put in place to guide staff on how best to support that person to prevent avoidable harm. We saw risk assessments in relation to people's mobility and the risk of falls, health needs such as diabetes and nutrition risk assessments to identify and manage the risk of malnutrition or dehydration. Risk assessments contained appropriate and proportionate information and were updated regularly to reflect people's changing needs. Staff we spoke with had a good understanding of people's needs and the support required to keep them safe.

Accidents and incidents were reported and recorded. We saw that accident and incident reports were signed off by the registered manager to show that they were happy with how the incident had been dealt with and satisfied that any further action needed to reduce future risks had been taken. Accident and incident reports were collated and analysed to identify any patterns or trends. This system ensured that steps were taken in response to incidents to reduce the risk of reoccurrences.

Checks of the building and equipment were carried out to minimise health and safety risks to people using the service and staff. We saw documentation and certificates which showed that relevant checks had been

carried out on the electrical installation, gas services, portable electrical equipment, the nurse call bell system and lifting equipment including hoists and the passenger lift. We saw that a fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. Records showed that fire drills were held to ensure that staff knew how to respond in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for people who may require support to leave the premises in the event of a fire. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as a power cut or if flooding or a fire forced the closure of the home. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Staff told us they had an interview, provided references and had to complete a DBS check before starting work at Morrell House. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We reviewed four staff files, which evidenced that appropriate checks were completed to ensure that only people considered suitable were employed.

People using the service said "There seems to be enough staff" and "They [staff] are good if you want anything they are there. There is always plenty of staff you can ask." Relatives we spoke with said "The contact with staff is good, there's always someone there if they need it", "Sometimes they do seem short staffed...there is always someone around, you just have to find them" and "There is enough staff, but sometimes it is lower at weekends." The registered manager explained that administrative and laundry staff did not work weekends so there were less staff in the building, however, the number of carers on duty did not change at weekends. A visiting healthcare professional told us "I can generally find staff – there's always someone around."

The head of service told us that staffing levels were determined by a ratio of one member of staff for every five people using the service during the morning, one member of staff for every six people using the service during the afternoon and one member of staff for every seven people using the service during the night. We reviewed rotas for the four week period before our visit and saw that bank and agency staff were used where necessary to maintain staffing levels.

Staff told us they felt staffing levels were safe, but feedback did include "It can be a bit difficult sometimes as we cannot predict people's behaviour" and "Staffing can vary." We observed that there was not always a visible staff presence in communal areas of the home and that due to the size of the building it was sometimes difficult to find a member of staff. Staff we spoke with told us that staffing levels had improved recently and that this had been helped by the fact that care staff were no longer responsible for doing laundry.

Staff provided support where necessary to help people using the service take their prescribed medicine. The registered provider had a medication policy and procedure in place and staff administering medication receiving training to support them to do this safely. We saw that competency checks were completed including a written theory test and an observation of practice to ensure that staff administering medicines were doing so safely and in line with guidance on best practice.



Medications were securely stored in a locked treatment room, which was generally clean, tidy and well organised. A daily record was kept of the treatment room and fridge temperature; however, we noted that there were some gaps in these records where, for example, the fridge temperature had not been checked that day. We also noted that temperature checks completed recorded on numerous occasions that the fridge temperature was outside the recommended range at which the medication should be stored. The registered manager told us that issues with the fridge had been reported and we confirmed that the pharmacy had been contacted to ensure that items stored in the fridge were safe to continue using. The deputy manager told us a new internal thermometer had been purchased which was more accurately recording the fridge temperature.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were securely stored and records showed these were checked and recorded when given.

Medications were supplied by the pharmacy in a monitored dosage system. This contained a 28 day supply of that person's medicine, colour coded for the time of administration. We saw the pharmacy provided printed Medication Administration Records (MARs) for staff to record medicine given to people who used the service. MARs we checked were filled in correctly and there were no gaps in recording. However, we checked the level of medication in stock against records held by the home and found that there were discrepancies in one of the six spot checks we completed. We also reviewed the monthly medication audits for April 2016 and noted that these had identified nine discrepancies between the quantities of medicine in stock and recorded stock levels. Subsequent to our visit we were told that the pharmacy had completed an audit and identified calculation issues with the way stock levels were being monitored. We were told that stock checks were now being completed by two staff, following further training, to ensure medication stock levels were accurately recorded and to address these concerns.

