

HC-One No.1 Limited

Mornington Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Mornington Hall Care Home is a nursing home providing care to 47 people at the time of the inspection. The service can support up to 120 people. The home is divided into four communities, two for people with nursing needs and two for people without. At the time of the inspection a residential and a nursing community were unoccupied and closed. Many of the people living in the home experience dementia.

People's experience of using this service and what we found

People's relatives told us there had been lots of changes at the service and care had improved. There was a new registered manager, clinical lead and deputy manager in post since the last inspection who had a strong vision about increasing the quality of care and to make all staff responsible for high standards within the service. Some staff expressed that they did not feel listened to and the provider was working towards ensuring staff would feel heard during this improvement process.

The provider had systems to monitor the quality of the care provided including audits and internal inspections. We made a recommendation that the provider increase oversight during weekends and nights to check consistency of work.

People's relatives and staff told us staff were stretched and very busy, particularly at weekends, but that staff did come quickly when people needed immediate support.

The provider had implemented a range of new activities led by an engaging team. Relatives told us they would like to see further activities embedded at the service.

Risks people faced were identified, assessed and reviewed. Risk assessments and care plan documentation for people with behaviour that challenged required further improvement such as schizophrenia documentation. Staff had a good understanding of how to mitigate risks people faced, including mobility, pressure sores and diabetes.

Medicines were well-managed. Improvements were needed to meet best practice including the implementation of pain scales and accurate recording of topical creams.

Relatives told us staff were caring and respected people's dignity and privacy. Staff were safely recruited to ensure they were suitable to work in the caring profession. Relatives told us staff knew how to support their loved ones. Care records captured people's likes and dislikes and were personalised.

The provider had implemented infection prevention and control measures to respond to the pandemic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 09 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to all the Key Questions which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Mornington Hall Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and one specialist advisor. Two Experts by Experience made calls to people's relatives remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Mornington Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and the action plans the provider had submitted. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 members of staff including the registered manager, the clinical lead, the deputy manager, the area director, two nurses, a senior nursing assistant, one domestic team member and one care worker and the chef. We made observations of the service.

We reviewed a range of records. This included five people's care records, multiple medication records and staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to the management of the service. We spoke with three staff members by telephone.

Is the service safe?

Our findings

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider was not effectively identifying and mitigating risk nor effectively managing medicines and was in breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider effectively managed risks people faced to reduce the likelihood of avoidable harm. Relatives told us staff knew what equipment to use to keep their family members safe.
- The provider had assessed risks and included a plan to mitigate them in personalised risk assessments. These covered areas such as diabetes, pressure sores, oral hygiene, moving and handling and nutrition. Staff told us they found these detailed enough for them to safely support the people they worked with. One staff member said, "I know what the risks are by being familiar with their person-centred care plan and risk assessment."
- The provider monitored people's needs and updated their risk assessments when their health and wellbeing support requirements changed. Relatives told us they were kept up to date with these changes. One relative said, "We get a monthly call. They update me on the care plan and tell me about any changes." A second said, "Now [family member] has a crash mat to prevent [them] hurting [themselves] if [they] fall out of bed." A third told us, "My [relative] had bed sores and I asked the nurse for [them] to be moved regularly. My concerns were taken seriously." Records confirmed that staff followed treatment plans to keep people safe.
- Assessments for people who displayed behaviour which challenged the service were not always detailed enough such as those for people living with schizophrenia. The provider addressed these concerns after the inspection by completing relevant documents.
- Staff were able to tell us how they would support people in these circumstances and relatives told us staff understanding was good. One relative told us, "[Family member] presents challenging behaviour, but the staff deal with it very well...they have got to know [family member] very well."
- The provider had effective systems in place to protect people from environmental risks such as legionella and electrical faults. Each person had a personal evacuation plan for use in the event of a fire and the nurse on duty during our inspection had a good understanding of the evacuation procedure.
- Staff were able to tell us what they would do in the event of an emergency. For example, a staff member said, "If someone falls, we make sure they are comfortable, call the ambulance, the nurse is called to do [observations] until the ambulance arrives. Sometimes a senior carer will do it and inform the nurse and the ambulance is called."

