

St Matthews (Moreton Centre) Limited

The Moreton Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Moreton Centre provides nursing and personal care for up to 64 people who live with dementia and people who live with a mental health diagnosis. The home is purpose-built over two floors and divided in to four separate units. There were 53 people living at the home at the time of the inspection with a range of complex mental health and health care needs. This included people who have had a stroke, acquired brain injury, who live with diabetes and for those approaching end of life. Ash unit provided accommodation for both male and female people living with dementia. Maple unit accommodated younger people with a mental health diagnosis and behaviours that may be challenging. A further two units, Willow and Oak provided single sex accommodation for those with a mental health diagnosis and displaying different emotions. People required varying levels of help and support in relation to their mobility and personal care needs.

Peoples experience of using this service and what we found

The providers' governance systems had improved and were being used consistently to improve the service. There had been improvements made, but there were still areas that needed to be further improved to ensure people's continued safety and well-being. For example, not all pressure mattresses were set correctly and the checking system for settings was not fully effective.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I am safe here." Care plans and risk assessments meant peoples' safety and well-being were protected. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was well-maintained and comfortable. There were enough staff to meet people's needs with the use of agency staff. Safe recruitment practices had been followed before staff started working at the service.

People's care was designed and planned to meet their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

The last rating for this service was requires improvement (14 May 2019) and there were two 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 improvements had been made and the provider had met the two breaches of regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This enabled us to review the previous ratings. We also used this opportunity to look at the breaches of Regulation 12 and 17. As a result, we undertook a focussed inspection to review the safe and well-led questions.

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.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

The Moreton Centre

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 team consisted of one inspector.

Service and service type

The Moreton Centre 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. The Moreton Centre 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 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 people in detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, deputy manager and providers. We also spoke with nine members of staff, including senior care staff, chef, maintenance person and housekeepers. We were able to speak with three visitors during the inspection.

We reviewed the care records of six people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

We continued to seek clarification from the provider to validate evidence found during the inspection process. This included staff rotas, training and supervision data and immediate actions taken by the management team following the site visit. We also spoke with three professionals who visit the service and two family members.

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. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach 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 regulation 12.

- Since the last inspection, the provider had introduced a computerised care planning system. Care plans and risk assessments identified specific risks to each person and provided guidance for staff on how to minimise or prevent the risk of harm. This included, risks such as diabetes, skin integrity, weight management, nutrition and falls.
- For those people who lived with displaying different emotions, staff used the principles of positive behavioural support and recorded these within the care plans. These helped staff to recognise signs that indicated a person's behaviour was escalating. There was guidance on how to respond to people's behaviour to de-escalate the situation and if physical intervention was to be considered. Documentation relating to incidents had improved and de-escalation techniques were reviewed regularly for effectiveness.
- People who received their medicines covertly (Covert administration is when medicines are administered in a disguised format) now had clear guidance to ensure covert administration was being used as a last resort which had been discussed with the pharmacist, GP and relevant persons. Staff used a document that evidenced the reason covert medicine was used.
- The environment and equipment continued to be well maintained and was safe for people. Staff told us that any issues were dealt with straight away.
- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. For example, people who had been placed on one to one supervision for their safety had had a best interest meeting and an authorised DoLS to support this practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I am safe here," and "Staff are kind and listen to me."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "We get safeguarding training, we get updates of any changes to the procedures, especially during the pandemic." Another staff member said, "I would raise it with our manager, and document it on the system."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.

Staffing and recruitment

- Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records that evidenced that people's care needs were being met.
- People told us, "I don't have any grumbles, apart from lots of changing faces." Staff told us "We do have enough staff, but we do rely on regular agency staff," and "We always have enough staff, I hope we can get permanent staff, agency staff are great but we need teams."
- Staffing and recruitment has been difficult over the past two years. The registered manager had ensured the staffing levels remained enough by using agency staff. The agency staff used were regular and undertook the training required to work with people at the Moreton Centre. This included Prevention Management of Violence and Aggression (PMVA).
- Recruitment processes were safe. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "The staff give me my medicines, I don't always want them, but I know I need them." Another said, "no problems."
- All medicine givers, senior care staff and registered nurses had the relevant knowledge, training and competency that ensured medicines were handled safely. We observed staff giving medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred

and signed for once they were taken.

- The service now use an electronic medicine administration record system. Staff said, "Good system, it highlights any potential missed doses and alerts staff."
- Medicines prescribed on an 'as and when required' basis (PRN) had protocols which informed staff of when the medicines were required.
- Homely remedy guidance had been reviewed and agreed with the GP.

