Inspire Residential Care Limited

Morvern Care Centre

Inspection report

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Lancashire
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection visit at The Movern was undertaken on the 24th & 27th February 2015 and was unannounced.

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

Morvern Care Centre is registered to provide care for up to 60 people. Accommodation is on three floors with three passenger lifts for access between the floors. There are three separate units all with their own communal areas. One unit supported older people. Two units supported people living with dementia. The home is situated close to shops, buses and trams, the beach and the local facilities of Cleveleys. There were 56 People living at the home at the time of the inspection.

At the last inspection 10th December 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Summary of findings

At this inspection in February 2015 we found systems were in place to protect people against abuse. By talking with staff and looking at safeguarding adults training documentation, we found staff and the registered manager were aware of the procedure to follow should they suspect people were at risk. People who lived at the home and relatives we spoke with told us they felt safe and their relatives were well cared for.

We looked at staffing levels in all three units at the service. We found by talking with staff and from our observations there was a sufficient mix of staff to support the people who lived at the home.

Safe recruitment procedures were followed and staff said that they undertook an induction training programme which included time to read the policies and procedures of the home. One staff member said, “The process was thorough and all checks had to be done.”

People’s care and support needs had been assessed before they moved into the home. Care records we looked at contained people’s preferences, interests, likes and dislikes and these had been recorded in their care plans.

Comments from people about the quality of the service were mainly positive. We found choices of meals were available. If people did not like the choice on offer alternative meals were provided. This was confirmed by talking with staff and people who lived at the home.

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for the people to have a healthy diet.

We observed people were relaxed and free to walk around the premises. Staff engaged with people in a caring and supportive manner.

We observed staff ensured people’s privacy and dignity were protected. For example, staff knocked on people’s doors and tended to people who required support with personal care in a dignified manner.

The registered manager had systems in place to monitor the quality of the service. Audits were undertaken every three months which were comprehensive covering, staffing and training, the environment and person centred care. The audits we looked at identified areas that could be explored or improved to provide a better service.

Summary of findings

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 safe.

People's health needs were monitored and continuity of care was maintained.

People we spoke with including relatives and friends told us they felt safe and protected by the way the management team and staff cared for people.

There were sufficient staff available to support people as they needed.

We observed medication was administered safely. People understood the purpose of their medication and their records were properly maintained.

Good

Is the service effective?
The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

People who lived at the home and relatives all told us the quality, quantity and choice of food was good.

There were policies in place, and appropriate authorisation where applicable, in relation to the Mental Capacity Act and deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People told us they had good relationships with staff and they were treated well by kind, considerate and caring staff members.

We observed examples of good practice by staff who respected people's privacy and dignity.

People and their relatives told us they felt involved in making decisions about their individual care needs.

Good

Is the service responsive?
The service was responsive.

The service provided a suitable range of activities for people to participate in and provide stimulation for people.

The service had systems in place to effectively support people with dementia.

Concerns and complaints were being recorded so audits could take place to monitor outcomes and trends to enable the service to continually develop.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The registered manager was open and approachable and demonstrated a good knowledge of the people who lived at the home.

Systems were in place to obtain people's experiences and gain their views about the delivery of care they received.

Regular audits and checks were regularly undertaken to monitor the service and identify and implement any changes to improve the service.

Morvern Care 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 was an unannounced inspection visit carried out over two days on the 24th & 27th February 2015.

The inspection team consisted of an adult social care inspector; a specialist advisor with nursing management experience of older people 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. The expert by experience for the inspection had experience of caring for older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications that had been sent us. We asked the provider to send us some information a 'Provider information Return (PIR) document prior to the inspection. This was not received by the service. The registered manager was going to contact us the Care Quality Commission (CQC) to ensure their contact information was correct for future communication contact.

