Sycamore Care Limited

Morris Grange Care Home

Inspection report

Great North Road
Middleton Tyas
Richmond
North Yorkshire
DL10 6NX

Tel: 01748826266

Date of inspection visit:
31 January 2018
01 February 2018

Date of publication:
20 March 2018

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

Summary of findings

Overall summary

The inspection took place on 31January and 1 February 2018 and was unannounced.

When we completed our previous inspection on 5 January 2017, we found concerns relating to medicines administration, staff supervision and the provider's quality and assurance systems. At this inspection, improvements had been made to meet the relevant requirements.

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

Morris Grange accommodates 71 people across three separate units, each of which has separate adapted facilities. At the time of our inspection, there were 55 people who used the service. One of the units specialises in providing care to people living with dementia who have behaviours that need to be managed. The other units provide residential and nursing care.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. During this inspection we found the provider had made improvements in all these areas.

At the time of inspection the registered provider was in administration and a management company was overseeing the operation of the home on behalf of the administrators. The management company were providing regular updates to CQC regarding the home for our monitoring purposes. Where we refer to the provider in this report we are referring to the administrator.

The service had a registered manager. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. They were confident that the registered manager would address any concerns.

Medicines were stored and administered safely and the premises were well maintained to keep people safe. Some areas were in need of renovation, but essential repairs to keep people safe were completed.

Risk assessments were completed to reduce the risk of harm. Accidents and incidents were analysed to reduce the risk of reoccurrence.

Staffing levels were sufficient to meet people's needs. There were safe recruitment and selection procedures in place and appropriate checks had been undertaken before staff began work. Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs. Staff had requested more practical training and this had been organised.

People were provided with sufficient food and drink to maintain their health and wellbeing. Staff supported people to access healthcare professionals and services.

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.

There were positive interactions between people and staff. Staff knew people well and promoted their independence. Care was person-centred and people were provided with choice. Staff were kind and treated people with dignity and respect. People told us they were happy and felt well cared for.

Care records contained information about people's needs, preferences, likes and dislikes. Staff understood people were individuals and would not tolerate discrimination.

Complaints and feedback were taken seriously and action was taken to address any concerns. The registered manager and provider monitored the quality of service provided to ensure that people received a safe and effective service which met their needs.

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.

Risks were identified and systems put in place to ensure that people were supported as safely as possible.

There was enough staff on duty to ensure people's needs were met.

Staff were trained to identify and report any concerns about abuse and neglect and felt able to do this.

People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and appraisals to enable them to fulfil their role. Plans were in place to provide more practical training.

People were supported to make choices in relation to their food and drink and to maintain good health.

The staff and registered manager understood the principles of the Mental Capacity Act 2005 and acted in people's best interests when required. Appropriate applications to deprive people of their liberty had been made.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

People who used the service and their relatives were involved in decisions about their care and support needs.

Where people's needs changed staff worked with professionals

to ensure their needs were met.

Is the service responsive?

Good

The service was responsive.

Staff were able to describe the likes, dislikes and preferences of people who used the service. Care and support was individualised to meet people's needs.

Where people's needs changed staff worked with professionals to ensure people's needs were met.

People had opportunities to take part in activities of their choice and were supported and encouraged with their hobbies and interests.

People told us they felt confident to speak with the registered manager or staff if they had any concerns.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who understood the responsibilities of their role.

People told us the registered manager was approachable and staff felt supported in their role.

Systems and processes for quality assurance were used effectively to identify short-falls in the service. Audits were completed and were used to drive improvement. Action plans were completed to address issues.

Morris Grange Care Home

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 comprehensive inspection took place on 31 January and 1 February 2018. Day one of our inspection was unannounced. We told the provider we would be visiting on day two. The inspection team on day one consisted of one inspector, a specialist advisor and two experts by experience. A specialist advisor is someone who can provide expert advice to ensure our judgements are informed by up-to-date clinical and professional knowledge. The specialist advisor who supported this inspection was a specialist in nursing care. 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 experts by experience who assisted with this inspection had knowledge and experience relating to older people. They supported this inspection by speaking with people and their relatives to seek their views and experiences of the service. Two inspectors visited on day two.

We used information the provider sent us in the PIR. 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 reviewed information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events that the service is required to send us by law. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We planned the inspection using all of the information we had gathered from these different sources.

During the inspection we spoke with 12 people and 10 of their relatives as well as two visiting health and social care professionals to gather their feedback about the service. We spoke with the registered manager, two nurses, four care workers, an activities co-ordinator, the chef and the person responsible for the maintenance of the building. We spoke with the regional director and the nominated individual who was

responsible for supervising the management of the service on behalf of the administrator.

We looked at a range of documents and records related to people's care and the management of the service. We looked at nine care plans, four staff recruitment and training records, quality assurance audits, minutes of staff meetings, complaints records, policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection records relating to medication were not completed correctly. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 12.

