

Inspire Residential Care Limited

Morvern Care Centre

Inspection report

11-13 South Promenade
Thornton Cleveleys
Lancashire
FY5 1BZ

Tel: 01253852297
Website: www.morverncare.co.uk

Date of inspection visit:
22 April 2021

Date of publication:
04 June 2021

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Morvern Care Centre is a residential care home registered to provide accommodation and personal care for up to 60 people aged 65 and over. At the time of inspection there were no people living there.

The care home comprised of three hotels converted into a residential accommodation on three floors. There were three separate units, two of which had been joined to support people living with dementia.

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

This inspection identified continued substantial and widespread failings in respect of the environment; the premises and equipment and in respect of fire safety arrangements. Systems and processes had not been considered and improved in preparation to reopen the premises.

Whilst action had been taken since the September 2020 inspection, no further action had been taken since people were relocated in December 2020. The premises had been assessed in January 2021 for fire safety, however the risk remained substantial and was inhabitable at the time of this inspection.

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 24 November 2020) and there were multiple breaches of regulation. At this inspection we found some actions had been addressed however the provider remained in breach of regulations.

Why we inspected

We undertook this targeted inspection to review the current situation at Morvern Care Centre following two inspections at the location in September and December 2020. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches at this inspection in relation to safe care and treatment, premises and equipment and good governance.

Since the inspection visit to Morvern Care Centre on 22 April 2021, there has been a change to the provider's registration with CQC. CQC has cancelled the provider's registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. 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 effective?

At our last inspection we rated this key question inadequate. 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 well-led?

At our last inspection we rated this key question inadequate. 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

Morvern Care Centre

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check the provider's progress in ensuring the location was safe and fit for the purpose intended. A joint visit was undertaken with three Fire Safety inspectors from Lancashire Fire and Rescue Service.

Inspection team

The inspection was undertaken by two inspection managers.

Service and service type

Morvern Care Centre 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. As there were no people living at the home at the time of inspection, we only looked at the premises.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not employed by the provider at the time of our inspection.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be able to support the inspection by allowing us accompanied access to the premises.

What we did before the inspection

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 three members of staff and viewed the premises.

After the inspection

We spoke at length with the nominated individual to validate evidence found. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check the provider's progress in ensuring the location was safe and fit for the purpose intended.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At our inspection in September 2020, we identified significant concerns in relation to the nurse call bell system and sensor mats. We could not be assured these were fully operational and effective. Following the inspection, the provider installed a new call bell system and purchased new sensor mats. We saw these in situ at this inspection. The system was not fully operational, although it is noted the premises were not occupied at the time of inspection.
- At our inspection in September 2020, we noted equipment in the home was not suitably maintained to ensure it could be effectively cleaned. We found one bed rail which had significantly corroded. This could impact upon cleaning processes. Also, we identified not all mattresses were clean and free from stains. The provider told us all mattresses that needed replacing had been. At this inspection we saw new beds and mattresses were in situ, however not all. We saw older mattresses and a bed lever which were stained.
- At our inspection in December 2020, we reported there was serious risk to people's lives from fire. This was because the provider's arrangements for fire safety management was inadequate. At this inspection we were provided with a copy of the latest fire risk assessment dated 7 January 2021. The risk was assessed by an external professional as, 'substantial'. The assessment noted, 'all aspects of the home were, in general, found to be inadequate. The fire alarm system was not considered to be suitable and sufficient.'
- During this inspection, we walked around the premises which confirmed the findings of the fire risk assessment and evidenced the environment and systems in relation to fire had not been upgraded by the provider following receipt of fire risk assessment completed in January 2021.
- During our visual inspection of the building we noted the fire alarm had not been replaced and a significant number of the fire doors remained ill-fitting or unable to close automatically and not suitably maintained. This would allow the rapid spread of smoke and fire. We noted evacuation routes had not been reconsidered and were not safe.

This remains a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- New clinical infection bins had been purchased and were available throughout the premises.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check the provider's progress in ensuring the location was safe and fit for the purpose intended.

Adapting service, design, decoration to meet people's needs

At our inspection in September 2020 the provider had failed to ensure the premises and equipment were suitable for the purpose for which they were being used. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- At our inspection in September 2020 we identified significant concerns related to the maintenance and upkeep of the premises. Concerns included patches of damp, wallpaper peeling off walls, water leaking into the building, a faulty window, flooring in communal areas needed replacing and two bathrooms were out of use. Following the inspection, the provider took action to repair the roofing, replace flooring in the communal areas, redecorate rooms and fix faulty windows.
- During this inspection, we walked around the premises and again identified significant concerns related to the maintenance and upkeep of the premises. Not all bathrooms were able to be used and a Parker bath noted as being condemned had not been replaced. Damp was evident in one room we saw that had been redecorated. Further significant water damage was noted in a number of bedrooms. This was as a result of roof damage in two areas. Windows were seen to be ill-fitting and not all were restricted adequately from opening fully.

This remains a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our inspection in December 2020 the provider had failed to ensure had appropriate training in fire safety and evacuation procedures. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At our inspection in December 2020 we found training for staff in fire safety and evacuation procedures was inadequate. People were not safe in the event of a fire or a fire alarm sounding at Morvern Care Centre.
- At this inspection we were provided with a copy of the latest fire risk assessment dated 7 January 2021. The assessment noted, 'Fire drill and training records are not up to date and substantial training will be required before the building is open to residents.'
- We spoke with the provider, who explained that whilst there was no-one living at the location, a number of staff were still employed. The provider told us staff training would be undertaken on completion of the alterations to the premises and new systems and processes were introduced.

This remains a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check the provider's progress in ensuring the location was safe and fit for the purpose intended.

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

At our inspection in September 2020 we found widespread and systemic failings throughout the service. At our inspection in December 2020 we found substantial and widespread failings in respect of fire safety arrangements and in the governance of the service to prevent, identify or address these shortfalls. This posed serious risk to life.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered provider did not fully understand their legal obligations and regulatory responsibilities.
- This inspection identified continued substantial and widespread failings in respect of the environment; the premises and equipment and in respect of fire safety arrangements. Systems and processes were not in place to reopen the premises.
- Whilst action had been taken since the September 2020 inspection, no further action had been taken since people were relocated in December 2020. The premises had been assessed in January 2021 for fire safety, however the risk remained substantial and was inhabitable at the time of this inspection.
- Prior to this inspection we asked the provider to view documentation at the inspection visit, which would demonstrate improvements to a range of records, policies and procedures since the inspections in September and December 2020. We were informed relevant personnel were not available during the visit to assist with this. We noted when walking around the premises during the visit, documentation was not appropriately stored. We saw boxes of archived paperwork but also saw documentation scattered in offices, staffing areas and saw unclaimed personal belongings of people no longer living there.
- We spoke at length with the nominated individual following the inspection. Documentation was requested to be submitted by the provider, however due to a change to the registration status since the inspection, this has not been provided.

This remained a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises and equipment were suitable for the purpose for which they were to be used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Substantial and widespread failings in respect of fire safety arrangements and in the governance of the service to prevent, identify or address these shortfalls.