Over the two days of the inspection we spoke with 17 people who lived at the home and 13 staff members that included care, domestic and maintenance personnel. We also spoke with the registered manager and 5 visiting friends and relatives. We had information provided to us from external agencies including social services and the contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included two records for the recruitment of staff, four care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service.

During our inspection we spent time observing the care and support being delivered throughout the communal areas of the dementia units. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure at the home. One person said, "It's a big place however the staff are around and yes I do feel safe here." A relative we spoke with said, [My relative] has a dementia condition and tends to wander, so I feel relaxed knowing the building is safe and staff keep a good eye on them." Another relative we spoke with said, "[My relative] was very safe in the home, she manages to walk with the aid of a walker and has not had a fall since she came into the home."

Care and support was planned and reviewed regularly. Records showed peoples risks were identified and reviewed on a regular basis. In depth risk assessments were in place for people who lived in the dementia units. For example environment risk assessments were completed which detailed each person's ability to move around the home safely and hazards to be aware of. One staff member said, "Risk assessments are important for people we care for especially on the dementia side of the home." The records demonstrated the process used to identify and manage individual risk in respect of peoples health needs. This included hazards related to, for example, nutrition, managing behaviour that challenged the service and falls.

We looked at documented evidence that incidents and accidents were being reviewed and followed up. Feedback was given where appropriate to staff, families, people who lived at the home and documented evidence that incidents were escalated and reviewed by the registered manager. We found a good range of incidents had been reported, for example, falls mislead property and missing medication. Documents included a brief description of when and how the incident happened. It also showed how staff had acted to reduce the risk of further occurrence.

The registered manager had an up to date safeguarding adults policy in place. Documentation on how to contact the relevant agencies for safeguarding was displayed in the separate units of the building. Staff we spoke with had good understanding of how to safeguard people against abuse. They all confirmed training was provided and updated as a mandatory course. One staff member said, "Safeguarding people is very important we have to attend courses every year."

We looked at staffing levels in all three units at the service. The registered manager stated that during the day it would be usual to have four staff on each floor, one senior health care assistant and three care assistants. We found by talking with staff and from our observations there was a sufficient mix of staff to support the people who lived at the home. Staff deployment around the units was flexible. For example the registered manager told us if more people required support on one unit then they would move personnel around to support that unit. This was confirmed by talking with staff. Comments about how the service was staffed included, "We have enough staff on duty, any one not in work is always covered." Also from a relative, "There always seems to be sufficient staff on duty when I visit." One person who lived at the home with said, "There seems enough staff around when I want one to help."

We looked at the way staff were recruited and checked two staff records. The process was followed according to the recruitment policy of the service. Staff told us they were recruited with all appropriate checks in place prior to commencing work at the service. One staff member said, "The procedure was thorough." Records we looked at confirmed this. Checks included a Disclosure and Barring Service check (DBS). This check informs the service of any criminal convictions recorded people applying to work at the service might have. One staff member said, "It was a very good recruitment and induction process."

We looked at how medicines were administered and records in relation to how people's medicines were kept. We found medicines were dispensed at the correct time they should be. This was confirmed by observing the staff member administering lunchtime medication. Staff told us only staff trained could administer medicines. The organisation carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. The storage of refrigerated medication was being maintained regularly as were the maintenance records. We spoke with people who lived at the home about their individual medication. On person said, "Yes I get mine on time daily and the right amount. I am all there when it comes to taking my medicines."

Medication was stored safely and controlled drugs kept in a separate locked facility. All the staff who administered controlled drugs had received training to underpin their skill and knowledge. This meant medicine processes were

Good

Is the service safe?

undertaken safely according to the policy of the service and advice from the local pharmacist. One staff member said, "We have a good relationship with the local pharmacist who helps provide guidance and advice."

Good

Is the service effective?

Our findings

We spent time talking with people and relatives about the quality of care provided. Responses were positive. People told us they felt staff were aware of the support they required and had formed good relationships with staff members. One relative said, "The staff seem competent in what they do for [My relative]." The atmosphere in all the three units of the service was relaxed and we saw good interactions between staff and people who lived at the home.