Arrangements were in place for the safe management, storage, recording and administration of people's medicines. Records relating to medication were completed correctly. Medication audits were undertaken by the provider, the registered manager and an independent pharmacist. An action plan was put in place when short-falls were identified, which showed that medicines administration were monitored.

People were supported to take their medicines by staff who were trained and had their competency assessed. We observed staff followed good practice guidelines when administering medicines. Interaction with people was good, the nurse gained consent and ensured people had access to a drink after each administration. A relative said, "[Name] gets their medicines on time. The staff are always asking them if they have any pain."

People and their relatives told us they or their family member were safe and well looked after. One person said, "I feel so safe here." A relative said, "[Name] is absolutely safe here. They get 24 hour care and there are lots of staff around." Health and social care professionals we spoke with felt people who lived at the service were safely cared for.

People were protected from the risk of abuse and harm. Staff had received safeguarding training and understood about the types and signs of abuse. They could explain the action they would take if they suspected or witnessed abuse. Staff told us, "We would not tolerate any abuse or discrimination," and "I know that the manager listens and takes action." Safeguarding referrals had been submitted correctly to the local authority where there was a risk of abuse.

Staff were aware of their responsibility to protect people from discrimination and the registered provider had an equality and diversity policy. Staff told us they supported people in a way which ensured they were not disadvantaged due to their beliefs, wishes or choices. One person told us, "There is no discrimination of any kind in the home."

People were protected from harm as potential risks relating to their care, such as those associated with moving and handling, had been assessed to ensure they were appropriately managed. People and their relatives told us they had been involved in the assessment process. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This provided staff with the guidance they needed to help people to remain safe.

Records confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers, manual handling equipment, gas safety, electrical installation and portable electrical equipment. Personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency.

During our inspection, there were sufficient staff deployed to meet people's needs. The registered manager had established how many nurses and care staff were needed on each shift based on the care each person required and reassessed staffing levels daily. Any changes to people's needs were discussed at handovers and the registered manager spoke with the unit managers to ensure additional staff were deployed if people's needs increased. People gave us mixed feedback in relation to staffing. They said, "There seems to be plenty of staff. The carers come straight away if my relative wants anything" and "The nurses have too much work to do, they are always rushing around."

Staff also gave us mixed responses on staffing levels. One said, "I have enough time to sit and chat and get to know people." Another told us, "Occasionally we are down on numbers, but as a rule we are well staffed." We raised this with the registered manager who explained any gaps in the rota were covered by agency or permanent staff. They checked rotas to ensure enough staff were available to meet people's needs and used the same agency workers to provide consistency whenever possible.

Staff were recruited safely and were suitable to work with vulnerable people. Disclosure and Barring Service check (DBS) were carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable. The provider ensured previous employer references had been obtained and a full work history was provided within the application form.

Staff recorded accidents and incidents that occurred at the service. Records showed the registered manager and provider had completed audits that identified patterns and trends and took action to reduce reoccurrences.

The service was clean; staff recognised the importance of preventing cross infection and used gloves and aprons when required. One person said, "This home is spotless and the staff are constantly keeping on top of things."

Good

Is the service effective?

Our findings

At our last inspection, the provider had not ensured staff received appropriate on-going or periodic supervision in their role to make sure competence was maintained. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 18.

Records showed staff were supported with regular supervisions and appraisals. These were planned in advance and used to communicate important messages regarding best practice. One staff member told us, "We discuss our worries or concerns, goals, support and training needs." Staff said they could talk to their unit manager or the registered manager if they wanted to raise any issues at other times.

People received effective care from staff who had the skills and knowledge to support them. Records showed staff had received training in topics which included dementia care, safeguarding and infection control. Nurses had received specialised training to meet the needs of people with specific health conditions. One person said, "I have to use a hoist due to my arthritis, I don't like it, but the nurses know what they are doing and there are always two of them to lift me."

Staff we spoke with understood the needs of people who had behaviours that the service found challenging. Staff worked closely with health and social care professionals to ensure people were safe. Social care professionals confirmed this. One told us, "The staff understand what may cause a person to become distressed and this is accommodated."

Staff told us the majority of training was by DVD and they had requested additional practical classroom training. Following the inspection, we spoke with the registered manager and the nominated individual who confirmed funding had been approved for practical training and we were sent details and dates of courses organised.

Arrangements were in place to assess people's needs and choices so that nursing and personal care was provided effectively. Care plans and assessments recorded people's physical, emotional and social needs. They were person centred and included how people wanted to be cared for, their likes and dislikes. People and their relatives spoke positively about the way staff looked after them. One relative said, "My relative is receiving superb care and the staff work hard to ensure they deliver a first class service."