Using medicines safely

- The provider was managing medicines safely. We checked the process for ordering, storing and returning medicines and saw this was orderly and well-handled.
- The provider would benefit from further development of systems to assess people's pain when they received pain medicines on an as required basis. The provider told us they would address this.
- Staff did not always accurately record the administration of topical creams.
- Staff had a good understanding about how to administer people's medicines and, other than for topical creams, kept accurate records. A staff member told us, "I maintain the eight rights of medication administration, which are: Right resident, medication, dose, time, route, form, documentation and refusal."
- Relatives were pleased with the support family members received with their medicines. A relative said, "I do believe that they know what they're doing, just by making sure that the medicines are correct. They're doing a good job because my [family member's] health has improved, and they have helped [them] quite a lot."
- The provider ensured people's medicines were reviewed as required and had completed mental capacity assessments regarding medicine related decisions where appropriate.

Preventing and controlling infection

At the last inspection the provider failed to properly maintain a clean environment and was in breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

At the last inspection there were not enough staff deployed to meet people's needs. This was a breach of

Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18, however, the provider's improvement in this area was still ongoing.

- The provider assessed people's needs and arranged for enough staff to be on duty to support them safely. Rotas we reviewed confirmed that staff at the service during the inspection matched the provider's assessment. The provider told us they are recruiting more care and nursing staff to sustain their work in this area and ensure staffing numbers were robust.
- Staff felt they were over-stretched. One staff member said, "We are short of staff sometimes, my colleague said they were the only person working with 24 people because a staff member called in late. The management came to help but a lot of staff are complaining about staff shortages."
- Staff told us being short staff impacted on their ability to complete paper-based tasks, particularly at night. A staff member said, "No, definitely not [enough staff]. They don't complete their tasks. You can tell they are always short-handed. If you don't have enough staff you won't have enough time. You do the best that you can." We saw that food and fluid charts were not always fully completed during the night as required. Instead the records were completed during the day and discussed at daily meetings to help ensure people were well hydrated.
- Feedback from relatives about staffing levels was mixed. Some relatives told us staff were very busy, particularly at weekends whereas other relatives told us there were enough staff at the service. However, relatives from both groups told us that staff came quickly when their family member needed help. A relative told us, "They're always very busy at weekends and they tend to leave people in the chairs. [My relative] says that they are short staffed... Yes, the staff are quick to help if you need them." A second relative said, "No, it's the one thing, there are staff running around and I have never seen them once sitting and having a chit chat with the residents. They are definitely short staffed at the weekend. The staff come as soon as possible to help if needed, but the staff are very busy." Positive comments included, "To my knowledge, there are enough staff: they are very quick to pick up the phone when we ring." Another relative stated, "There seem to be enough staff, and they know him well."
- During the inspection we observed staff were unhurried and responded to people's needs. We attended a daily meeting where management checked on staff response to call bells and found all were responded to within an acceptable timeframe to safely support people.
- The provider conducted recruitment checks to see if staff were suitable for working in the caring profession, such as obtaining references and criminal record checks. The provider had a system to routinely check staff's professional qualifications to ensure they were qualified for clinical roles.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider was not always identifying and records incidents and allegations of abuse. This was a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had effective systems to safeguard people from the risk of abuse. People's relatives told us their family members were safe while living at the service and staff made changes to keep people safe. One relative said, "[My family member] is safe because of the carers. [My relative's] condition has deteriorated, but the carers are really good at reassuring [them]. The carers check on [my relative] regularly. A second said, "Yes, [family member] did have a fall two months ago, but they are now safeguarding [them]."
- Staff told us they understood how to recognise abuse and knew how to escalate their concerns. A staff member said, "I will talk to the resident and talk to nurse in charge if I saw a bruise. I would report to the

nurse and nurse come straight away. If nothing is done I'd go to the manager." A second staff member said, "My duty of care includes safeguarding all our residents so if and when I would suspect any abuse I would inform the manager." A third said, "I'd report [concerns] to the nurse in charge. If nothing done id report to management. If management did nothing go to area manager. I can contact CQC and [the local authority] but I've never had to do that as nurse in charge always listens."

