

Derbyshire County Council

Morewood Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 8 July 2015 and was unannounced.

The Morewood Centre 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. 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. The manager was in the process of registering with the Care Quality Commission.

The Morewood Centre is a care home registered to provide care for up to 10 people. At the time of our

inspection, seven people used the service, including two people who were on a short term break. The Morewood Centre has a range of resources available to help people develop their skills to live more independently.

At our previous inspection in June 2014, we identified a breach in the Regulation relating to people's care and welfare. During this inspection we looked at whether or not these improvements had been met and we found that they had.

At this inspection, we found that systems to reduce the risks associated with medicines had not yet been fully embedded in staff practice.

Summary of findings

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and was taking action to ensure staff fully understood the principles of the MCA in relation to people's care. The manager had applied for a review and submitted further applications for Deprivation of Liberty Safeguards (DoLS) to ensure people's legal rights were upheld. This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives.

People told us they felt safe using the Morewood Centre and felt confident to talk with staff if anything worried them. Staff were confident to raise concerns if they felt people's care and support was not safe. Staff understood how to manage any risks to people and any interventions used with people were based on the principles of being, 'least restrictive.' People were supported by sufficient numbers of staff, however staff told us of certain times of day when they felt more under pressure to meet people's needs. Staff were only employed after checks had been completed to make sure they were suitable to work with people using the service.

Staff were able to support people well as they had the right skills and abilities to do so. The manager had created a supportive environment where staff felt they were able to develop and strengthen their skills and abilities further.

People received food and drink that they enjoyed and that met their needs and preferences. Staff made sure people had choices of food and checked to make sure people understood the choices being offered. Staff

provided support to people who required help to reduce any identified risks associated with eating and drinking. People had access to any other healthcare services they required, including GP's, opticians and specialist nurses.

We saw that people had fun while using the Morewood Centre and that they were supported by staff who had developed warm and caring relationships with them. People's independence was supported because staff focused on what people could do and provided opportunities for people to use and develop their skills. Staff worked to support people in ways that promoted their dignity.

A system was in place to investigate and respond to complaints, and information was available explaining how to make a complaint. Compliments were also shared with the staff team. In addition, the manager was planning to use the views of people, families and other professionals in the development of the service.

People were supported to access a range of experiences that were of interest to them, and people's views and wishes were respected. Staff supported people to contribute their views and ideas on how their care and support should be planned and developed.

The service promoted a positive culture and families and other professionals felt welcome and involved in people's care and support. Staff told us they felt positive about the changes introduced at the service and were enjoying working with the new manager, who was in the process of applying to be registered with the Care Quality Commission. The manager had systems in place to check on the quality and safety of services people received.

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 not always safe.

Changes to improve the safe management of medicines had not yet been fully embedded. People told us they felt safe, and most, but not all staff, told us they felt people were not adversely affected by other people's behaviours. Staff members had worked as a team to ensure sufficient staffing and recruitment processes were followed to make sure people employed were suitable.

Requires improvement



Is the service effective?

The service was effective.

Most staff felt confident to assess people's capacity to make everyday decisions. Staff had the skills and abilities to meet people's needs. People had access to sufficient food and drink and other healthcare services.

Good



Is the service caring?

The service was caring.

People were supported by kind staff who had developed positive relationships with them. Staff understood and demonstrated the principles of dignity and respect in the way they cared for and supported people. People were supported to contribute to making decisions about their care and treatment.

Good



Is the service responsive?

The service was responsive.

People had ideas to contribute about the development of the service and the manager was developing ways to gather these views. Staff were motivated to help support people find experiences of interest to them, and they felt they achieved this. Staff respected people's views and worked flexibly so that people received a responsive service.

Good



Is the service well-led?

The service was well-led.

The manager demonstrated open and supportive leadership and staff were motivated and confident in how the service was developing. The manager used a variety of systems to check on the quality and safety of services people received. The manager was applying to register with the Care Quality Commission.

Good



Morewood Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 July 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about. We also spoke with health and social care commissioners.

Not everyone who used the service could fully communicate with us. We spoke with two people who used the service and we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we also spoke with three relatives, three social care professionals and two health care professionals involved with people who used the service. We spoke with nine members of staff, including the manager and we looked at three people's care plans. We reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

At our previous inspection we asked the provider to take action to ensure people were protected against the risks of receiving inappropriate care as care plans had not been updated. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made.