Staff we spoke with knew the people they supported well and had a good understanding of their needs, choices and support they required. We discussed with a member of staff the needs of a person who lived in the dementia part of the home. The staff member accurately described the plan of care required for the person, their likes and dislikes. They also talked about the history of the person which was accurate from the care plan we looked at. A staff member said, "The people here are so interesting and I enjoy getting to know the people I care for."

We found there was a continuous programme of training for staff and they had individual training records. This informed the registered manager of what training staff had completed. The training matrix also identified when mandatory training required updating. Mandatory training included fire risk training, dementia awareness and safeguarding vulnerable adults. Comments from staff about access to training courses included. "The dementia training is first class not just basic awareness." Also, "I know we have all been enrolled on challenging behaviour courses."

By talking with staff and the registered manager we found staff were encouraged to undertake additional qualifications to support them in their development and develop skills. For example one staff member told us they were completing a National Vocational Qualification (NVQ) to level 5 in care and management. The person said, "Very supportive manager I wanted to do this course."

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities and discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. A staff member said, "Supervision sessions are held monthly."

Comments from people were positive in terms of their involvement in their care planning and consent to care and support. For example one person who lived at the home said, "I know they asked a lot of questions about me personally when I arrived and I put my views down as to what I liked and disliked."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There had been applications made to deprive a person of their liberty in order to safeguard them. Records we looked at confirmed, applications showed that mental capacity and best interest meetings had taken place. Assessments of the individual's capacity to make decisions were recorded and all documents had been signed and reviewed. There was evidence of family involvement in these processes. The registered manager had attended formal training courses in DoLS and MCA. The registered manager told us all staff had received training In DoLS and MCA throughout 2014. Records we looked at confirmed this.

We arrived at breakfast time and found people were in the dining rooms or bedrooms having breakfast. One staff member said, "It is their choice where they want their meals." Records looked at contained evidence people received a nutritional assessment following admission to the service. People's dietary needs and likes and dislikes were also recorded. For example one person told us they liked to sit early in the dining room before meals. This was recorded and staff were aware of the person's preference.

We observed in the dementia units staff took time engaging with some people who liked to sit around the dining room most of the time. They were encouraged to

Good

Is the service effective?

fold napkins and set tables and this stimulated interaction and conversation which people responded to. One person who lived at the home said, "I enjoy helping out with the staff setting tables."

The atmosphere was relaxed and we observed staff provided people with appropriate assistance in a sensitive manner. Staff talked with people they assisted. People were offered a choice of drinks hot or cold. Those that were given without asking, staff were aware of what they liked. One staff member said, "I know what [person] likes to drink because I know them that well. Don't worry if [person] didn't want that I know the signs." We observed staff encouraging people to drink to reduce the risk of dehydration. We found people who required their fluid and nutrition intake monitored were observed and recorded what they had consumed. This informed staff so they could accurately record the amount taken. This showed staff were monitoring peoples nutrition and hydration needs effectively.

Comments from people about the quality of food included, "Always a choice." Also, "If I do not like the meal I can have something different." We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for the people to have a healthy diet. People who worked in the kitchen all said they had completed their 'Food and Hygiene' training. One person said, "You have to have completed that course to work in the kitchen."

We walked around the dementia parts of the building and found signage around to support people living with a dementia condition. For example different coloured doors so they could be identified by individuals, also there were pictures of activity events and personalisation of their rooms. This would help people communicate their wishes and be more familiar with their surroundings.

People had access to healthcare professionals including doctor's chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member said, "We do ensure people are kept up to date with regular health checks."

Good

Is the service caring?