People were supported to maintain a healthy diet. During our observations, mealtimes were relaxed and informal and specialist diets were catered for. People told us, and we could see for ourselves, that they made choices about when, where and what they ate and spoke positively about the food. Comments included, "I enjoy my food, it is always very, very nice" and "We get really good food and there is a variety. I have put on weight since being here." A relative said, "[Name] really enjoys their food and gets a choice. They have picked up a lot since being here regarding eating." We saw food and fluid charts were completed

when required and people's weights were monitored.

People's healthcare needs were identified and monitored. Action was taken to ensure they received the health care needed to enable them to remain as well as possible. Records confirmed people had received visits by healthcare professionals. The registered manager said they had good links with the local surgery. The same GP visited on a set day each week and when needed. Health and social care professionals told us staff regularly updated them; they trusted their judgements and communications were very good. A relative said, "If [Name] is unwell, I get a call and the doctor calls the same day." One person told us, "I am walking better, putting on weight and feeling more positive since being here."

The decoration and signage in the premises supported people's needs and enabled easy navigation, which promoted their independence. Arrangements were in place to ensure people had access to the environment around the home. We found, due to the service being in administration, there had been a lack of investment in the building and grounds, which were in need of upgrading. For example, the hot water systems and outside areas. We raised this with the nominated individual who confirmed that until the service was sold, only essential maintenance could be undertaken. They explained funds were available immediately for any urgent requests to ensure people's safety and well-being was maintained.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the provider had followed the requirements of the DoLS and submitted applications where necessary.

Staff had a good understanding of DoLS and the MCA. We saw appropriate documentation was in place for people who lacked capacity and staff understood the importance of gaining consent before offering support. One said, "I understand if somebody doesn't wish to do something there and then and I will offer support again later." A relative told us, "All the carers know [Name]. They sit, chat and listen to them. They talk to them in a way they can understand."

Good

Is the service caring?

Our findings

People were supported in a kind and caring manner by staff who knew them well and were familiar with their needs. People told us, "I like it here. It is like home from home" and "All the staff are pleasant and friendly. They speak to my family and make them very welcome."

We observed staff showed kindness and interacted with people in a friendly and reassuring way. For example, we observed two staff members with a person who wanted them to say the 'Lord's Prayer'. Staff paused what they were doing, held the person's hand and said the prayer with them. We could see this gave them comfort. It showed us staff recognised what was important to people and were attentive and caring in the support they provided.

Staff were aware of people's individuality and the importance of respecting this. Comments from relatives included, "[Name] is so happy here and the staff go the extra mile to ensure they know all about them. They sit and chat about past times" and "[Name] gets amazing support. Although I am sad when I leave, I know they are cared for so well."

People and their relatives told us they were involved with decisions about their care and how they preferred to be supported. One person said, "I had a meeting with the carers when I first came in." A relative told us, "I was involved in my relative's care plan when they came to the home."

People's privacy and dignity was respected and promoted. Staff told us they knocked on people's doors before entering and ensured curtains and doors were closed to give people privacy when supporting with personal care. A relative said, "All the staff are very discreet. They respect [Name's] privacy and always let them know what they are doing when bathing them."

Systems were in place to ensure people and their relatives knew what was happening at the service. Notice boards included events, a newsletter and photographs of staff on duty. Leaflets were displayed about the local advocacy service that provided independent support and advice.

Information held about people's support needs was securely stored. Supervision records and team meeting minutes showed staff were reminded about the importance of maintaining confidentiality.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person told us, "I try to be as independent as I can. Staff see that I get in the bath ok then come back to help me out."

Relatives were complimentary regarding people's wellbeing and how their independence was promoted. Comments included, "Staff always let [Name] to do things for themselves" and "My relative's mobility has improved. Initially they needed a hoist to lift. Now they are using a walking frame and getting around ok."

Good

Is the service responsive?

Our findings

At our last inspection, care plans were not always person-centred. People's preferences and wishes were not sufficiently documented and reflected in their care plans. We saw improvements had been made at this inspection.

People's care plans were specific to their individual needs and guided staff on the support required and how this was to be provided. Some records needed more detail. For example, one care plan showed a person needed to be repositioned 'regularly' rather than the exact frequency. Another indicated a person needed to be in an 'appropriate position' when supported with eating and drinking, rather than specifically stating what this was. We saw no evidence this had negatively affected the care provided and staff knew what they were doing despite these minor shortfalls.

When required, people's fluid and food intake were monitored, but their target amounts were not consistently recorded. This meant when staff reviewed these records, it was unclear if people's targets had been reached. We brought this to the attention of the registered manager who agreed with our observations and told us they would ensure records included this information.

Care plans were reviewed each month and updated as and when necessary. As far as possible, people and their relatives were involved in planning their care and in developing their care plans. A relative told us, "We attend all the meetings and reviews. We appreciate being involved and not excluded from our relative's care."