We recommend that the registered manager continues to review the monitoring and safe storage of medication.

We observed the home to be generally clean, tidy and odour free, however, we spoke with the registered manager about the importance of staff removing gloves after leaving people's rooms to reduce the risk of any cross contamination. We saw that the service employed domestic staff responsible for maintaining the cleanliness of the home. Visitors we spoke with did not raise concerns about the cleanliness of the home and a visiting healthcare professional said "I always see the cleaner when we visit."

## Is the service effective?

### Our findings

The registered provider had an induction and training programme to support staff to gain the skills and knowledge needed to provide effective care and support. We saw that new staff completed the 'Care Certificate' (a nationally recognised set of standards) as part of a five day induction. This training covered topics including equality and diversity, privacy and dignity, person centred care, infection prevention and control, basic life support, health and safety, fluids and nutrition, dementia and cognitive issues, safeguarding adults and safeguarding children. New staff also completed an induction at Morrell House to familiarise themselves with the home and the people living there.

The registered manager told us that training they considered to be mandatory included people handling, first aid, safeguarding adults, dementia awareness, infection prevention and control, nutrition and managing medication for senior care workers. We were told that mandatory training had to be refreshed every 12 to 18 months depending on the course. This was to ensure that staff updated their knowledge and skills regularly.

Staff files contained certificates of training completed and we saw that there was also an electronic training record for each member of staff. The registered manager explained how this record was reviewed during supervision meetings with staff to identify when training needed to be updated. One member of staff told us "The training we get is good and gets updated regularly...the manager lets us know when training is due." We reviewed this electronic record for four members of staff and saw that some staff training needed to be updated. For example, one member of staff last completed people handling training in November 2013 and first aid training in May 2012. The registered manager explained that all training was provided by City of York Council's Workforce Development Unit and they sometimes had to wait for available courses to be scheduled. The registered manager showed us a list of 46 training courses booked for staff at Morrell House before September 2016. This showed us that steps were being taken to update staff training where necessary.

Although there were instances where training needed to be updated, people using the service were complimentary about the skills and experience of the staff supporting them. During our inspection we spoke with the registered manager, deputy manager, five staff and the cook. Throughout our conversations we found staff to be knowledgeable and during our observations in communal areas, we saw staff providing competent and effective care and support.

The registered provider had a supervision and appraisal policy and staff files showed that staff had regular supervision meetings to discuss their progress, share any issues and concerns and consider training needs. Staff we spoke with confirmed that they had supervisions and that they felt supported to develop in their roles.

During our inspection and throughout our conversations with the registered manager and head of service, we found that the registered provider was committed to developing staff knowledge and implementing principles of best practice with regards to dementia care. On the day of our inspection we saw that a course

was being delivered in person centred dementia care. Staff we spoke with explained how they had completed a 'virtual dementia tour', a training experience to provide insight into what it might be like to live with dementia. We received very positive comments and feedback from staff about how this training had helped them better understand people's experiences of living with dementia and how best to provide effective care and support to meet their needs.

Staff we spoke with also told us how they were piloting a new night time routine which involved wearing dressing gowns over their clothes. People living with dementia can become disorientated with regards to their day and night routine and staff explained how wearing a dressing gown at night was designed to help people orientate themselves to the time of day. The head of service also showed us how they were introducing circadian lighting in some of the communal areas to support this. Circadian lighting alters the colour and intensity of lighting to reinforce day and night routines and promote wellbeing. This showed us that the registered provider was committed to following best practice guidance and adopting an innovative approach in dementia care.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 DoLS. We saw that staff received training on the MCA and had taken part in an MCA quiz to test their knowledge and understanding at a recent staff meeting. We saw that where people may be deprived of their liberty, requests for authorisation were submitted on the appropriately completed paperwork. We spoke with the registered manager and head of service who showed an understanding of their responsibilities in relation to DoLS.

