

Devonshire Care 1 Limited

Morton Manor

Inspection report

Dog & Duck lane
Morton
Gainsborough
Lincolnshire
DN21 3BB

Tel: 01427612796

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19 June 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Morton Manor is a nursing home providing personal and nursing care to up to 30 people. At the time of our inspection there were 19 people using the service. The service provides support to people under and over 65 with varying needs, including some people living with dementia. Accommodation is within 2 adapted buildings, a large house and a cottage.

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

The provider did not always promote a safe environment which put service users at risk of potential injury. We identified some infection prevention and control concerns which put people and staff at risk of cross infections.

Medicines were not always safely managed. We found concerns in relation to the storage and safe administration of medicines.

Care plans did not always contain information that was important and relevant. This meant staff did not have the appropriate information and guidance to ensure they were supporting people in line with their needs and preferences.

Risk assessments did not provide sufficient guidance for staff to know how to mitigate risk and keep people who were supported safe.

There were some management systems in place to assess, monitor and improve the quality-of-service people received. However, these were not always effective and did not identify the shortfalls we found during inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were observed to be kind and caring. People told us they were happy with the support they were receiving.

Staff were safely recruited. The provider carried out the required checks on newly appointed staff before they started working at the home. Staff had received training that was appropriate to their role and the people they were supporting.

People had access to healthcare services and staff worked proactively with other organisations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 5 June 2019 when it changed provider. The last focused inspection (published 31 January 2022) meant the service did not receive an overall rating and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last focused inspection, by selecting the 'all reports' link for Morton Manor on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. The provider has taken action to mitigate risks following our inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe	Requires Improvement ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well-led	Requires Improvement ●

Morton Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors. An Expert by Experience made telephone calls to relatives to request feedback about the care and support their family member receives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Morton Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Morton Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager. A new manager was in post but had not applied to register at the time of inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke with 5 members of staff including care staff, nurses, the manager, compliance manager and the operations manager.

We reviewed a range of records. This included 5 people's care records and 5 medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection the provider had not consistently ensured risks of infection were mitigated and this placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and we found further issues of concern in areas such as risk to people's safety and management of medicines

- The environment did not always promote good infection control practices which put people and staff at risk of cross infections. We observed areas in the home that required cleaning including the stainless-steel kitchen cupboards which were rusty and unclean.
- Although improvements had been made to the laundry room, with new flooring and walls that could be wiped, it continued not to promote a clean environment. There was a cleaning rota in place for the laundry room, however it had not been signed daily to evidence it had been cleaned. We observed unclean flooring and the sluice sink to be visibly unclean with soiled items in it.
- The laundry room did not have a defined flow for used and clean laundry which meant clean laundry could be contaminated. There was evidence of cross contamination as we observed some soiled laundry in the clean area. Although the provider told us they had plans to relocate the laundry room, this concern was raised at the last inspection and the required changes had not yet been made.

Assessing risk, safety monitoring and management

- We identified areas in the environment that required repair and renovation to ensure they were safe. For example, heavy furniture was not fixed to the walls to prevent people from potentially pulling them over and causing injury. Some radiator covers had not been reattached after maintenance which meant the radiators could be accessed and people were at risk of burns and scalds. During inspection, we raised our concerns to the provider who took steps the same day to ensure the radiator covers were reattached to the walls.
- Risk assessments were not always carried out when appropriate to ensure people were safe. For example, e-cigarettes were used in the home, however there was no risk assessment for the safe use, storage and disposal of these.
- Bed rails risk assessments had not been carried out when required. Although people had been assessed as requiring bed rails appropriately, risk assessments were not in place to give staff guidance on how to use these safely.
- Designated smoking areas were not safe or suitable. A fire risk assessment carried out in 2022 had

identified the current smoking areas were not safe as discarded cigarettes could promote fire growth. The provider had removed an area for smoking but had not made sufficient changes to make the remaining smoking area safe.

