Morven Healthcare Limited

Morven House

Inspection report

48 Uplands Road
Kenley
Surrey
CR8 5EF

Tel: 02086609093

Date of inspection visit:
21 January 2022
24 January 2022
11 February 2022
13 April 2022

Date of publication:
12 May 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Morven House is a residential care home providing personal care to up to 40 people. The service provides support to older people requiring residential support. The service does not provide nursing care. At the time of our inspection there were 17 people using the service.

People's experience of using this service and what we found
People felt safe at the service and around staff. Staff were knowledgeable in safeguarding adults' procedures and any concerns were reported. Risk assessments had been reviewed and staff knew how to support people safely. However, we found that some environmental risks remained, including in relation to fire safety. The director and manager were aware of these risks and had arranged for work to be undertaken to address these risks, but these had not been completed by the time of our inspection.

There were sufficient numbers of staff at the service. Since our last inspection in June 2021 there was a new staff team. There was good team working with high morale. There was less reliance on agency staff. Staff had completed the provider's mandatory training and continued to complete training courses to ensure they had the knowledge and skills to meet people's needs.

People's needs had been assessed and continued to be assessed to ensure Morven house was the right place for people to live and staff were able to support people to achieve good outcomes. People were treated well and with dignity and respect. Staff supported people to access healthcare services and they were regularly visited by healthcare professionals. Staff understood and supported people with their nutritional needs. Safe medicines management practices were in place.

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. Where people did not have the capacity to make certain decisions, staff ensured this was done in their best interests and in liaison with their relatives. Staff also organised for advocacy services to visit people.

A new manager had been appointed since our last inspection who had a commitment to continuous improvement. They had reinitiated systems to obtain people's, relative's and staff's views and ensure they felt involved in service delivery and development. Staff felt supported by the manager and supported the changes they had implemented. The manager had introduced a programme of audits to regularly review the quality of service delivery and where improvements were required, these were actioned.

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

Rating at last inspection
The last rating for this service was requires improvement (published 2 August 2021).

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 improvements had been made and the provider was no longer in breach of many of the regulations we identified at our previous inspection, however the provider remained in breach of regulation 12.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

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

Enforcement
We have identified a continued breach of regulation relating to safe care and treatment. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Morven House

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
This inspection was undertaken by four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Morven house 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. Morven House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the manager in post had applied to become the registered manager and their application was being processed by the CQC registration team.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 January 2022 and ended on 13 April 2022. We visited the service on 21 & 24 January 2022, 11 February 2022 and 13 April 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the service including any statutory notifications received about key events that occurred at the service.

During the inspection
During our January 2022 site visits we spoke with seven people, four care staff, the manager, and two of the directors. We spoke with ten people's relatives over the phone. We reviewed one person's care records. We also reviewed records relating to the management of the service and staffing. We undertook general observations and reviewed the environment.

During our April 2022 site visit we spoke with six people, two care staff, the activities coordinator, the chef, the manager and one of the directors who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed three people's care records and records relating to staffing and the management of the service. We undertook general observations and reviewed the environment.

After our site visits, we spoke with a representative from the local authority.

Requires Improvement

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 Inadequate. At this inspection the rating has improved to 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.

Assessing risk, safety monitoring and management
At our last inspection in June 2021 the provider had failed to ensure people were protected from the risk of unsafe care. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had not been made at this inspection and the provider remained in breach of this part of regulation 12.
● Improvements had been made to the environment. This included ensuring windows and Juliet balconies were appropriately restricted, addressing damp problems and relaying some areas of the flooring. However, we found that improvements were still required to the second floor of the home, particularly regarding the bathroom. As there was rusty equipment that could not be safely used. We found this area was not safe and unsuitable for people to use. At our January 2022 site visit we found people were still being cared for on the second floor and accessing unsafe bathroom facilities. Following us raising concerns, staff arranged for people to move to other areas of the home. At our April 2022 site visit we found improvements were still required to this part of the building, however, this floor was now closed, and no-one was using this area, mitigating the risk to people.
● Between our January and April 2022 site visits, the London Fire Brigade had been out to review fire safety arrangements. They found improvements were required. Some of these requirements had been actioned by our April 2022 site visit, however, further work was still required to ensure appropriate compartmentalisation of the service to protect people in the event of a fire. This worked had been scheduled to begin at the end of April 2022.

The provider had not protected people from the risk of an unsafe environment and the risk of harm if a fire occurred. The provider remained in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

● Risk assessments had been updated and provided clear information to staff about people's individual risks and how they were to be supported to minimise those risks. These assessments were regularly reviewed to ensure they reflected people's current needs.

