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

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

People's experience of using this service:

The service had deteriorated in some areas since our last inspection.

People's medicines were managed safely and properly. However, protocols were not in place for medicines where a variable dosage could be administered or medicines for use 'as and when required'. There were areas of the home and items of furniture that did not meet infection prevention and control guidelines. People received personalised care that was responsive to their needs and preferences. However, we found care plans were not always accurate and up to date. We received mixed feedback about staffing levels from people who used the service and staff. People's capacity to consent had not been assessed in line with legal requirements. There were areas of the home which required maintenance and decoration. The provider had auditing systems to ensure they met legal requirements. However, these had not identified the shortfalls we identified during our inspection

We received positive feedback from people about Morvern Care Centre. People told us it was safe and that staff were kind and treated people well. Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence. People had opportunity to access a range of activities including access to the local community. Staff had built positive caring relationships with people they supported and their families. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. We received positive feedback about how the service was managed.

More information is in the full report.

Rating at last inspection: Good (Report published 20 July 2017).

About the service: Morvern Care Centre is registered to provide care for up to 60 older people. It is situated on the promenade in Cleveleys. The home is a large converted hotel which is split into three distinct areas; one residential and two for people who are living with dementia. Lifts provide access to each floor. There is a communal lounge and dining area in each part of the home.

Why we inspected: This inspection was brought forward due to concerns raised by the local authority about the environment and infection prevention and control issues.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our effective findings below.

Is the service caring?

Good

The service was caring

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our well-led findings below.

Morvern Care Centre

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by two inspectors and an expert by experience. The expert by experience had experience of caring for people who use this type of service.

Service and service type: Morvern Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager is a registered person. 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.

Notice of inspection: The inspection was unannounced on the first day and announced on the following day.

What we did: Before the inspection we checked information that we already had about the service and completed our planning tool. We looked at notifications from the provider and sought feedback from the commissioning department at the local authority. Notifications are specific events that the provider is required to tell us by law.

During the inspection we spoke with seven people who used the service, two people's relatives and a person who was visiting their friend. We spoke with nine staff, including the deputy manager and the registered manager. We also gained feedback from a visiting healthcare professional during the visit. We reviewed three staff recruitment records, staff training records, eight people's care records, medicines records and records related to the management of the service.

Details are in the key questions below.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were not consistently safe and protected from avoidable harm. Some regulations may or may not have been met.

Systems and processes
- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.
- People we spoke with told us they felt safe. Comments included, "Oh god yes, I feel perfectly safe." And, "I definitely feel safe."

Using medicines safely
- Staff were trained and administered medicines safely. Staff practice was observed to ensure they were competent.
- The provider had introduced daily, weekly and monthly checks on medicines to ensure they were managed safely and properly.
- Medicines administration records were accurately maintained.
- However, we found the provider had not ensured guidance was in place for staff regarding the use of 'as and when required' medicines, or medicines where dosage was variable. This is important information to have available for staff, particularly when people are unable to communicate their needs.
- We discussed this with staff who administered medicines. They were able to tell us how they decided whether people needed medicines and how much to give. However, this had not been recorded.
- We recommend the provider seeks and implements best practice guidance in relation to protocols for 'as and when required' and variable dosage medicines.
- People could choose to manage their own medicines, if they were able, and were supported to do so.

Assessing risk, safety monitoring and management
- The service assessed risks to people's safety and well-being. Plans were put in place to lessen risks. This included risks associated with health conditions, mobility and nutrition, for example.
- Staff were familiar with people's needs and plans to manage risk.
- The service had a system to record and analyse any accidents or incidents. This helped to identify and trends or themes. The registered manager referred people to external agencies for guidance and support when required.

Staffing levels
- During our inspection, we saw there were sufficient numbers of staff to meet people's needs. However, we received mixed feedback about staffing levels. One person told us, "Yes I do think there is enough staff."

Another person said, "There is probably enough [staff] but when they are off sick there isn't." A further person commented, "Yes [there are enough staff], but on some occasions, they are down to one or two members of staff."

● We also received feedback from staff that there were often shifts where the home was short-staffed, due to staff illness or if staff accompanied people to hospital, for example.

● We discussed this with the registered manager who told us nobody had raised any concerns about staffing levels. They went on to tell us they felt the home was sufficiently staffed, but had begun to implement a dependency calculation tool, which would enable them to assess staffing levels more accurately, based on people's needs.

● Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Preventing and controlling infection

● Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.

● We observed, and people told us staff practiced good infection control measures.

● However, there were areas of the home and items of furniture that did not meet infection prevention and control guidelines. These had been identified during a recent audit by infection control professionals and the registered manager was taking action to address the concerns.

Learning lessons when things go wrong

● The management team reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.

● Discussions took place to make improvements and ensure the service learnt from any incidents that occurred.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they 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.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- The home supported a number of people who were living with dementia. We saw the service had not ensured assessments of people's capacity to consent were carried out when someone had an impairment of the brain or mind, before decisions were made on their behalf. Additionally, the process and discussions around decisions made in people's best interests were not recorded. This meant staff had not followed the MCA code of practice.
- This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).
- Where people were restricted, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

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

- People were supported to make their own room homely with their own belongings.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. The home is split into three distinct areas, each of which had its own lounge and dining room.