Staff knew how to provide care and support that reduced risks to people and kept them safe. We observed one person who had an increased risk of choking while eating. They received support from staff, in line with their care plan and risk assessment, to reduce those risks. The support provided was not restrictive and we saw that the person was comfortable with how staff supported them. Staff we spoke with understood risks relating to people's health conditions and how these were monitored as well as what procedures were in place to manage those risks. Care plans and risk assessments identified any risks and what steps staff should follow to reduce or manage those risks. Other risks relating to the use and storage of equipment and risks from emergencies, such as fire, were also understood by staff who knew the correct action to take to keep people safe. This meant that people were cared for safely as staff understood how to mitigate and manage risks to people.

We found people's medicines were given as prescribed, however medicines administration records did not always clearly record this resulting in some confusion for staff. We spoke with the manager about this. They took action to remind staff to clearly record the administration of medicines so as to mitigate any risks associated with the management of medicines.

We also found records of administration for some medicines had been overwritten by staff, which made it difficult to clearly identify what they had recorded. Having records that are legible is important so that checks can be made to ensure people's medicines have been administered safely.

One person told us, "I manage my own medication. I have a cupboard in my room which is locked and I have the key. I take my own medication and remember when I need to do

this. I like having my own medication." When people went out for the day, we saw they took any required medicines out with them. Staff administering medicines checked whether people felt well or needed any further pain relief.

Staff told us the manager had introduced systems to improve the management and administration of people's medicines. This included a system to minimise distractions to staff administering medicines so as to prevent medicines errors from being made. Staff also told us people's prescribed medicines were reviewed to ensure they were still appropriate and effective for people. We found guidelines were in place for when people required medicine 'as and when required' and we found these had been reviewed by health professionals involved in prescribing the person's medicine.

People we spoke with told us they felt safe using the Morewood Centre. One person said, "I don't like to go out on my own; staff know that and always come with me. This keeps me safe." One family member told us, "I know [my relative] is ok," and, "It's the best place I've ever found." Information was available in a format that people using the service could understand that helped them to keep safe and how to raise any worries or concerns they may have. Staff we spoke with understood how to keep people safe and how to report any concerns. Staff told us they were also confident to report any concerns they may have about people's care under the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider's whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care. This meant the provider had taken steps to protect people's safety while they used the service.

Most staff felt people were safe. However, some staff told us they felt under pressure, and were at times, worried about managing some people's moods and behaviours so that they did not adversely affect other people living at the service. Staff said they managed to achieve this most of the time, however they gave examples of some people who chose to spend time away from other people because of their mood or behaviour. When we looked at the records of accidents and incidents we found safeguarding referrals had not been made to the local authority for where an altercation between people using the service had occurred. The local authority is the lead agency for responding to and investigating safeguarding concerns. We were concerned

Is the service safe?

that people were not fully safeguarded because a safeguarding referral had not been made. The manager contacted us soon after the inspection to confirm they had now made a safeguarding referral.

We found that the manager had analysed accidents and incidents reported by staff and had taken action to mitigate future risks to both staff and people using the service. For example, staff had access to additional equipment to mitigate risks to themselves when required. Staff were also clear when procedures had changed as a result of incidents to reduce future risks. One member of staff told us there had been recent improvements and the new manager made sure policies and procedures were followed and this helped them feel more confident that people were safe.

Staff told us that they were trained in strategies to help prevent people's behaviours that could cause a risk to themselves or others. Interventions were detailed in people's care plans, and showed the techniques and strategies that were least restrictive and which should be used first. Interventions were reviewed regularly and removed from people's care plans when not needed. This meant that staff worked in a least restrictive way and people's freedom was supported and respected.

Most staff told us they felt there was adequate staffing and they were clear about how many staff people needed to support them, either at the service or out in the community. Some staff told us they found it more difficult to meet people's needs in the evening. This was because a member of the staff team was involved, at this time, in other tasks that took them away from the direct care of people. We observed care provided to people during the early evening and found that although staff were not always present in the same location as people, staff did check on people regularly, and people were content. Social and health care professionals we spoke with told us they felt staffing levels were adequate and the manager had recently increased staffing at night to ensure people's needs were met. All staff, including the manager, confirmed the staff team had been working together to cover staff shortages and plans to recruit additional staff to some vacant posts were in place. At the time of our inspection, sufficient staff were available to meet people's needs.

Records showed that pre-employment checks had been completed on staff. This included completing disclosure and barring service (DBS) checks and obtaining references. This meant recruitment processes were in place, and followed, to make sure staff employed were suitable to work with people living at the service.

Is the service effective?

Our findings

Some people using the service required their decision making to be taken in line with the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to consent themselves. Staff we spoke with told us they had received training on the MCA and most staff told us they understood the principles of it. However, some staff were less confident of the principles of the MCA. Records did not consistently indicate where capacity assessments had been completed by staff, what the outcome was and what this meant for staff supporting people. When we spoke with the manager, we found they had a good understanding of the MCA and they told us they would make capacity assessments available for staff to reference.