We reviewed care files and saw that people using the service had signed to show that they consented to the care and support provided. Where there were concerns about people's capacity to make an informed decision, we saw that a mental capacity assessment had been completed. In one example, this found that the person did have mental capacity to consent to their care and support and the person had subsequently signed a consent form. This showed us that staff were working within the principles of the mental capacity act and that consent to care and treatment was sought in line with legislation and guidance on best practice.

We asked people using the service about the food provided at Morrell House; comments included "The food is quite good", "The food is ok, not much variety" and "The food is not bad, it all depends what you like. I don't like what's on today and the lady bringing the drinks offered me something else and that's fine. We have two choices at dinner time and afterwards for the sweet."

A relative of someone using the service said "The meals seem quite pleasant...the menus are quite varied, I've smelt and seen the food and it looks quite appetising."

We observed that food was prepared in the home's main kitchen and transported to one of four dining rooms in a heated trolley. Food served looked appetising and appropriate portion sizes were provided.

Some people using the service chose to eat in their room and we saw that staff supported them with this. We observed that people were provided with drinks and snacks throughout our visit.

Staff showed us that there was a four week rolling menu in place and we saw that this contained two options for lunch and dinner and a wide variety of meal choices. Whilst we saw that there were some dementia friendly pictures of food choices available these did not appear to be used and on the day of our inspection the day's food options were written on a whiteboard in a corridor upstairs and in the dining room downstairs. We spoke with the registered manager about making the menu more accessible to people who may struggle to read the whiteboard. We did see, however, that staff offered people choice and showed people options to support them to decide what to eat. Where people did not like what was offered or were reluctant to eat we saw staff offering alternative choices, as well as supporting and encouraging people to eat.

People using the service were weighed monthly or more frequently if there were concerns about that person's nutritional intake. We saw that monthly weights were recorded in people's care plans and these were used to calculate a monthly Body Mass Index (BMI) score to identify risks around people's nutritional intake. Where people's nutritional status was at risk, we saw that people were reviewed by their GP and supplements prescribed. Other people using the service were given a fortified diet. We spoke with the cook and they described how they added cream, butter and milk powder to these people's diet to promote weight gain.

At the time of our inspection no one using the service required a food or fluid monitoring chart, but staff we spoke with explained how they used these, where necessary, to closely monitor people's food and fluid intake to ensure they were eating enough.

We asked staff how they supported people to ensure they ate and drank enough; one person we spoke with said "People get weighed regularly and we sit with residents so can see them eating. We have food and fluid charts and report it to the GP if we are concerned. We make sure there are plenty of fluids about."

Care files we looked at contained information about people's health needs and medical history. One person using the service told us "You speak to the care leader or manager if you're not well; you tell them and they will get a doctor for you." Staff maintained a 'professionals visit record' providing an overview of visits to or from health or social professionals and also a 'significant events' record with details about the appointments or what was discussed. These records showed us that people were supported to access healthcare service if needed. We saw that where an accident or incident occurred, staff sought medical advice or called for an ambulance where necessary to ensure people received appropriate medical attention to promote and maintain their health and wellbeing.

We spoke with the head of service who also told us that a new 'telehealth' project was being piloted at Morrell House. They explained that this involved using technology and training staff to work more closely with a local GP surgery to monitor people's health needs at Morrell House and to prevent unnecessary and potentially unsettling or distressing visits to hospital. This showed us that the registered provider was committed to developing an innovative approach to maintaining people's health and wellbeing.

## Is the service caring?

### Our findings

We asked people using the service if staff were caring; feedback included "They are all very kind", "All the staff are fantastic" and "The staff are very nice to me." Another person using the service said "The staff are caring, you can have a joke and a laugh with them." Although feedback we received was largely positive one person we spoke with told us "Yes and no caring, depending on who you get...sometimes, they can be a bit arrogant."

A relative of someone using the service said "They [staff] know the residents as individuals and treat them accordingly. They understand what they are going through and how to treat them." One member of staff said "You get to be like a family. It's their home. You have a laugh and become friends."

During our inspection we spent time observing interactions in communal areas including at lunchtime. We observed a number of positive interactions where staff and people using the service engaged in meaningful conversations. We saw a number of examples where people using the service responded positively and warmly to staff showing us that they had developed positive caring relationships with the staff supporting them.