- Records for when people required repositioning to uphold their skin integrity were not consistently kept when required. Some people had conditions which meant they had changeable needs and occasionally required support in bed with additional support to change position. Plans and records did not give sufficient guidance for staff to know how to support these people to ensure their care and support needs were met. Some staff had not completed training in supporting people with maintaining skin integrity.
- Training records showed staff were not assessed as competent for moving and handling procedures. Although there was evidence some staff had been assessed as competent, we did not receive full assurances from the manager or when reviewing training records that all staff who were carrying out these techniques were competent.

Using medicines safely

- There was no system to check running stock balances for medicine. This meant we could not accurately check the stock of medicines as other records had not been completed on the medicine administration records (MARs). Running stock balances can help to spot and track discrepancies so actions can be taken quickly to ensure people's medicines are managed safely.
- Handwritten MARs had not always been countersigned to verify the information was correct. This meant safe procedures for checking in medicines were not always followed.
- Topical medicine administration records which are records containing instructions where topical medicines should be applied on the body were not always in place. There was poor record keeping when care staff did apply creams making it difficult to check what had been administered and when. Care staff had not had their skills assessed to ensure they were competent to apply prescribed creams. This meant people were at risk of not having their creams applied as required.
- Prescribed topical medicines were in people's bedrooms without appropriate risk assessments to ensure safe storage. Additionally, topical medicines did not have dates recorded on them to show when they were opened so we could not be assured these were still within the manufacturer's 'use by' directions.
 - Actions had not been taken when the temperature in the 2 medicine rooms were recorded as too hot. Some medicines could be irreversibly degraded even by brief periods at unsuitable temperatures, so monitoring of storage temperature was vital to ensure people's medicines were stored correctly.
 - Reasons for administration of 'when required' (PRN) medicines had not been recorded on the MARs or people's care notes. This meant we could not be assured medicines were used appropriately in line with people's PRN protocols.

The provider had failed to ensure medicines were managed safely and that risks relating to the health, safety and welfare of people and the environment were robustly managed, monitored and assessed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were mixed views on staffing with some relatives feeling there could be more staff. One relative told us, "No there is not enough staff. We do know they have agency staff coming in, either [relative] likes them straight away or not." Another relative told us, "There are always staff available."
- During the inspection, we observed people receiving support when they required it. The provider used a dependency tool to determine how many staff were needed each shift which we reviewed on the rotas which confirmed it was followed. Each shift was managed by a nurse and the manager was on site most days during the week to provide support and guidance. Although the provider had used agency staff in the

past to ensure staffing numbers were safe, they had recruited their own staff to ensure continuity for the people they supported.

- Safe recruitment processes were in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people. Thorough checks including Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- A system was in place to report any safeguarding concerns. All incidents were reviewed by the manager; however, records were not always clear to show what actions had been taken and what improvements had been made following incidents.

- People living at the service and their relatives told us they felt safe. One relative told us, "Yes [relative] is safe, they will keep an eye on them, [relative] is not one that will wonder out, so I will say they are safe." Another relative told us, "[Relative] is very safe, the staff are fantastic, and the staff look after her very well, we are very satisfied, my [relative] is happy."

- Staff completed training in safeguarding adults and explained to us how they would report any concerns. Staff felt there was an open and transparent culture and felt confident in reporting anything to the manager.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- As reported in safe, we were not assured all staff had been assessed as competent in applying medicated creams, or that staff had received practical assessments for moving and handling procedures to ensure they were able to undertake these activities safely. This was not in line with the provider's policies and procedures.
- Other aspects of staff support were in place and staff had completed other relevant training. A relative told us, "The staff do have the relevant training to look after [relative], they always seem to know what they are doing." Another relative said, "I don't really know what training they need, but I have never seen anyone stuck on what they are doing, most of the staff have been there for a very long time so they have the training for the job they need to do."
- New staff completed induction training which ensured they were introduced appropriately to the procedures, culture and values of the service.
- Staff received regular supervisions. The new manager had carried out supervisions for all staff to ensure they felt supported and up to date with any changes. Staff told us they felt supported by the new manager.