Preventing and controlling infection

- The home was clean. There were enough house keepers to clean the service. When need agency cleaners were used.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. .
- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their freedom and this was clearly recorded. For example, people who were at risk of falls had a sensor mat to alert staff that the person was up and potentially at risk.

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 the last inspection this key question was rated Requires Improvement. At this inspection this key question has remained the same. This meant the whilst the service management and leadership was consistent, new systems needed time to fully embed and enhance safe care delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had had not operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider and registered manager had continued to implement and improve quality assurance processes. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
- Improvements had included the introduction of a computerised care planning system, audit system and electronic medicine records three months ago. However, as discussed with the management team during the inspection, the systems had not identified some of the shortfalls we found and needed further work to embed fully in the day to day running of the home. For example, two pressure mattresses were not set correctly for the person. Whilst mattress checks were completed daily, staff were not aware of what the setting should be. This has now been actioned by the clinical lead, with a new form that states the setting required for each person. We have also been informed that new integral setting mattresses had been ordered.
- Daily records whilst improved still need to be more detailed, for example, when people refuse to eat and drink. It is documented they had refused, but not what actions were taken by staff. We saw actions being taken during the inspection, but this was not documented consistently by all staff.

The registered manager was aware of the need to fully embed the newly implemented systems into day to day practice.

- People, staff and relatives told us the home was well run. They said they could always speak to the manager or a member of senior staff when they needed to. One relative told us, "Always someone to speak with if I have questions," and "Keep us informed of any changes." One agency staff member said, "They are

good to work for, staff support us at work, and we get extra training so we can be part of the team." Another said, "I work here regularly, we get a full handover about people."

- People and relatives were positive about the leadership of the service and staff. One person told us, "The staff are kind." A relative said, "I visit regularly, and staff come and see me to make sure everything is ok, I think they look after people really well."
- There was an established management team with clear roles and responsibilities. Managers and staff shared information about people's needs effectively. Staff beginning their shifts received a handover to update them about any changes to people's needs. Clinical risk meetings took place regularly at which staff discussed any people at risk and to plan the care they needed.
- The management team and staff were committed to improvements and were proud of their service. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People who lived at the home were encouraged to give their views about the care they received, and these were listened to. One person told us, "Staff are very good at listening and acting on what you say." People were able to give their views about the food, activities and any other issues they wished to raise.
- Relatives told us staff kept them up to date about their family members' well-being and any events affecting their welfare. One relative said, "When [family member] was ill, staff rung me, they are very good at keeping me informed." Another relative told us, "They call me if something happens, or if [family member] has seen the GP. They told me when she had an unwitnessed fall. They are very transparent."
- Staff told us they received good support from the management team. They said advice and support was available to them when they needed it. One member of staff said, "They look after us well. I've been encouraged to get qualifications." Another member of staff said, "I was welcomed into the home, I'm on a sponsorship. The manager's door is always open, It is a supportive environment."

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 registered manager and staff were open, transparent and honest with us throughout the inspection. They spoke of work force pressures and the impact of the pandemic. They shared their strategies for continued improvement.
- Statutory notifications were submitted appropriately by the provider to CQC.
- The registered manager understood their responsibilities around duty of candour.
- The last inspection report was displayed in a communal area and on their website.

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

- Staff held regular meetings with people to discuss the running of the home and receive feedback on their experience of living at the home.
- People and their relatives were sent surveys to feedback on the care and support provided by staff. The registered manager had made a written response to all the comments raised and a copy of this was available for people and their relatives to read.
- Staff meetings regularly took place. During staff meetings, the registered manager discussed best practice with staff and fed back to staff comments and suggestions people had made. Safeguarding's and complaints were also discussed.
- People's relatives told us that staff were responsive when they raised concerns or asked for changes to be made. One person's relative told us, "They are responsive to any questions I have."
- The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age. Staff

from overseas told us how they were supported by the provider to improve their English, both spoken and written.

Continuous learning and improving care: Working in partnership with others

- Staff were supported by the organisation to gain qualifications; senior care staff spoke of their medicine training and how they supported the registered nurses. This qualification had increased their confidence and had impacted positively on outcomes for people.
- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. For example, people who were at risk at falls, either had a one to one provision or crash mats and sensor mats to improve their safety.
- Health professionals were positive about working with staff at the home. One professional told us, "I find they are knowledgeable about their residents."
- The registered manager had worked hard to develop links with the local community but has found it difficult. They continue to try by inviting people to The Moreton Centre for planned events.
- The management team worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the registered manager was in close contact with the Clinical Commissioning Groups (CCGs), mental health team and community pharmacist team.