We reviewed four care files of people using the service and saw that these contained person centred information about that person to enable staff to get to know the people they were supporting. This included information about people's likes, dislikes, hobbies and interests.

We observed that people were supported and encouraged to make decisions, for example at lunchtime, where staff showed people what food was on offer to help them choose. People using the service told us "You can get up when you want", "They [staff] listen to you" and "They treat me with respect. If you've got anything you need they listen to you." Another person using the service said "I have known them [staff] put themselves out to get what you want – they make every effort."

People using the service told us that staff were kind and caring and maintained their privacy and dignity. Personal care was provided in people's rooms with their door shut and we saw that staff knocked before entering people's rooms to maintain their privacy. During our inspection we observed that staff spoke in an appropriate manner and tone to people using the service and in this way treated people using the service with respect.

We asked staff how they supported people to maintain their privacy and dignity. One member of staff told us "I make sure they [people using the service] are in their own room and talk to them, describe what I am doing and cover them up with a towel. We try and get people to wash their hands and face to promote independence." Another member of staff explained the importance of promoting people's independence as part of maintaining people's privacy and dignity and explained "We leave them to do as much as they can themselves."

We did not identify anyone using the service that had any particular diverse needs in respect of the seven

protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation and we saw no evidence to suggest that anyone that used the service was discriminated against.

## Is the service responsive?

### Our findings

We saw that people's needs were assessed before they moved into Morrell House and this information was recorded in their care file for staff to access. Care files contained information about the support people required as well as information about people's preferences regarding how those needs should be met.

Care files also contained information about the individual, their life history, hobbies and interests. Information such as this is important because it enables staff to get to know people using the service and provide responsive person centred care tailored to that person's specific needs. One member of staff told us care plans provided them with a "Picture of each resident...what their care needs are, past history, dietary needs, just basically the whole picture of that person."

We saw that care files and risk assessments were reviewed and updated regularly and as people's needs changed. A relative of someone using the service said "We had an annual review last year that I came to. They asked for my opinions and observations."

Handover meetings were completed at the end of one shift and the beginning of the next to share important information about people's changing needs or significant events with new staff coming on duty. We saw that a handover record was completed to record information and any actions needed for staff to look at during the shift. This ensured that information was effectively shared so that staff could provide responsive care to meet people's changing needs.

The registered provider did not employ an activities coordinator and we were told that work was on-going to develop a monthly activities schedule. Staff we spoke with explained that activities provided included singing on a Wednesday, bowls and curling on Tuesdays and an entertainer visited once a month. Staff told us that day to day they supported people with colouring, arts and crafts, gardening and dominoes and that special events were held, for example, on Valentine's Day or at Easter.

During our inspection we observed people using the service being supported to do a jigsaw and do some gardening. We saw other people talking, laughing and joking with staff. However, we also observed that some people using the service spent periods of the day with limited interaction or stimulation. Although we observed that staff made time for people using the service wherever possible, we also noted that staff spent long periods of the day engaged in practical tasks.

We reviewed care files which contained information in either the daily notes or in an activities record of the support provided with activities. Although these records did show that people had been supported to engage in some activities, other records did not evidence that people were engaged in regular and meaningful activities.

People using the service told us "There is the odd thing to do; there is a singing thing on a Wednesday afternoon", "There is nothing going on" and "There isn't a great deal to do during the day, I feel it could be improved." A relative of someone using the service said "They do music and jigsaws and play games."

The head of service and registered manager talked to us about 'reminiscence pods' which had been introduced across the registered provider's homes in York. These consisted of retro 'sets' with objects to support reminiscence and included a 1940s shop, a pub scene and a garden shed. At the time of our inspection the 1940s shop was set up in the main living/dining room at Morrell House to encourage people to interact and reminisce about their experiences. This showed us that the registered provider was being proactive in trying to support people using the service to engage in meaningful activities; however, feedback from people using the service showed us that more work was needed.

We recommend that the registered manager continues to develop the support provided to enable people to engage in meaningful activities of their choosing.

People using the service told us they knew how to raise issues or concerns and they felt that staff and the registered manager were approachable. Comments included "I would go to the manager or one of the care leaders if there is anything to complain about, but I've not needed to. I am quite happy as I am" and "If you have a problem we can go to a member of staff...it all gets sorted one way or another."

