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?	**Good**

Summary of findings

Overall summary

The inspection took place on 27 March 2018 and was unannounced.

The Morewood Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home provides residential and respite care. The service has accommodation for up to ten people; at the time of the inspection there were six people using the service. It is located in Alfreton and accessed by a long drive on land owned by the Derbyshire local authority; there is also a day service provision on this site. The home has two lounges and a dining room on each floor; there are five bedrooms with ensuite facilities on each floor. Public facilities are a short walk away from the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Morewood Centre was last inspected in March 2017 and the service was rated as Requires Improvement. We identified concerns as procedures 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. Printed records of care plans for staff to reference were not always consistent and clearly organised and mental capacity assessments and best interest decisions had not always been held as required.

On this inspection we found that improvements had been made, although further improvements were still required. Medicines were now managed safely to ensure that people received their medicines as prescribed and to keep well. Risks were assessed and reviewed to keep people safe although improvements were needed to ensure people were safe when they spent time outside of the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, improvements were needed to ensure decisions were only made in people's best interests and applications to lawfully restrict people's movement were only submitted where people lacked capacity. We have made a recommendation about this.

People were treated with kindness and compassion by staff who knew them well. People were given time

and explanations to help them make choices and their privacy and dignity was respected. People received personalised care and were confident that staff supported them in the way they wanted to be supported. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided. The support plans reflected people's specific needs and preferences for how they wished to be supported and were reviewed with them regularly.

People were supported to maintain their preferred diet and were helped to plan and prepare their meals when they wanted to eat. There were sufficient numbers of staff to meet peoples need. Staff supported people to keep healthy and well and ensured they could access healthcare services when this was needed. Staff had opportunities to develop further skills and knowledge to work effectively in their roles.

Staff felt well supported by the registered manager and provider. Regular quality checks were completed and people could comment on the quality of service provision. People felt comfortable raising any issues or concerns directly with staff and there were arrangements in place to deal with any complaints. People and staff were encouraged to raise any views about the service to consider how improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements had been made to ensure safe medicine systems were operated and people received their medicines as prescribed. Risks to people had been assessed, however action had not always been taken to ensure checks were made on people's welfare. There were sufficient staff to provide support who had been recruited to ensure they were safe to work with people. Infection control systems were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were needed to ensure decisions and authorisations to restrict people's liberty were only made in people's best interests where they lacked capacity. People were supported to prepare meals and received the support they needed to keep well from health care services. Staff had the opportunity to develop the skills and knowledge they needed to meet people's care and support needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring, respected their privacy and promoted their independence. People were encouraged to be independent and staff helped and guided people to make choices about their care.

Is the service responsive?

Good

The service was responsive.

People were able to choose to be involved with activities that interested them. People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concern and staff responded to this to improve the support they received.

Is the service well-led?

Good

The service was well-led.

Improvements were still needed within the service. Quality checks were being carried out although these were not always effective as they had not identified concerns with how welfare checks were being carried out and how decisions may be made for people. People were happy with the support they received and were asked how they could improve the support and service. Staff were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care.

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 unannounced comprehensive inspection took place on 27 March 2018 and was completed by one inspector.

On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. We reviewed the inspection report completed by Healthwatch Derbyshire. Healthwatch Derbyshire represents the consumer voice of those using local health and social services. Enter and view visits may be conducted if providers invite this and a report is completed to give examples of the limitations and strengths of service.
All this information was used to formulate our inspection plan.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with three people who used the service and observed how staff interacted with them. We spoke with the registered manager, the deputy manager and three staff. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

On our last inspection we identified that the medicines management system to ensure medicines were safely administered needed improvements. On this inspection we saw these had been made.

Systems had been developed to respond to any medication errors or concerns. Each time medicines were administered, checks were made on the number of tablets stored. A second member of staff audited the medicines later in the day and a further check was completed to ensure if any errors had been made, these could be identified and prompt action taken. One member of staff told us, "This means if anything has gone wrong then we can spot it straight away and do something about it." Where people needed medicines 'as required', there were clear protocols in place to demonstrate why people might need additional medicines.

Where people needed medicines given covertly because they did not understand why these were needed to keep well; we saw this decision had been considered with the GP, pharmacy, senior managers and family members to ensure this was only given in their best interest. People were able to take responsibility for their own medicines and there were facilities available if people wanted to look after their own medicines. Where people needed support, these were stored securely and people received support from staff to take these. Some people were able to tell us what their medicines were for and knew when they should take them. One person told us, "I have my tablets three times a day and the staff just need to remind me to take them. I prefer the staff to look after them for me." Staff had received training for safe handling of medicines and were knowledgeable about the medicines that were prescribed for people and knew what these were for.