● When we looked round the home, we saw there were several areas which required maintenance and areas where re-decoration was required. This included, for example, ceilings which had been water damaged from a leak in the roof, paint scuffs around the walls and skirting and damage to flooring. Additionally, there were some items of furniture which were torn and had sharp edges and staples protruding. We discussed this with the registered manager. They explained these issues had been identified during a recent audit carried out by infection control professionals and they had produced an action plan to address the issues.
● Shortly after our inspection, we received confirmation from the registered manager that a decorator had been employed to attend to the areas of the home that were highlighted and new furniture had been ordered to replace those items which were damaged.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Peoples needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
● Care plans were person-centred. Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.

Staff skills, knowledge and experience
● People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. Comments we received about staff included, "They are very knowledgeable and very loving." And, "They are very good."
● Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

Supporting people to eat and drink enough with choice in a balanced diet
● We received consistently positive feedback about the meals provided by the service. Comments included, "The meals are very nice! They always ask what you want and there is always an alternative." And, "My goodness yes, I do like the food and they like us to drink a lot."
● People's dietary needs and preferences were recorded in their care plans. The menu was changed seasonally and to suit people's preferences. This was discussed with people who lived at the home before changes were made.
● People were supported by staff to maintain good nutrition and hydration.
● People's nutritional intake was monitored by staff and advice sought from external professionals as appropriate.

Staff providing consistent, effective, timely care within and across organisations
● Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
● Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "I get on with all of them. I can have a bit of joke with them too." And, "They are a good lot of girls here. It is a very difficult job but they are very competent."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- People told us, and we observed, staff knew their preferences and used this knowledge to care for them in the way they liked.
- We observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. People told us they were able to influence the care provided to them.
- People and their relatives were invited regularly to review the care provided, in order to gain their views. We saw the service supported people to access advocacy services where required. An advocate is an independent person who can act to ensure any decisions are taken in a person's best interests when they do not have anyone else to support them.
- People said staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- People's confidentiality was respected and people's care records were kept securely.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met however were not always recorded. Some regulations may or may not have been met.

Personalised care
- People were empowered to have as much control and independence as possible.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, how people preferred to spend their time and whether they had a preferred name.
- However, we found care plans were not always accurate and up to date. For example, we found plans to support two people, whose behaviour could challenge the service, were missing. We also saw documentation was not always reflective of people's current circumstances. For example, some plans referred to glasses, hearing aids and mobility aids that were no longer used by the person. It is important that records about people's care are kept up to date so that all staff have guidance about how to care for the person.
- We also found records related to the care people had received, such as pressure area care, were not always completed consistently and accurately.
- When we discussed people's needs and preferences with staff, they were able to describe in detail the steps they took to support people, however these were not always recorded.
- We discussed this with the registered manager who gave us assurances they would address this through staff meetings and training on the importance of maintaining accurate records.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community.

Improving care quality in response to complaints or concerns
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and monthly resident's meetings, along with day-to-day conversations between staff and people who lived at the home.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support
- People were supported to make decisions about their preferences for end of life care. Staff empowered people and relatives to develop care and treatment plans for end of life care.
- Staff were aware of good practice and guidance around end of life care and understood people's needs, including any religious beliefs and preferences.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.
- External healthcare professionals were involved as appropriate and specialist equipment and medicines

were made available to ensure people were comfortable and pain-free.

● However, we saw written plans around end of life care were inconsistent. For example, one person's end of life care plan was person-centred and gave staff a good level of information about how to support the person. Whereas another plan we looked at simply provided a description of what palliative care was, rather than how to support the individual person, their needs and preferences.

● We discussed this with the registered manager who gave us assurances this person's plan would be reviewed immediately.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. Comments about the management of the service included, "Yes I do [think it is well managed]." And, "Yes, but there are a few things that need sorting out – it has not been decorated in four years."
- The provider had auditing systems to ensure they met legal requirements. However, these had not identified the shortfalls we identified during our inspection, such as the lack of capacity assessments and best interests recording, care planning and records of the care people had received not always being up to date and accurate. Additionally, the lack of protocols for 'as and when required' medicines and issues with the environment and infection control had not been identified by the provider's own systems.
- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).
- Staff understood their roles and responsibilities and had confidence in the management team.
- There was good communication maintained between the management team and staff.
- Staff felt valued and well-supported by the management team.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff

- People and their relatives told us they were encouraged to comment on care plans and feedback to the management team through regular review meetings. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- The registered manager told us they used to use satisfaction surveys as a way of gaining people's feedback. However, they had found very few people or their relatives completed the surveys. As a result, they were looking into how to gain this feedback, alongside other methods they used, such as review meetings

and resident's meetings. They had begun to use satisfaction surveys which linked to a well-known care home website and had received some positive responses.
● Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care
● The management team were keen to ensure a culture of continuous learning and improvement.
● The management team positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about which activities they preferred, what foods they would like to see on the menu and what activities they would like to see provided.

Working in partnership with others
● The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured assessments of people's capacity to consent were carried out as required. Decisions made in people's best interests had not been recorded. The service was not working in line with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems to assess, monitor and improve the service had not been operated effectively. Records in regard of each service users were not always accurate and contemporaneous.