The registered provider had a complaints policy and procedure in place. Records showed that there had been three written complaints since our last inspection. We reviewed documents relating to these complaints and saw that they had been appropriately investigated where necessary and a response provided to address the concerns raised. This showed us that the registered manager was responsive to concerns and acted appropriately to resolve issues. Records showed that there had also been a number of compliments received by staff at Morrell House. Feedback in these cards included "I can tell you have resident's health and wellbeing at the centre of what you do."

The registered provider completed an annual survey which involved sending quality assurance questionnaires to people using the service, relatives and professionals that visited. We saw questionnaires from the previous year's survey and were told that feedback was being collated from this year's survey at the time of our inspection. The deputy manager told us that any issues or concerns that came out of this exercise were acted upon.

We saw that residents and relatives meetings were held to share information, gather feedback and discuss improvements. We saw minutes for meetings held in October 2015 and March 2016. We saw that menu ideas were discussed as well as ideas for activities and new staff starting.



## Is the service well-led?

### Our findings

The registered provider is required to have a registered manager as a condition of their registration for Morrell House. There was a registered manager in post on the day of our inspection and, as such, the registered provider was meeting this condition of their registration.

At the time of our inspection the registered manager was also responsible for managing another of the registered provider's homes and explained that they split their time between the two services. However, the registered manager was supported at Morrell House by a deputy manager and senior care staff.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked relatives of people using the service what they thought of the care and support provided at Morrell House; feedback included "Fabulous – absolutely superb" and "They [staff] always call me if [Name] has seen a doctor or needs anything – I am kept well informed."

We asked staff if they thought the home was well-led; feedback included "The manager is approachable, we can go in and see her whenever and if you have any problems she will sort it there and then." Others told us "The manager is approachable; their door is always open" and "The manager has been really good and we have [name of deputy manager] now, you can go to her with any problems and she will sort it straight away."

We asked a new member of staff what they thought of the home. They told us "The staff here are marvellous with the residents; staff are very hands on. Anything we ask for the manager gets it straight away. It's a nice caring home and a lovely atmosphere."

We asked for a variety of records and documentation throughout our inspection and found that these were stored securely, but readily available on request. Although we did identify some gaps in recording or records that were not always well maintained, for example we saw activities records and professional visit records which had not been completed in 2016 in one of the files we looked at, however, we found that information was generally available in other places, such as in the daily notes or recorded in the 'significant events' sheet within the care file. The registered manager and head of service explained that, at the time of our inspection, they were in the process of introducing a new format for care files and that some records would no longer be used or would be replaced by new formats in the new filing system. We were shown an example of the new file format and will review how effective this is at our next inspection of the service.

We could see that the registered manager completed audits of care plans, medication administration records, infection control within the home and audits of the kitchen and home environment. The registered manager completed a daily walk around to monitor staffing levels, identify any issues or concerns and to complete security and health and safety checks. The registered manager told us that they also had quality

assurance visits from the registered provider and, where issues or concerns were identified, action plans were implemented to drive improvements.

The head of service and registered manager shared information about a number of changes they had introduced to improve the experiences of people using the service. This included the 'breath of fresh air challenge' to support and encourage people using the service to go outside more and the 'home action team' which was challenging staff to identify and take the lead on making improvements or changes within the home. These projects showed a proactive approach to developing the service for the benefit of the people living at Morrell House.

We saw that numerous meetings were held regularly between the different staff teams to share information and discuss changes and improvements to the service. The registered manager attended monthly managers meetings with registered managers from other homes, run by the registered provider. We saw that senior staff, care assistants and the home's general assistants and cooks had their own team meeting which ran alongside general staff meetings. We reviewed minutes relating to these meetings and saw that information was shared, issues or concerns discussed and information communicated about improvements, pilot projects or changes to the service. This showed us that team meetings were used to share information to drive improvements.

We asked the registered manager how they kept up to date with changes in legislation and guidance on best practice. They told us that information was shared by the registered provider at a monthly manager's meeting. The registered manager explained that they also received emails with updates and prompts to relevant guidance to read through.