Systems and processes to safeguard people from the risk of abuse
At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.
● People felt safe at the service and relatives told us they trusted staff to keep their family members safe. One person told us, "Being here has made me feel free. I am not scared now. I am not on my own. I can get help if I need it." One relative said, "Yes, she is really safe. No reason to think that she is not safe."
● Staff had received refresher training on safeguarding adults and were aware of how to recognise signs of abuse and how to report any concerns.
● The manager undertook a regular safeguarding audit which ensured safeguarding and whistleblowing policies and procedures were up to date, staff had knowledge of these, and staff were compliant with their safeguarding adults training.
● Any concerns about a person's safety were reported to the local authority's safeguarding adults' team so they could be investigated, and any improvements identified were actioned.

Staffing and recruitment
At our last inspection the provider had failed to ensure there were sufficient numbers of staff to meet people's needs. This was a breach of part of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.
● There were sufficient staff to keep people safe and meet their needs.
● During our January 2022 visits we found that there was still a lack of interaction from staff with people. However, at our April 2022 visit this had improved. Staff were prompt to assist people when needed and engaged them in regular conversations.
● We saw staffing levels were planned in line with people's dependency levels. People's dependency levels were regularly reviewed to ensure there remained sufficient staff on duty to meet people's needs.
● Safe recruitment practices continued to be in place. This included ensuring references were obtained from previous employers, undertaking criminal record checks, checking applicant's identities and their eligibility to work in the UK.
● Since our previous inspection in June 2021 more permanent staff had been recruited and there was less reliance on agency staff.

Using medicines safely
At our last inspection the provider had failed to ensure there were safe medicines management processes in place. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.
● Medicines were stored and disposed of securely.
● People received their medicines as prescribed and accurate records were maintained of the medicines given. Protocols were in place for the administration of 'when needed' medicines so staff knew when to administer these and at what dose. There were processes in place to monitor stocks of medicines kept at the service.
● At our January 2022 site visit we found systems in place to monitor the application of topical creams was not sufficient. Improvements had been made and during our April 2022 site visit we found suitable processes were in place and there was safe management and recording of topical creams.
● Since our previous inspection the home had arranged for homely remedies (medicines that do not need a

prescription) to be stored at the service and the GP had assured these were safe for people to receive when needed.

Preventing and controlling infection
At our last inspection the provider had failed to ensure people were protected from the risk of infection. This was a breach of part of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A clean and hygienic environment was provided and there were no malodours.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● Relatives were being supported to visit their family members and people could have visitors in the visiting room or in people's bedrooms depending on what was appropriate and more comfortable for the person.

Learning lessons when things go wrong
● Systems were in place to record any incidents or accidents that occurred. The manager reviewed all incidents that occurred to ensure appropriate action was taken at the time to support the person and if required additional action was taken to prevent recurrence. The manager also analysed all incidents to look for patterns which may indicate further improvements were required to service delivery.

Good

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to ensure appropriate assessments of people's needs and ensure people were treated with dignity and respect. This was a breach of Regulation 9 & 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9 & 10.
● Staff assessed people's needs to identify what they required support with and how this support was to be delivered. These assessments were undertaken in line with best practice guidance.
● People's needs were regularly reviewed to ensure staff had up to date information which reflected any changes in people's support needs. A relative said, "Yes, they do understand [their family member's] needs." A person told us, "The staff keep me well I'd say. I wouldn't be alive now without them."
● Care plans were detailed, and staff tailored the support offered to meet people's individual needs, including ensuring their dignity was maintained and they were treated with respect. A relative told us, "Yes, they do treat [their family member] with dignity and respect." Another relative said, "Yes, they are caring." A person told us, "The staff help me to dress and look nice. That is good." We observed people were well dressed and clean.
● Assessments also included what support people needed with their social needs. An activity coordinator had been employed since our last inspection in June 2021 and they were supporting people to undertake activities and had begun to support people to access local amenities in the community. A relative told us, "They make sure [their family member] leaves her room and socialises."
● Staff understood people's communication needs and communicated with them politely and respectfully. They communicated with people prior to providing support and gave them time to understand what was being said.

Staff support: induction, training, skills and experience
At our last inspection the provider had failed to ensure people were supported by suitably trained and supported staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.
● Staff had the knowledge and skills to undertake their duties.