Staff knew people well and were able to tell us about their individual needs, likes and preferences. Staff told us, "We speak with people to get to know and understand them" and "When people can't tell us about themselves, we speak with families. We want to understand what their relatives liked to do and their routines." One relative confirmed this and told us, "We talked together about [Name's] life. Staff have got to know what they like. They play games which helps to distract them if they are agitated." Care plans included why a person may become upset and the ways to distract or comfort them.

People were protected from discrimination by staff who respected people's choices and individuality. Staff told us, "I support people in whatever way suits them," and "You treat people how you would like to be treated." A relative said, "[Name] can't see very well, but the staff always ask what they want to wear. For example, they ask them, 'Do you want the red or the blue jumper'?"

Information was available to people in different formats to make it accessible for them. For example, we saw information in large print and a staff member told us how they used basic sign language to communicate with people who had hearing difficulties.

People were positive about the way staff responded to their needs and we observed staff quickly answered call bells. One person told us, "I never have to wait more than a few minutes if I press the buzzer. A relative said, "[Name] is very safe, they have a buzzer in their room if they want anything."

Arrangements were in place to meet people's social and recreational needs. The service employed three activity coordinators. We were shown records of the activities on offer and if people had benefited from them. During our inspection we observed people joining in with activities such as board games and singing and could see people enjoyed the activities provided. One person told us, "The coordinators come and ask if I want to join in. They are lovely. We do magic painting and tiddlywinks."

People were encouraged to maintain relationships with people that mattered to them. One person told us, "My friend comes to visit me twice a week." Another said, "I had a birthday party here and all my family and friends came. I had a birthday cake and candles. It was lovely and they all sang happy birthday to me."

The provider had a complaints policy and procedure. This contained details about how complaints or concerns were managed. Records showed there had been no recent concerns or complaints. Previously, outcomes and actions taken were recorded and reviewed to minimise the risk of reoccurrence. People and their relatives told us they felt confident to raise any concerns with staff or management. Feedback included, "If I had a problem, I would chat to the manager when they do their walk about. If that didn't work, I would make it formal. I can't see that happening though" and "I am well looked after. I have no complaints at all."

We read a number of compliments about the service. These included, 'Staff have done a marvellous job with helping [Name] on the road to recovery,' and 'Thanks for the excellent care, comfort and consideration….You made our relative feel important.'

At the time of our inspection, nobody was receiving end of life care. The registered manager explained that end of life care plans were written and updated to reflect people's needs. When end of life care was provided, a healthcare professional told us it was very good and relatives were also supported by very caring staff. A person told us about their partner who died that lived with them at the service. They said, "Without the whole staff and my friends here, I would not have coped at all."

Good

Is the service well-led?

Our findings

At our last inspection, the registered provider was not assessing and monitoring the service to mitigate risks and had not maintained complete and contemporaneous records in respect of each person who used the service. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 17.

There were systems in place to monitor the quality of the service provided. The regional manager completed weekly and monthly audits. Records showed areas reviewed included premises and equipment, person-centred care, record keeping and care plans. Any short-falls were highlighted and when actions completed were signed off and dated. For example, an audit regarding medicines administration found that the fridge and room temperature chart did not have a section to evidence the actions taken if temperatures were outside normal limits and this had been addressed.

A registered manager was in post. People and their relatives told us the registered manager was approachable. Comments included, "I love the fact that the manager will go walk about and say hello to the residents and staff. This makes the staff and residents feel valued" and "The manager is lovely and all the office staff were really helpful. They were visible within the home."

Staff told us the registered manager and unit managers were approachable and supportive. We found on the whole, staff morale was good despite the uncertainties regarding the future of the service. Staff we spoke with remained committed to providing good care. One member of staff said, "People should not and are not suffering because of the uncertainty. It is business as normal so people do not feel any different."

The home was well managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. The registered manager felt the culture of the home was one of honesty and being open. During this inspection, we could see that the registered manager and staff had worked hard to ensure improvements had been made. The registered manager was very appreciative of the staff and their contributions.

The registered manager sought feedback from people who used the service, their relatives and staff through surveys. People were asked for their opinions and ideas and these were listened to and acted on. For example, one person had said their clothes were not always ironed correctly. The registered manager had responded by reporting back that staff would ensure all clothing was ironed correctly. During our inspection a person wanted the laundry staff to be thanked .They said, "A special mention please for the laundry. It is excellent."

There were positive working relations with other professionals which promoted and supported people's needs. One health care professional showed us an information sheet they and the staff were working on

together to accompany people to hospital. This would ensure up-to-date information was available to medical staff. They said, "I have seen improvements at the service. The staff know how to care for people, and relatives always give me positive feedback."