- Records confirmed the provider were keeping accurate records of allegations of abuse and reported these to external authorities as appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the provider was not following the principles of the MCA. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider had a system to ensure the service was following the principles of the MCA. People's relatives told us that staff sought people's consent before they carried out care tasks. One relative said, "They always ask for [my family member's] consent, even with [their] advanced dementia. They always tell [my relative] what they are doing."
- We found that consent was obtained before people received health procedures in line with the legal framework. Capacity assessments were made and where people did not have capacity to make the decision a best interests meeting was held or the decisions of relatives with lasting power of attorney for health and welfare were complied with as appropriate.
- Care records contained detailed information about how people showed they gave their consent to care when they had barriers to communication.
- The provider gave people choices, for example we saw that a person with capacity was supported to

access the community safely during the pandemic as they wished.

- Most care records we reviewed accurately captured the information needed to ensure consent to care and treatment could be obtained. The provider's internal inspections highlighted those that required improvement and included relevant actions to address gaps.

Staff support: induction, training, skills and experience

At the last inspection the provider was not supporting staff to have the right skills and knowledge for their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the right skills and knowledge to effectively carry out their roles. People's relatives told us staff were knowledgeable about how to support their family members properly. A relative said, "There is now a lot more training going on." A second relative told us, "They know what they're doing, for me they are doing a great job and they do what they have to do." A third relative said, "I would say they understand her condition and how to deal with it."
- The registered manager told us they implemented changes within the staff team to ensure that staff were experienced and able to competently carry out their roles. Staff we spoke with told us they felt very well supported by the team, and particularly the clinical lead. Senior carers who took on greater responsibility explained how they received additional training and support particularly around administration of medication and drafting care plans.
- Records demonstrated that training sessions were completed by a large proportion of the staff team and the uptake was closely monitored by the management team.
- Staff told us they were supported to take on more responsibilities over time and received regular supervision sessions where they could discuss their work. One staff member told us, "Supervision provides a safe and comfortable space to discuss what I may be doing right and improve on any failings."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At the last inspection staff did not treat people living at the service with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were treated with dignity and respect and the provider promoted people's dignity and diversity. Relatives told us the staff were caring. One relative said, "The carers were very nice when I visited recently. When [my family member] got tired, staff were respectful and kind." A second told us, "They are really, really kind. Mums face lights up when she sees them. I know that they are doing a really good job." A third relative said, "I have seen them holding her hand and engaging in conversation, smiling at her and she smiles back. She is well looked after and they do really nice things like paint her fingernails."
- Relatives told us that staff ensured people's privacy was maintained when they provided personal care and that people were well groomed. A relative said, "When they were assisting [family member] in the bathroom, I could hear how kind and gentle they were to [family member], when I was waiting outside." A second told us, "[Family member] is well cared for when [they are] bathed and they are very gentle with [family member]." A third said, "[family member] is always clean, even when staff do not know I am coming." And a fourth, "They did [my relative's] hair and sent a photograph and it meant the world to me."
- Staff told us they built up caring relationships with people by talking with them and their families. A staff member said that the best thing about working at the service were the people and their relatives.
- We observed staff interacting with people kindly and respectfully. We saw staff supporting people to adjust their clothes to maintain their dignity. People's care records included information about how to care for people kindly and about ways staff could support people's independence. A staff member told us, "Their independence is supported to enable them to do as much as they can do by themselves."
- Care records contained information regarding people's sexual orientation, religion and other protected characteristics so that staff would know how to embrace their lifestyles. Staff we spoke with told us they would treat everyone equally. This meant the service respected people's human rights to a family life and religion.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views enabling them to make decisions about their care. A relative

told us, "They always seek consent and treat her with dignity absolutely."

- We observed staff giving people choices about how they wanted care tasks performed even if they normally had a set preference, as they understood that people's preferences can change on the day or over time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection the provider had not ensured care met people's preferences, people's communication needs were not understood, and end of life planning was insufficient. This meant they were in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9, however, the provider's improvement in this area was still ongoing.

