Wellesley House Limited

Mornington House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Mornington House is a small care home registered to support people with learning disabilities or autistic spectrum disorder and can accommodate up to 8 adults who need support to live independent lives. Bedrooms are situated on the ground and the first floor and a lift is fitted for people who have mobility problems.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of the inspection there were 8 people receiving a service. The service refers to people who use the service as "service users" so we will refer to them as such throughout this report.

There was an appropriate safeguarding policy and procedure in place and staff had received training and were clear about their roles when asked about this during the inspection visit.

Staff were recruited through a robust procedure and there was a settled team in place with a low turnover of staff.

Medication was administered safely with clear systems and procedures in place. Service users were encouraged to manage their own medication where appropriate and this was monitored and reviewed to ensure that it was appropriate.

Service user's care and support needs had been thoroughly assessed. Care plans demonstrated the service user's involvement and were written in line with their needs and this was acknowledged by the service users that we spoke with during the inspection visit. The service was flexible and care plans could be altered to suit the persons changing needs.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA). Service Users were supported to have maximum choice and control of their lives with the right balance between empowerment and protection.

Service users told us the staff team were kind and friendly and that they were involved in the planning of their care and support and in reviews about this.

The service produced a welcome pack which included information about the service.

There was a human rights policy in place and service users reported being treated with dignity and respect and this was also observed as being integral to the service during the inspection.

Service users were supported to follow their interests and hobbies, both in the home and in the community. This was evident in both the care plans and what service users told us.

There was a relevant complaints procedure that was accessible. There had been no recent complaints. The service had received a number of compliments from service users and their families.

There was a strong management structure in place that was visible and accessible. Staff felt supported by the management team and reported a high level of job satisfaction. Staff supervisions and meetings were held on a regular basis and encouraged an open learning culture.

Service user feedback was sought regularly including before every service user meeting.

Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

The service was committed to partnership working and is involved in local groups where best practice and learning are shared between providers in the local area.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Mornington House

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 was a comprehensive inspection. The inspection took place on 2 May 2018 and was unannounced.

The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Rochdale Local Authority commissioning team and the local safeguarding team to find out their experience of the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and social care. This was to gain their views on the care delivered by the service. We did not receive any negative comments.

During the inspection we spoke with a registered manager, the deputy manager and three members of staff. We spoke to three service users and looked at four care plans. We looked at three staff personnel files, training records, staff supervision records, service user satisfaction surveys, meeting minutes, records of audits and other documents related to the inspection.

Good

Is the service safe?

Our findings

There was an appropriate safeguarding policy and procedure in place. Staff had received training and were confident about recognising and reporting any concerns. Staff were able to give examples, demonstrating their understanding of safeguarding procedures, when asked about this during the inspection visit. Service users reported feeling safe and safeguarding was discussed with them routinely. There had been no safeguarding notifications in the year leading up to the inspection.

There was a good fire risk assessment in place. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept at the front door making information accessible should there be an emergency. All safety equipment safety checks were in place and up to date and all equipment was maintained appropriately.

Accidents and incidents were recorded appropriately.

Individual risk assessments were completed and held in service user care files. These were reviewed regularly and updated as required when changes occurred or on a monthly basis. The four care plans we looked at had been reviewed in January 2018. The risk assessments covered all aspects of care including personal care; holidays; epilepsy; activities and finances. Staff had signed to say they had read the assessments, including what the risk was, how to minimise it and the desired outcome.

Positive risk taking was evident when we talked to staff and information about this was also recorded in individual care plans. There was a clear focus on maximising service user independence. One service user was initially at risk when going out alone. However, after receiving training and passing a road safety course was now able to go out unescorted.

Staff were recruited using a robust procedure and we saw, in the staff personnel files we looked at, that all relevant documentation was kept within the files, including an application form, employment history, two professional references, proof of address & identity and Disclosure and Barring Service (DBS) checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks will help to ensure people are protected from the risk of unsuitable staff.

Medication policies and procedures were in place and there were weekly audits to monitor stock and the administration of medication. Medications were locked away securely and service user specific medicines were stored individually. All staff had been trained appropriately. There were also records of staff audits, where staff had received updates and competency checks on the National Institute & Clinical Excellence (NICE) Guidelines, the medicines procedure and what to do if there was a medication error. We examined medicines administration record (MAR) sheets and these were all complete, clear and legible and up to date.

Personal protective equipment (PPE), such as plastic aprons and gloves, were in plentiful supply. There was an up to date infection prevention and control policy and procedure in place and all care staff had received

appropriate training. There was also a recent infection, prevention and control audit from the local council with no significant concerns reported.

Good

Is the service effective?

Our findings

Service users were positive about their experience of the service and reported that the staff were both caring and kind.

Care staff had undertaken a thorough induction programme based on the Care Certificate, which is a set of standards that health and social care workers are expected to adhere to in their daily working life. Induction, training and supervision were on going in the three files we reviewed and the organisations training matrix was detailed and contained a wide range of relevant training. Staff had the opportunity to shadow other more experienced staff until they felt competent and staff said they were able to bring up training issues during supervision. Supervision was every two months, appraisals once a year, a medicines competency check at every supervision and a more thorough competency check every year.