Our findings

We observed staff interacted with people in a caring supportive way. For example when we arrived the first observation we made was a carer sat with a person, stroking the persons hand and calming the person down who was slightly agitated. We saw after a couple of minutes both the staff member and the person laughing and sharing conversation. We later spoke with the staff member about the incident who said, "[The person] does get agitated but a gentle cuddle or arm around them helps.

We observed staff ensured people's privacy and dignity were protected. For example, staff knocked on people's doors and tended to people who required support with personal care in a dignified manner. One person who lived at the home we spoke with said, "I know I need help to the toilet but the staff help me in a respectful way." A relative we spoke with said, "The staff treat [relative] with compassion and with dignity and respect when carrying out personal care for [person]."

We observed staff being kind to people. We observed staff were taking time to sit with individuals, talk with them and offer drinks. Staff spoke with people at the same level so that people did not feel intimidated. One person said, "They are caring to me and sit and chat." Staff respected people's choices, for example during a period of our observation one person was sleeping in the chair. A staff member checked they were alright and gently put an article of clothing around the person and checked every few minutes the person was comfortable.

We examined care records of people who lived at the home to check people's involvement in care planning. We found records were comprehensive and involved the individual. We noticed care records were signed by the individual or in some cases relatives. This was confirmed by talking with people. There was evidence of information about people's personal histories and life experiences. This helps staff get to understand the person. One staff member said, "Personal histories are good to read to help get to know people." A relative we spoke with said, "I don't know if [My relative] has a care plan but the care that they receive is centred on her."

There were no restrictions to visitors coming into the home at any time during the inspection. Those we spoke with told us the service kept them informed and involved in their relatives care and support. One relative said, "I come any time the staff are always welcoming and caring."

We were shown around the building by a member of staff. We noticed staff knocked on people's doors before entering. They would not enter until a response was given or they were aware the person was out. Observations and talking with people who lived at the home and relatives over the two day inspection confirmed staff responded to people in a dignified and respectful manner.

The registered manager told us people who lived at the home had access to advocacy services. Information was available about these support services in documentation given to people. People were supported to access advocacy services should they not be able to do so themselves. This was so that people were aware of who to contact should they require the service This meant it ensured people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

There were several lounges and private areas in all of the three units where relatives and friends could be taken to have a private visiting with their loved ones. One relative said, "I like to go somewhere private it's a big place and it's not a problem for the staff to find us somewhere quite. The staff are really helpful."

Good

Is the service responsive?

Our findings

People told us they felt staff were responsive and supportive to their needs and offered people choice and involvement in all parts of their care. One person who lived at the home said, "I get offered choices and decide my own daily routine." A relative said, "The staff are good at maintaining relationships with relatives. Her hobbies and interests are maintained which are knitting and reading."

There were two units at the service for people living with dementia. There was evidence of specific staff responsible for organising meaningful activities designed to stimulate people living with dementia. For example memory reminiscence games and ball games. One staff member said, "I have done some meaningful dementia training which has helped me understand the condition better." Staff were seen to be playing various games, including ball throwing and board games in the morning and afternoon periods. Staff we spoke with told us they did what they thought people liked and enjoyed.

The service employed an activities co coordinator who told us the management team and staff were very supportive in providing stimulation and activities for people living in the dementia part of the service. For example the week we were visiting three people were being taken out in the community to a 'dementia day' at a local venue. A member of staff said, "The manager is so supportive to everyone at the home. If we need funding to put on events or go out the manager always helps out."

We observed in other parts of the building people joining in with card games. Also some people preferred to be left alone and sit in a quite part of the building. Staff supported this and one said, "Not everyone chooses to join in people are free to do what they want." One person was knitting which they told us they liked to do and staff helped them to do this. This showed the service was supporting people to follow their interests or hobbies or provide meaningful stimulation for people.

People's care records we looked at contained regular reviews of care. Any changes in health or social needs were responded to. Good examples of where deficits identified and action plans being put in place were people's weight. Each person got weighed monthly (or when identified in care records) and where weight loss was noted, an action plan was in place which also ensured relevant external bodies had been consulted such as a GP or dietician. This showed evidence of staff being responsive to the changing needs of people who lived at the home.