People were involved in the assessment and review of their risks and the staff helped to keep them safe. Some people went out independently and people we spoke with knew how to keep safe. One person said, "I tell the staff where I'm going so they know where I am. I have my mobile phone so they can always call me and check." They told us the staff talked to them about how they should keep safe in the home and when out. Staff understood how each person wanted to be supported and were committed to maintaining people's independence. However, we saw one person had not returned from a planned visit away with friends. Safe and well-being phone calls had been made but staff had not spoken with them recently and were unsure when they would be returning. The support plan and risk assessment did not record the procedure staff should follow if they were concerned about their welfare and when they would be considered 'missing' or at risk. The registered manager agreed that checks needed to be made to ensure their welfare. This was carried out during our inspection and staff had assurances that the person was safe. The registered manager decided to raise this with the safeguarding team in order that this could be reviewed and ensure their future safety.

People were helped to understand what potential abuse was and how to report it. One person told us, "There was an incident where I got hurt. The staff were brilliant and told me what my rights were and helped me to call the police. It was hard but it was the right thing to do and the staff were excellent." They continued to tell us that they understood that this would be considered as safeguarding and a report would be made. They said, "I know about safeguarding and that staff will make reports if they think any of us are being hurt. I trust the staff so I know that's what I should do." We saw the incident had been reported under

safeguarding procedures as required.

The staffing was arranged flexibly to meet the different needs of people who were using the service; people felt there was sufficient staff available to provide the support they wanted. People received care from staff who knew them well and any additional support hours were generally covered from relief care workers from within Derbyshire county council. One member of staff told us, "If we need to use any other staff to cover sickness or annual leave we tend to use the same staff and that means they know people; this makes sense."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were satisfied with the standard of cleanliness in the home. One person told us, "It's always lovely here. I've got no complaints." We saw protective clothing was available to use for staff and people who used the service. An infection control audit was completed to identify promptly if standards were not being maintained and checks on the environment were made to identify any improvements.

The provider had reflected on the quality of service provision and had identified that improvements needed to be made following a complaint they had received. The complaint investigation had identified that security arrangements could be improved to ensure people were safe in their home. The property was adjacent to public common land and there were no clear boundaries. The registered manager had requested a review of how to keep people safe including installing fencing to improve on the security arrangements around the home. This was being considered by the provider and we will review how lessons have been learnt on our next inspection to ensure people's safety.

Requires Improvement

Is the service effective?

Our findings

On our previous inspection we identified that some decisions had not been made in people's best interests. This meant there was a breach of Regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made but further improvements were still needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw people's consent was sought before the staff provided support and people generally had the ability to make everyday decisions about their care. People could choose whether to receive support with manging their finances and one person told us, "I have my own money and bank account. I get my money from the bank and the staff help me go through it all and sort it so I know how I can budget for money each day. If I want to spend it all, I can as it's up to me." However, we also saw capacity assessments had been completed for people who staff considered had capacity and the assessment focused on how people made potential unwise decisions that may pose a risk. This meant assessments and best interests decisions were being made for people who had capacity.

Applications had been made to deprive some people of their liberty; however the required assessment to determine if these people had the capacity to make certain decisions had not been completed. We saw one DoLS application stated that the person had capacity to make decisions about their safety but may make unwise decisions. The registered manager and staff had received training on the MCA but had not recognised how to comprehensively implement MCA and recognise how applications to deprive a person of their liberty can only be made if the person lacks capacity to make certain decisions. We saw applications had been submitted for other people and on their review with a DoLS assessor, these had not been authorised as it had been determined they had capacity. This meant the staff had not used this knowledge to consider when applications needed to be made. Restrictions had not been placed upon people as they were free to leave, although the staff had not understood that these applications were not necessary.

We recommend that the provider seeks advice, training and guidance from a reputable source, about supporting people to make decisions.

Where people needed help to make a decision they used the services of an advocate. An advocate helps people make informed choices, speaks up on their behalf and listens to their needs. One member of staff

told us, "We feel it's important that people get this support and help with making any important decisions."

People visited their doctor when they were unwell and had regular appointments with other specialist health care professionals. The staff knew about people's health care needs and the signs that they were unwell. One member of staff explained how people were supported to attend health checks to ensure their welfare. They told us, "If we have any concerns then people are supported to see their doctor. If any checks need to be completed we explain what needs to be done so people know and don't get so anxious." Some people had epilepsy and staff had received training to understand how to identify whether people may be experiencing a seizure or were at risk of this happening. Some people had rescue medicines which could be used. One member of staff explained, "Where people have epilepsy, a support management plan is written so we know what happens and what care people needed. If people need any rescue medicines to help them, this is all recorded so we know what we need to do and when to give this medicine."