Lunch was relaxed and a pleasant experience. People were either eating what was prepared, making their own or being supported by staff to complete their own meals. People could get a drink when they liked and made their own and also made one for the second CQC Inspector. There was a communal atmosphere at all times and lots of chat and positive interactions between staff and service users. Care plans were clear about any nutritional needs and people shopped for fresh food daily and weekly or as required. Fresh fruit and vegetables were available and there were plenty of supplies and good choice in what was provided.

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

We checked whether the service was working within the principles of the MCA. We saw that consent forms were signed as required. These were for issues such as agreement to care and treatment, reviews, administration of medicines and sharing of records. Mental capacity was assessed and we saw guidance around best interest decision making for staff to follow. All DOLS paperwork was in place and there was a clear system to keep it updated. Staff had received training and were able to give examples of where they supported people to maximise their independence and autonomy.

Good

Is the service caring?

Our findings

A service user guide and brochure detailed information about the service. This was available in an easy read format and contained information on what the service provided, the aims and objectives and how to complain.

The three service users we met with spoke highly of the staff. Two said that the staff were, "caring and kind" and a third service user stated that they "loved it here" and that the staff were "kind". We observed that staff were friendly and helpful towards service users throughout the visit. It was clear from our observations that staff knew the residents very well and they were inclusive in all their conversations with them. People were asked what they wanted to do and gave their consent before being assisted. One resident decided to cancel their activity because they were enjoying the inspection, for example.

Detailed service user questionnaires with thirty six different prompts were used on a two monthly basis before every service user meeting. These were completed regularly and included questions about people's rooms, food and drink and if they felt respected by staff. We also saw Christmas cards from four relatives dated 2017 with one stating, "Keep up the good work, you are the best home in the borough".

The service had comprehensive care plans that demonstrated service user involvement. They showed different communication techniques in use for people including easy read formats. These methods helped service users to be involved and to understand their care plans. Service users reported being involved in their care during the inspection and were confident that staff would listen if they needed to change aspects of their care.

We spoke with three staff members about their roles and they all reported a high level of job satisfaction. All three staff members demonstrated a caring and compassionate approach to their roles. One staff member told us the aim of their work objectives is to make things better for the residents and that Mornington House is the resident's home first and the staff's place of work second.

Good

Is the service responsive?

Our findings

The information held within service user care files was detailed and person-centred. People's support needs had been thoroughly assessed and care plans were written in line with people's needs. It included background history, communication needs, consent and details of individual's family and friends. There was information about peoples preferred routines, likes, dislikes and choices. These were presented in a pictorial format. It was clear through the information in the care plans and through talking to service users and staff that people were supported to pursue their interests and hobbies. There was a good variety of activities which were suitable to each person's needs. This included swimming, drumming, Zumba, football matches and art classes.

The service was flexible and could be altered to suit individuals changing needs. We saw documentation of changes in circumstances and abilities and there was evidence that the service endeavoured to fit the service around people's new requirements. The staff team took positive risks to maximise independence. Peoples care plans were proactively reviewed and updated as changes occurred, or routinely, to help ensure the service was up to date.

A record of how to complain, in an easy read format, was in the service user welcome pack, in people's care plans and was discussed before every service user meeting. The service users we spoke with were aware of how to complain and stated that the staff listened to them and would change their care and support when required. The service had received no complaints in the previous year. Service improvement was a central theme in the service user meetings and they were routinely asked about this in the pre-meeting survey.

We saw good evidence of end of life planning. In one example, a service user had specified that they wanted to stay at Mornington House, to be cremated and wanted a headstone, a remembrance book and a tree planted in their memory.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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 statement of purpose set out the aims and objectives of the service in a clear and concise way. All the staff we spoke with demonstrated a good value base.

We spoke with four staff members during the inspection and they reported feeling both valued and supported in their roles. There was a high level of job satisfaction and continuity where three of the four staff had been in post for over a decade. There was a strong management structure and staff felt well supported by all the management team. They reported that management are both fair and supportive. One staff member commented that, "They are fantastic with residents and have good relationships with families and local GPs". Another staff member commented that "Nothing is too much trouble for the owners and that they go the extra mile and that this strong value base permeates all the work that takes place in the home".

Senior management visited weekly and are visible and accessible to everyone. Staff supervisions and meetings were held on a regular basis and provided an opportunity for raising concerns, reflecting on practice and considering personal development needs. At these meetings any issues relating to care planning and the needs of each resident were discussed, as were infection control, fire safety and safeguarding. The team meeting minutes for April 2018 praised the staff for their "brilliant work". There is a regular managers meeting for the four projects owned by the provider, of which Mornington House is one and the manager at Mornington House had supervision every two months.

Audits and quality checks were undertaken on a regular basis by staff and the manager.

The service was committed to partnership working. Staff reported that they are proactive in accessing outside support including the Local Authority where required and are regular attendees at the Caring Together Forum attended by the Clinical Commissioning Group, the Local Authority and other care home providers. At the meetings best practice experience is shared and updates provided on changes to legislation.