- The provider ensured care planning was tailored to the individual so people received personalised care in line with their preferences. Relatives told us they were involved in planning their loved ones care as appropriate. One relative said, "We talked a lot about my relative's wishes, and the manager was very interested in my views, and listened very carefully." A second relative said, "Yes, I am involved in the care plan, and I would go in and ask them without waiting for them to contact me first. However, they would also give me a call if there was anything that I needed to know. The care plan is looked after well."
- Relatives told us staff knew how to communicate with people in order to gain their views about what they wanted to happen. We observed staff effectively communicating with people during the inspection. Staff explained how they communicated with people who are non-verbal. One staff member said, "You can use pictures, sign language, gestures. You can write down and ask them to write down a response."
- Relatives told us that staff knew their family members well including their likes and dislikes. A relative said, "[Family member's] room is very personalised which the manager encourages. The staff are very responsive."
- Care records were updated to include health professional's treatment plans and when their support needs changed. Reviews of care were clear and up to date. Relatives told us they were kept up to date about any changes. One relative said, "Staff always consult me. They tell me what is going on."
- Staff told us they understood how to deliver person-centred care. One staff member said, "People are involved in their care... which empowers them to have control over their care."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had improved their range of activities available to people at the service as they recognised

previous activities on offer were dull. The activity coordinators were enthusiastic, and the deputy manager had plans to continue to improve people's experience of living at the service, particularly for those people living with dementia.

- Feedback about activities from relatives was mixed. One relative told us, "There is karaoke and there is singing and they include [family member]." Other relatives told us they would like to see a broader range of activities and food on offer for their family members but told us improvements in this area had begun. One relative said, "There are activities such as tasting activities and they made different flavoured yoghurts using fresh fruit. I'd like to see more activities to be honest, there is room for improvement. There is music and playing catch with the ball."
- Records confirmed activities such as flower arranging and gardening had been started. We observed people engaging in activities and using the garden during the inspection.
- The maintenance team were involved in supporting people to follow their interests by putting bird feeders outside windows of people who had expressed an interest in birds and wildlife.
- A person who used the service had been on the interview panel to hire a new chef. The chef told us they understood people's cultural and dietary requirements. An internal audit had highlighted that food from a specific culture should be for those intended rather than used in meals for everybody in the home.
- Relatives told us the provider had supported them to maintain contact with their family members during periods of lockdown and isolation through the use of video calls and the provider sanitised presents relatives gave to people during religious holidays so that they could celebrate while preventing the spread of infection.

Improving care quality in response to complaints or concerns

- Complaints were well managed. The provider had a system to collect people's concerns and address. Complaints we reviewed had been dealt with satisfactorily. Staff told us they would take concerns seriously. One staff member said, "You have to write it down and let your supervisor know and you need to follow it up and go back to the resident to let them know if their complaint has been addressed."
- People's relatives told us they knew how to complain and felt confident to do so. One relative said, "If I have any concerns, the staff are very responsive." A second relative said, "[My family member] would complain if she was not happy."

End of life care and support

- The provider understood how to plan for people's care at the end of their life. Staff were supported by an adequate policy and procedure. There were no people receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection the provider had not ensured the service was well managed. This meant they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, the provider's improvement in this area was still ongoing and improvements need to be sustained as the number of people living at the service increases from under half occupancy.