People received care and support from staff who knew them well and knew how they liked things to be done. When new staff started working in the service, they completed an induction into the service and worked towards the completion of the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Where people had complex needs, training was arranged to enable staff to understand how to provide this specific support. For example, staff explained that they had received training for positive behaviour support and assisting people who may harm themselves or others. One member of staff told us, "The training helps us to use diversion or distraction techniques so we can support people with any behaviour. These incidents don't happen often but I know we can rely on each other for support if we need it." One member of staff told us, "If there's any incident, we look at why this may have happened and look what the triggers could have been. For some people the trigger could have been something that happened a week ago so it's really important we speak with them and ask them about the behaviour." Where incidents occurred, these were recorded and reviewed to identify any trends. A positive behaviour support plan had been developed to ensure people were supported to keep safe.

People were supported to plan, purchase food and prepare meals in their home. There were two kitchens where people could cook their meals. One kitchen had a gas cooker and one kitchen had an electric cooker. One member of staff told us, "The kitchens are identical except one is a gas kitchen and one is electric. People have different preferences about what they want to use so we have both kitchens so people can confidently prepare any meals." One person told us, "I think I'm going to make some soup for lunch today. It's up to me what I have and I'm getting quite good at cooking." They continued to tell us, "I will sometimes cook a meal with my friends and we sit and eat together. It's nice when we do this for each other." There was a cook who worked in the home and meals were prepared for people who needed support. A menu was displayed in the dining room of the meal choices being prepared that day. There was a photograph of the meals to help people to make a choice. People spoke positively about the quality of the food and were able to decide what to eat or drink. Where people needed a specialist diet, this was provided. One member of staff told us, "If people need a specialist diet, like gluten free, we will look at providing this as a choice for everyone so people don't feel different."

People were supported by staff to keep safe in their home and the provider had systems in place to monitor and maintain equipment. People were able to access all parts of the home as it had been designed for people with a physical disability. There were wide corridors with a hand rail, and specialist bathroom equipment to help people to bathe. The lounges had ceiling track to help people to move out of their wheelchair and to relax on the sofas and chairs. The staff were given guidance on how to use any equipment. People had personal moving and handling equipment which was checked to ensure it was still

suitable. The care records included information about how to reduce any risks associated with using this equipment and checks were made on this equipment to ensure it remained safe to use.

Good

Is the service caring?

Our findings

People were treated with respect and in a kind and caring way. We saw that staff took the time to speak with people as they supported them. People were encouraged to express their views and staff listened to their responses. The staff were patient with people when they provided support and we saw them speaking and engaging with people in a positive way. People were happy with the staff that supported them and told us staff treated them with respect and listened to what they had to say. One person told us, "The staff are brilliant and really supportive. I get on really well with the staff."

The staff knew people well, including their preferences and wishes. The staff had a good understanding and knowledge of people's life histories, the things that were important to them and how they wanted to be supported. Staff used their knowledge about people's specific communication preferences to share information with them in a way they could understand.

People's privacy and dignity were respected. We saw staff knocked on people's doors before entering their rooms and made sure information about them was kept confidential. Personal care was given in people's own rooms and people's preferences about whether they wanted their doors closed at night respected.

We saw that people's diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication. There was a commitment to caring on an individual basis. People's daily routines varied and they were supported to participate in interests and hobbies outside of the home and to relax at home in their preferred way.

The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were able to choose how to dress to express themselves. One member of staff told us, "We have different people come and stay here; each with a different story to tell and different expectations. We are very open and give people the space, time and security to express themselves."

People liked living in the home and enjoyed spending time with other people who lived with them. One person told us, "I get on really well with the others here. We often sit in each other's rooms, chatting and eating snacks till the early hours in the morning. It's good that we have that time together."

People were supported to keep in contact and maintain relationships with their family and friends. One person told us "I still speak and see my family and friends. I arrange everything myself and tell the staff where I'm going. If they want to come and see me here, that's not a problem either."

Good

Is the service responsive?

Our findings

When people moved into the service, they were able to visit and share a meal with people and stay overnight before they made a decision to move into the service. People shared their views about how they wanted to be supported and spent time with others to ensure liked the home. People had a support plan and had been involved in how this was developed. The support plans were personalised and contained information to assist staff to provide support. One person told us, "I've been doing my support plan with the staff and there's a bit in there that asks all about me and I've been telling the staff what I want in there."