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

- People's needs were assessed before they started using the service.
- A range of assessment tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's oral health and monitor people's weight.
- Staff had good knowledge of the people they supported. We observed staff providing person-centred support to people in line with their needs and preferences. A relative told us, "The care staff know what [relative] likes or dislikes, they know them very well."

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

- People's diet and nutritional needs were being met. Systems were in place to record and monitor people's weights which meant actions could be taken swiftly if any significant changes were noticed.
- There were options available at mealtimes displayed in the dining room. People were able to choose what they wanted to eat. A person told us the food was good and a relative said, "The food is very nice, it looks beautiful, and [relative] does get a choice on what to eat."
- Staff were observed to be appropriately supporting people to eat and drink safely in line with their assessed needs. We observed a person being supported with a modified diet which was explained in their care plan. A relative told us, "The care home offer a choice of meals, at mealtimes, [relative's] meals are not being rushed. [Relative] takes their time when eating, [staff] do not rush their meals."

- Staff were offering drinks and other choices to people which promoted their enjoyment at mealtimes. Relatives told us snacks and drinks were available in between meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external healthcare services when needed. Care records confirmed people were regularly seen by doctors and other healthcare services.
 - People's healthcare needs were being met. A relative told us, "They have called the local GP many times, [relative] has seen the chiropodist, and they have an appointment at the hospital."
- Another relative told us, "They do contact the GP straight away if they need to see one. [Relative] has a hospital appointment soon, [staff] will organise the transport and they send someone with [relative]."

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

- Improvements were ongoing. Managers told us they have submitted plans to adapt the existing buildings with a view to improve the current layouts.
- People had access to private space and communal areas. There was a large courtyard with pleasant surroundings including a fishpond.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments had been completed where required. Best interest decisions had been made with the involvement of the person, family and appropriate health professionals.
- Where applicable, the management team had ensured authorisations for DoLS were in place for people whose liberty was being deprived.
- Throughout the inspection we observed staff providing choices to people. We observed staff listening and respecting people's decisions which promoted people's independence and self-worth.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- There was information on different aspects of people's lives. However, at times there was a lack of appropriate information on people's sexuality, this could lead to their sexuality not being considered as part of their daily lives. The provider told us they would address this aspect of people's care and ensure their care plan reflected this.
- People had good relationships with staff; we observed kind and positive interactions between people and staff. One relative told us, "They do listen to [relative]. I have been there when [relative] was poorly, [staff] looked after them well, they cared for [relative]. They have been good with them, and they are in a better place." Another relative told us, "The staff are kind and caring. When I am there, I see them being kind and caring and they do listen to the residents."
- When people were not able to be fully involved with decisions around their care and support, relevant people were included in these discussions. One relative told us, "I had a video call the other day and it was for [relative's] care plan, it was for what their needs are."
- Staff told us they had time to sit with people and chat with them. This meant people had opportunities for social interaction. Staff said they get to know people by talking with them so they can support them better.

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

- People were supported by staff who treated them with kindness and respect. A relative told us, "[Staff] are very nice, kind and caring, they are always ready to answer any queries we have." Another relative told us, "I like the staff, they are very nice and very caring. The care staff know [relative] very well, they know [relative's] likes and dislikes."
- Respect and inclusion was promoted by staff and managers. It was evident through observations that people were supported in a respectful and inclusive way which promoted people's confidence and self-worth. A relative said, "They are very jolly in there, they seem to be happy to be doing what they are doing, the care staff are very polite to the residents."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff. A relative told us, "They do respect [relative] and maintain their dignity. [Relative] has their own room. If they want to have some privacy they can have it, if they need to go to the toilet or have a bath then [staff] give [relative] privacy. They support [relative's] independence." Another relative told us, "They do respect [relative's] privacy and dignity. [Relative] can be difficult at times and [staff] are very patient with them. [Staff] seem to know how to keep things calm."
- We observed staff being respectful to people's dignity and privacy. For example, we observed a member of

staff discreetly shut the toilet door when someone was using it.