- People and their relatives experienced an inclusive and positive culture within the service. People's relatives told us they felt listened to and staff would always be willing to make changes to provide the best care for their family members. The provider had systems in place to engage with people and relatives and adapted the running of the home to suit them. One relative said, "I spoke to the nurse and she came and saw my mum and action was taken."
- Conversely, staff feedback about the culture at the service was mixed and not all staff felt they were heard and respected. One staff member said, "they need to involve and listen more to concerns that we as staff have and be able to provide constructive solutions and not just imposing what they think is right for us without involving and listening to us." A second staff member said, "[The registered manager] has to give respect to staff when they are working." A third member of staff said, "[In team meetings] they bring out and address issues to do with care. I think the language that is used is sometimes belittling."
- After the inspection, we saw evidence of a notice for staff which included inappropriate language.
- Positively, other staff reported they found the registered manager approachable and were pleased with the improvements that the management team had made at the service and in care delivery. One staff member said, "Things are going brilliantly, I must say the manager has come and given us so many ideas. The registered manager had given us a push, I don't want to leave here." A second staff member reported, "I feel and see that [the registered manager] has a wonderful vision for the home and is striving to get there. [The registered manager] is a strong [person] and although her delivery may at times not suit the listener - her intentions are good and has elevated Mornington Hall." A third told us, "Yes, I feel supported. My manager is committed to delivering quality, person-centred care. [They] respond promptly to complaints."
- The management team told us they had implemented many changes at the service to improve people's care and they were instilling new values at the service such as, making all staff accountable for care, having a proactive staff team and to continually learn from mistakes and external professionals. The management

team told us they wanted staff to lead by example and set a high standard of care delivery. The registered manager understood their responsibility to be open and honest when things go wrong and to report incidents to the relevant authorities.

- The provider had carried out a staff survey and were aware that staff morale was mixed and had begun work to address this concern but more work was needed in this area.
- During the inspection we observed staff taking pride in their work and they were very open to suggestions to improve care. Service newsletters we reviewed contained a regular 'carer appreciation slot' and daily meetings were well attended and structured to give an accurate appraisal of people's daily needs.
- People's relatives told us they were pleased with the service's communication and found the management team approachable. One relative said, "The manager is very approachable. I have no concerns whatsoever about care. I have not one bad word to say." A second said, "When I ring they answer very quickly." A third told us, "Yes, they have resident meetings...They ask things like, 'how is everyone being looked after?'"

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

- The new management team had clear roles and knew how to monitor the quality of the care delivered to people. There was a new registered manager, clinical lead and deputy manager in post since the last inspection who worked well as a team and had made many improvements at the service as well as responding to the challenges posed by the pandemic.
- Relatives told us the management team worked well. One relative said, "I think that they have done a brilliant job in very difficult times and I think that the new managers are doing very well." A second relative said, "From what I see of the staff I think that yes, it is well-run and they are very professional."
- The management team checked the quality of staff work and the clinical lead provided good support to the clinical team. However, there were no formal spot checks or management work during the night to ensure staff felt well supported out of core working hours.
- Staff feedback about improvements were mixed with some staff reporting improvements had not been felt due to the need of more staff. One staff member said, "I think there is room for improvement, we are hoping things would improve better and we will have more staff." Positively a staff member told us, "There has been a lot of improvement in the home regarding quality care, person centred care plans, kitchen service and documentation."

We recommend the service seek guidance regarding management support at weekends and night times.

- The provider completed a range of audits to monitor the service including, medicines and care documentation audits. The provider had highlighted gaps in documentation and had a plan to address them.
- The regional team conducted inspections and findings were used to improve care in areas such as Deprivation of Liberty Safeguards and risk assessments.
- Relatives told us their suggestions are used to improve care. One relative said, "They ring me up every month and tell me what they are doing. So they do involve me."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with stakeholders to continually learn and improve people's care.
- The local authority had conducted monitoring visits and had noted improvements had been made at the service and communication between them and the service was good.
- The service held monthly multi-disciplinary team meetings including the GP, a mental health doctor, a palliative nurse and rapid response team to assess all residents and create treatment plans as necessary.

The registered manager told us they had a good working relationship with district nurses.

- Records showed that people received the right medical support at the right time such as the involvement of speech and language therapist and tissue viability nurses, the diabetic team and the optician.
- Relatives were pleased with the support. One relative told us, "They listened to me when I said that my [family member] wasn't well, and I questioned as to whether [they] had [an infection]? They checked it out and got a doctor." A second said, "There is a nutritionist involved, and [my family member] is now on soft food." A third said, "They do a good job, and they know what they are doing. There have been big changes now and the changes have been felt for the better."