People chose how to spend their time and were involved in a range of activities according to their interests. We saw people went out to the local library and restaurants and activities were available for people to join in. We saw people enjoyed drawing pictures and some people played dominoes with each other and staff. One person told us, "I like playing games here; I like watching television too and watching my films." Staff knew the programmes and films that interested them and we saw when they were watching television, the staff spoke with them and laughed together when comical situations happened. Another person told us, "I went swimming the other day which was fun. I like to do different things." People were also encouraged to work within the local community. The staff explained that some people had chosen to work in a local charity shop which they enjoyed.

Each month, a planned activity was organised and people who received respite care were also invited to participate. One person told us, "The activities are great. I like keeping busy and seeing everyone. We've had some fun." One member of staff told us, "We've visited a butterfly farm, gone to Disney on Ice together; we've been to Cleethorpes and the arcades in Matlock. We plan these trips according to what people want to do. I love that everyone gets invited and has an opportunity to go. If people are only having respite care, they could miss out on all the trips, so doing it this way is fair to everyone."

Where people wanted to practice their faith, they were supported to go to their desired place of worship. One member of staff told us, "Everyone is different and we ask them where they would like to go. Some people prefer to go to their own church and we try and have that continuity for people because it's important to them."

People were supported to be independent and one person told us, "I like to do the chopping and help with cooking." We saw they were assisted to make cakes and enjoyed eating them later. Staff recognised how people developed different skills and one member of staff told us, "It's lovely to see how people have moved forward. Often when people move here, they lack confidence. It's lovey to see how they develop." Another member of staff told us, "For some people, they are looking to move out and live independently. We work with people to help with cooking, looking after yourself and how to manage money and budgeting, so they can develop the skills they need."

Staff knew people well and had a good understanding of people's needs and this included individual ways of communicating with people. For example, they told us how a person who was unable to communicate verbally showed us how they used 'Yes' and 'No' cards; we saw these were used so they could express their

views. People's support plan was in large print and included pictorials symbols to support people to understand.

People knew how to raise issues or make a complaint and were confident that any issues raised would be listened to and addressed. Where concerns had been raised, we saw the registered manager had considered the information and responded to them, identifying any outcome or improvement to be made. The registered manager explained that they responded to any concern or complaint straight away before it reached any formal stage. The complaints procedure was in an easy read format and one person commented that the service could be improved if there were internet and Wi-Fi facilities. They told us, "I have to go to a local pub and have get myself a drink so I can use their Wi-Fi. I want to keep in touch with my friends and family but I can't use social media sites or message services because there's no internet here. It is a bit of a problem." The registered manager was aware of their concern and told us this was being reviewed to ensure people could maintain in contact with people who were important to them.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Good

Is the service well-led?

Our findings

On our last inspection we identified that notifications of significant events had not been sent to us when incidents had occurred. This meant there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. On this inspection we found improvements had been made. Where incidents had occurred the registered manager understood their responsibility around registration with us and we had received notifications. This meant we could check appropriate action had been taken.

Quality assurance systems were in place to review how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw that checks had been completed on equipment to support people to move and how infection control standards were managed.

People were asked about the quality of the service and where improvements could be made each week. One person told us, "On a Sunday evening, we all get together and talk about what we want to do, if everything is alright or if we need to make plans to do something." The provider also sought the views of people and relatives through questionnaires. People were encouraged to give their ideas and suggestions for how the service could be improved. Questionnaires had been recently sent to people and the results were currently being analysed. We saw the questionnaires were in an easy read format to support people to understand the information and to encourage them to make any comment on the quality of the service.

The staff were clear about their role and spoke passionately about these values and how they incorporated these into their work. They told us they met as a team where they discussed any concerns and the registered manager gave the staff team updates for people's care. One member of staff told us, "It's important we all get together and look at what we are doing and how we can move forward. We are always looking for different things or making improvements. It's good that we all feel the same way about the home and want to make a difference."

Staff received regular support and supervisions from the management team. This included appraisals, supervisions and team meetings. Staff confirmed that the culture of the service enabled them to speak with any member of the management team if they had any concerns. One member of staff told us, "The manager is brilliant. They are really supportive and prompt in getting back to you with any queries." Another member of staff told us, "We have supervision and look at the training we have booked. We can talk about the support we need and discuss what help we need."

There was an open culture in the home and the staff felt comfortable to raise any issues with the registered manager. The staff told us that the registered manager listened to them, and made changes in response to these. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website.