Is the service responsive?

Our findings

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

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

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

- People were encouraged to be part of their care and support plans as much as possible. A relative told us it was not possible for their family member to be fully involved because they were living with dementia, but staff had noticed they preferred a female carer so ensured this was put in place.
- Relevant people were involved in decisions around people's care and support when required. Relatives told us they had seen their family member's care plans and the manager had involved them in conversations around their care and support to ensure it was appropriate. A relative said, "I have seen the care plan, we reviewed it and I am happy with it."

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

- The manager had recently employed an activities coordinator. We observed people taking part in activities available in the home and they were visibly enjoying playing games and singing. A relative said, "They do have some activities in the care home, sometimes they have people coming in. They have a musician coming in. They have a quite a lot going on in the home."
- A staff member told us people were getting involved with more activities. They told us people were happier now and more stimulated with the addition of more activities.
- People were encouraged to take part in activities to avoid social isolation. A relative said, "The new manager has made a good change. With the King's celebrations they put on some events. They are trying to get my [relative] more mobile and they got them out in the garden for celebrations. The [manager] has made a good change so far, they are very encouraging."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to raise any concerns and could approach the manager directly. One relative told us, "If we have any issues we would speak to the manager first."
- Improvements had been made following concerns raised. A relative told us they had asked the manager for staff to check more regularly on their relative which had been in place for over 6 weeks and had noticeably improved their family member's well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- People's communication needs were assessed. Care plans included guidance to staff on how to effectively communicate with people. This included what people's first languages were and whether they required any extra support or aids.

End of life care and support

- At the time of our inspection, no person was receiving end of life care.
- The manager understood the importance of developing end of life care plans with the person and their relative, to ensure a person's care wishes were known and understood.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's governance systems were not robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The systems and processes to assess, monitor and improve the quality and safety of the service were not always effective. This meant people were at risk of unsafe care and support.
- When concerns had been identified by the manager, actions had not been effective to evidence learning to improve the quality and safety of the service.
- Care plans did not always contain enough information for staff to know how to support people in line with their current needs. For example, when people had variable needs, this was not reflected in the care plans which meant people were at risk of not receiving support in line with their assessed needs.
- There was no clear or complete system to show appropriate actions had been taken when there had been an accident or incident. This meant it was not clear from records that appropriate actions had been taken to keep people safe.

Managerial oversight and the provider's systems and processes that monitored quality and safety were not robust. This was a continued breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider mostly notified the Care Quality Commission when required. We found after a safeguarding incident involving a staff member, a notification had not been received. The manager told us this was due to a computer issue; however, providers must ensure notifications have been sent to the Care Quality Commission for all incidents that affect the health, safety and welfare of people who use services as soon as possible after the event. We will continue to monitor and follow this up.

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

characteristics; Working in partnership with others

- Relatives told us they had not received questionnaires to provide feedback and meetings had not taken place so people and relatives could share their views. However, some people who used the service and relatives told us they knew who the manager was and had regular contact with them.
- The manager worked in collaboration with relevant agencies, including health and social care professionals. People's care records also demonstrated partnership working with health and social care professionals.

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

- The service had a positive culture that was open and inclusive. Staff told us the manager listened to them and they were confident raising any concerns or suggestions. Staff said they felt valued and supported.
- Relatives told us they thought the home had a nice atmosphere. One relative told us, "[Staff] all seem to be happy and jolly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities to act on the duty of candour and had policies to promote them meeting their legal responsibilities
- We found the provider to be open and honest during the inspection. Where we identified areas for improvements, the provider acknowledged these and where possible took actions to make these improvements.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure medicines were managed safely and that risks relating to the health, safety and welfare of people and the environment were robustly managed, monitored and assessed.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Managerial oversight and the providers systems and processes that monitored quality and safety were not robust.

The enforcement action we took:

Warning notice