One person we spoke with told us they had a Deprivation of Liberty Safeguards (DoLS) authorisation in place and understood the original reason why this had been put in place. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

When we spoke with the manager they confirmed they had requested a review of this person's DoLS. The manager had also identified other people using the service who had restrictions to their freedom to keep them safe and had applied for a DoLS authorisation to make sure these restrictions were lawful.

People received effective support as staff mostly had the right skills and abilities. People looked comfortable using Makaton when communicating with staff. Makaton is a language system that uses signs and symbols to help people to communicate. Conversations we observed between staff and people using Makaton were relaxed, fluent and looked to be enjoyable for the people involved. Other staff we spoke with were able to tell us phrases people used and what they meant, including phrases that people used to express they were not happy. This meant that staff communicated effectively with people using the service.

Staff we spoke with told us they felt supported by the manager, one member of staff told us, "He's very supportive, his door is always open." The manager had set advance dates for supervision with staff and we saw staff

received written records of supervision and reviews of any absences due to ill health. A team meeting was held during the day of our inspection and staff told us these happened regularly and were helpful. Staff gave us examples of how they helped each other and how this improved the care given to people, such as changing staff support around to respond to people's changing moods and needs. One staff member said, "We work as a team."

Two people told us they enjoyed being able to use the kitchen with staff support to make their own meals, and during our inspection we saw one person being supported to make themselves a hot drink. At mealtimes, where staff had cooked, we saw people were offered choices over what to eat. When people were unsure of the choices offered, staff showed people the actual meals available, to help them make their choice. People were also offered choices on quantity of food, for example, staff said, "How many Yorkshire puddings would you like?" and asked people what sort of drink they wanted. People's views on food had been shared with staff at meetings with people using the service and these had been positive.

Staff were knowledgeable about people's food allergies and preferences and we saw information on display for kitchen staff and in care plans that recorded people's allergies and preferences.

Pictures of food and drink were displayed in the dining room to prompt people over eating and drinking. In addition, a menu was available in a format that people could understand that reminded them snacks were available at any time. This helped to ensure people received sufficient amounts of food and drink, suitable to their needs and preferences.

One person told us they had visited the GP on the morning of our inspection and we saw from people's care plans that they had access to other professionals involved in their health care. These included dentists, chiropodists, opticians and specialist nurses. Health and social care professionals we spoke with told us staff working at the service had a good understanding of people's needs. One professional told us, "Staff are very knowledgeable about [person's] needs, they keep me updated regularly. I don't have any concerns about the service here." Another professional told us, "Many staff have been there a long time, and are always really keen to work with me to help support people." This meant people received appropriate care and support for any health and care needs.

Is the service caring?

Our findings

During our inspection we saw people were relaxed with the members of staff supporting them and enjoyed sharing jokes, talking and having fun together. Staff spoke kindly with people and had built up positive, caring and fun relationships. Staff told us, “[One person] likes comfort and support and likes to link arms with us.” We saw staff supporting this person in this way throughout the day. This meant staff supported people with warmth and affection.

One person showed us their bedroom and told us about their favourite pictures that had been displayed on their bedroom wall. Other people told us, “I like sitting in the garden when it’s warm. I just let staff know where I am,” and, “I like this lounge because there are always people here, but sometimes I go to the quiet lounge. I like to spend time in my room watching television.” Throughout the day of our inspection we observed that staff respected people’s views and supported their decision making. Care plans showed people were involved in planning their own care and focused on what people could do, and therefore promoted people’s independence and choices. We also saw people contributed their ideas of what they enjoyed at the service.

The service had facilities for people to develop their skills to live independently. People told us they used the kitchens and laundry facilities. One person told us, “I enjoy making cakes and the carers help me do this.” We found the facilities were available on the day of our inspection, and staff told us they helped people develop their skills for independent living.

Staff knew which people were independent with different aspects of their care. The service supported people to maintain their skills in household tasks so that, after a period of time, people could try moving to a different location where they could live more independently. One professional told us, “Staff have worked very well with [name of person] to increase their confidence. They’ve tried very hard to help [them] learn new skills.” Another professional told us how staff had supported one person to become, “More self-assured.” Staff told us how they had seen this person’s confidence grow and how they had supported the person to understand it was ok to say they didn’t like things when given choices. People were supported to be actively involved in promoting their own independence and planning their care and support.

When people received medicine at the service, this was administered in the privacy of people’s own rooms. Staff also promoted people’s independence, for example, staff asked, “Would you like to get yourself a drink?” People were supported to take their medicines in a way that promoted their independence, dignity and privacy. Staff told us about other ways they promoted people’s dignity and respected their privacy. For example, staff told us they respected people’s choices when they wanted time alone and had put in place actions to make sure they could spend time alone safely. One social care professional told us staff had always taken great care with people’s clothes, making sure they were washed, ironed and packed neatly at the end of their stay. People received care and support from staff who understood how to promote people’s dignity.