Relatives and people who lived at the home told us they were consulted about any changes that was required or when care needs were reviewed. One relative said, "I need to know of any reviews or changes because [my relative] does not understand. The manager is very good at keeping me up to date."

A complaints procedure was available to all people in the service documentation. The process was displayed in the reception area so people knew how to report a complaint and what the process was. We looked at some recorded concerns. The process showed good evidence that complaints were fully investigated and fed back to relevant person or persons. The complaints report template being used clearly identifies what the complaint was relating to, how it was investigated and outcomes and actions arising from investigation. We also noted that apologies given to people and their relatives were also documented on this form. One person we spoke with said, "I feel comfortable with raising any concerns." Another person said, "I don't have any issues but would raise them if needed to."

People we spoke with and relatives felt the registered manager and senior staff were responsive if they had any issues or queries. One person said, "If there is a problem I am confident it will be looked into and dealt with."

Good

Is the service well-led?

Our findings

We spoke with people and relatives about the way the service was led and organised. All the people we spoke with told us they thought the registered manager and senior staff were kind and approachable. One person said, "The manager is smashing always willing to talk and spare a moment with you." People who lived at the home told us they had good communication links with the registered manager and senior staff.

Staff were aware of the registered manager's values and goals for the service. The management team we spoke with told us that their role was to encourage people to be independent as possible within a risk framework, provide choices for people and access events and social activities within the local community. One staff member said, "We do have links with bodies in the local community for example dementia groups. We also encourage one or two residents to be independent go out in the local community."

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager and senior staff were approachable and always available to help out at busy times or when required. One staff member said, "The manager is very good always helping out with care to the residents."

We spoke with the registered manager and senior staff. We discussed people's needs and care plans. They demonstrated to us that they were aware of the care and support individuals required. This showed they had regular contact with people and knew support and care people required to enjoy a quality of life.

The registered manager had systems in place to monitor the quality of the service. Audits were undertaken every three months which were comprehensive covering, staffing and training, the environment and person centred care. The audits we looked at identified areas that could be explored or improved to provide a better service. For example the registered manager fed back any issues and action required to staff at the daily staffing meeting. Actions were documented and signed off when completed. The document was called 'Managers Quality Assurance Tool'. One area identified was improving the decoration and flooring of the premises. This had started and was ongoing throughout the year.

An external consultancy agency also visits monthly to carry out audits and these were again visible in the file with actions to rectify any issues and also evidence that these actions followed through. For example new windows had been identified and this was now in the business plan for 2015.

The registered manager told us daily staff 'handover meetings' were held to discuss the daily events. One staff member said, "This works well so we can pass over any issues or discuss any concerns." Regular staff meetings were held every two months. Night staff meetings took place quarterly and the registered manager attended these meetings. Staff we spoke with confirmed these meetings took place and were positive that they were a forum to discuss the running of the service and any issues they may have.

The registered manager informed us people who lived at the home were also involved in meetings and consulted about activities and the redecoration programme within the building. One person who lived at the home said, "I know about the staff meetings and do pass my opinions on if I have any, "We were told resident meetings were held every two months minutes of which were shown to us. The main topics discussed were meals, activities and the up keep of the building. One person who lived at the home said, "Yes I have attended resident's meetings."

We saw evidence that comments and issues raised at these meetings were followed up by the registered manager, which ensured people were involved in the running of the home. For example, people had chosen to change menus for mealtimes. This was then implemented by the registered manager.

Satisfaction surveys were sent to people who lived at the home and their relatives. The last survey was completed in 2014 and the registered manager had received some positive responses. We looked at responses to questions such for example, 'are you involved in planning and discussing your own or relatives care needs'. The results were positive one saying, "On a regular basis which is helpful."