● Staff had completed the provider's mandatory training, and this was regularly refreshed to ensure their knowledge and skills were up to date with best practice. At our January site visits we identified some gaps in staff's compliance with the provider's mandatory training. By our April site visit this had improved, and the majority of staff were fully compliant with their mandatory training.
● Staff felt well supported by the manager. They received regular supervision and felt able to speak openly with the manager if they required any additional advice or guidance.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat a balanced diet that met their nutritional needs. People were given a choice about what they wanted to eat, and a variety of options were available. One person said, "I eat very good. I had a pumpkin pie it was delicious."
● Care records clearly identified who required support with their meals and how this support was to be delivered. A relative told us, "Yes, they look after [their family member] well. He was very frail and did not eat a lot. Now he has put on weight. They are definitely doing the right job."
● Equipment was available to support people to remain independent with their eating, including the use of plate guards.
● We observed people had access to drinks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
At our last inspection the provider had failed to ensure people's health needs were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.
● People were being supported to access healthcare professionals to ensure their health needs were met.
● The service had arrangements in place for dentists, opticians and chiropodists to come to the service. Staff were also in liaison with people's GP if they had any concerns about a person's health. A person told us, "I get my nails cut perfectly fine." Another person said, "The doctor might come here. I think the dentist comes here." A third person said, "I have seen an eye doctor about my eyes, and they were very good. Staff help me very well with my teeth."
● Staff supported people to attend hospital appointments if they were accessing specialist healthcare services.

Adapting service, design, decoration to meet people's needs
At our last inspection the provider had failed to ensure a suitable environment was provided. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.
● Apart from the refurbishment of the second floor outlined in the 'safe' section, improvements had been made to the environment to ensure it was safe and suitable.
● Maintenance work had been undertaken to address the concerns identified at the previous inspection in June 2021.
● People's bedrooms had been personalised and included personal belongings. We also saw that many people's bedrooms included family photos from different times throughout their life to help orientate them and remember those important to them.

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.

- Where able, people's consent was obtained prior to receiving care and support.
- When people did not have the capacity to consent to aspects of their care, best interests' meetings were held to make decisions on a person's behalf in liaison with people's relatives.
- Where it had been assessed that people needed to be deprived of their liberty to ensure their safety, appropriate authorisation had been obtained.
- Staff organised for people to access advocacy services when appropriate.

Requires Improvement

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. At this inspection the rating 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
At our last inspection in June 2021 the provider had failed to ensure people, relatives and staff were fully engaged with and involved in service delivery. This was a breach of part of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 17.
● Since our last inspection the manager had reinitiated systems to obtain people's, relative's and staff's views of service delivery. This included a range of meetings and completion of satisfaction surveys, as well as opportunities for people and their relatives to raise any complaints and/or compliments.
● Staff morale had improved, and staff felt able to speak openly and express their views and opinions. A staff member told us, "I do feel well supported by [the manager], they encourage us to discuss any issues we might have, support us where we need it and they listen." Another staff member said, "It is so much better than before, I am well supported, and I have regular meetings with [the manager]." A third staff member said, "Yes they are supportive, we are working like a team now and that is a big improvement. We have regular staff meetings and we have individual meetings with senior staff."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care
At our last inspection the provider had failed to ensure there were effective systems in place to review and improve the quality of the service. This was a breach of part of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 17.
● Since our last inspection there was a new manager in post. They had applied to become the CQC registered manager and were aware of what this meant and the requirements of this role. The manager told us they had built a working relationship with the directors and they were being supported to make changes

at the service.
● The manager submitted statutory notifications about key events that occurred at the service in line with the service's CQC registration. They were aware of their responsibilities under the duty of candour and recognised when mistakes had been made and apologised for that.
● The manager had implemented new systems and processes in place to regularly review the quality of service provision. This included a monthly programme of audits. The manager had used these audits to identify where improvements were required and was working on implementing those improvements. We found since our last inspection, and in-between our January and April 2022 site visits that many of our previous concerns had been addressed and the quality of service delivery had improved. A relative told us, "The new manager has brought about a sea change. I think that she is genuinely concerned to look after people properly. She has built a more cohesive team and the staff are a lot happier. The manager is lovely and is on the ball."
● However, we found that some further improvements were required, particularly regarding the environment, ensuring it meet's fire safety requirements and is suitable, well maintained to meet people's needs as outlined in the 'safe domain' of our report.. The manager and the directors had planned for these improvements to be made but they had not been completed by the time of our inspection. We will continue to monitor this to ensure the planned improvements are carried out.

Working in partnership with others
● The manager and staff were working with health and social care professionals to improve practices and ensure good outcomes for people. This included working with the pharmacist from the Clinical Commissioning Group (CCG) to improve medicines management practices. Working with the London Fire Brigade on fire safety and working with community healthcare professionals including district nurses and GPs to ensure people's primary healthcare needs were met.
● The manager was working with the placement team from people's funding authority to review people's needs to ensure the home continued to meet people's needs, and as people's needs changed it was assessed as to where was the most appropriate place for them to live.
● The directors regularly met with the local authority to review practices and monitor improvements.

Whilst the provider and new manager had made a number of improvements at the service and met many of the previous breaches of regulation. It was too soon to judge whether these improvements could be maintained and sustained, and ensure timely action was taken when concerns were identified. There was not yet enough evidence of consistent good practice over time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the premises were safe. Regulation 12 (1) (2) (d).