Is the service responsive?

Our findings

The service had not recently gathered the views of families, staff and other professionals; however the manager told us they were planning to do so. Families and other professionals we spoke with told us about ideas that could improve the service. These included families having a consistent member of staff who they could talk to about their relative, and professionals having access to the life skills unit for a wider range of people. We saw that people using the service had a regular opportunity to express their views through meetings with staff.

People using the service told us they had never needed to make a complaint, but would feel comfortable to talk to staff, should they need to. We saw information on how to make a complaint was available for people in formats that they were able to understand. The manager told us that the service had received and investigated one complaint since the last inspection. We saw that compliments were also shared with staff and were positive.

People were supported to follow their interests in the community. One person told us they had been out for lunch and they enjoyed going out in the local community on their own. Another person told us they would often visit a day centre. Staff told us other people had links with local schools and took part in activities of interest in the local community such as horse riding. Staff told us it had been difficult to find enjoyable activities in the community for one person and they thought they did not always receive the support needed to enjoy suitable activities outside the service. However one member of staff told us they had recently found this person enjoyed going out for a drive and having a drive through meal. Although there was

guidance provided from professionals on how to support this person, it was not clear whether this was being used to help staff plan support that created a wider range of experiences for this person.

One person told us, "I haven't gone [to the day centre] today because I'm tired and would like to stop in, that's my choice." We heard staff checking if the person wished to do something different throughout the day and staff were respectful of the person's wishes. Another person told us, "I like it here. I stay here for a week every three months. I have my own room and I bring my own stuff so I like that." One social care professional we spoke with told us, "The respite service can respond to crisis situations. It's flexible and very good. They provide a vital respite service in this area which is very flexible and person-centred." Staff told us some people preferred different members of staff to work with them at different times, and their preferences could change depending on how they felt. Staff told us they would work together to meet people's preferences and this helped people remain calm and reassured. People experienced care that was personalised, responsive and was able to offer flexibility to meet people's needs.

People contributed to the assessment and planning of their care. People using the service told us their ideas about where they wanted to move to. Other social care professionals involved with people using the service told us people were actively involved in identifying goals and aspirations and these were respected and supported by staff providing personalised care and support. We saw that people's care was also personalised by access to adapted cutlery where necessary to help them maintain their independence with eating as well as the provision and use of equipment specific to them. This meant people's care and support was tailored to meet their individual needs.

Is the service well-led?

Our findings

People were supported to have good links with their local community and used other services such as day centres and schools, as well as local shops. Families we spoke with told us they felt free to visit and call at any time to see their relatives. Social care professionals told us that staff were happy to accommodate their visits at short notice. People experienced care and support in an environment that was inclusive and open to other people and interests of people using the service.

Staff told us the manager had spoken to them individually when they first arrived and they felt able to approach them. They also told us he had introduced improvements since being in post. This had included changes to medicines management and staffing arrangements. One staff member told us, "He's communicated changes well, and he's very thorough." People received appropriate care and support because the manager identified improvements and supported staff to question practice.

The Morewood Centre is required to have a registered manager and the new manager was in the process of applying to be registered with the Care Quality Commission. The manager had clear aims to motivate the staff team through support and clear direction. One member of staff told us, "[The manager] is approachable and wants things done right." Another member of staff said, "I feel confident we are going to be led well by [new manager]." One member of staff told us they had appreciated the approach the new manager had shown. They told us the manager had spoken with each member of

staff individually when they started, and they told us they felt the manager's, "Door was always open." The manager was demonstrating good management and staff had confidence in their leadership.

We were aware some incidents had occurred that would require the manager to send in a notification to the Care Quality Commission, for example, where there had been involvement of the police or an allegation of abuse. We brought this to the manager's attention who confirmed future notifications would be made and who has since submitted notifications.

Staff we spoke with were motivated in their job role and told us they enjoyed being able to support the people living at the service. One member of staff said, "I love my job." Staff with responsibility for ordering medicine were able to clearly tell us the system in place. This meant staff were motivated, understood their role and were accountable for their responsibilities.

Staff told us they worked a duty system, whereby the person on duty would complete checks on medication to ensure it was correct. Audits were also completed by other managers who checked that the environment was safe as well checking any health and safety actions had been completed appropriately. Staff also told us how they worked safely to deliver high quality care, for example making sure equipment was stored safely and in line with health and safety requirements. We saw other records that ensured food was kept at the correct temperature and that cleaning schedules were completed regularly. The service used a variety of systems to check and ensure people received quality care.