

Epilepsy Society

# Morton House

## Inspection report

Chesham Lane  
Chalfont St. Peter  
Gerrards Cross  
Buckinghamshire  
SL9 0RJ

Tel: 01494601374

Website: [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

Date of inspection visit:

21 January 2020

22 January 2020

Date of publication:

26 February 2020

## 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

### About the service

Morton house is run by the Epilepsy Society. It is a residential care home providing accommodation and personal care to fourteen people. At the time of the inspection twelve people were living there.

Morton house accommodates fourteen people in one adapted building. People have their own bedrooms but share the communal bathrooms and showers. The service has a separate kitchen, dining area, sitting room and laundry room. The bedrooms are set over the ground and first floor. The bedrooms on the first floor can be accessed by a lift.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. Twelve people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs (apart from the house name), intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were happy with their care and felt safe. They had positive relationships with staff and got the support they required. Relatives felt confident people received safe care. They described the care as "Excellent and fantastic". A relative commented "We are very mindful and grateful for the care [family members name] gets. If only all people with similar needs could be so lucky". Another relative commented "We cannot thank everybody at Morton House enough for the care that [family members name] has received for all the years they have spent there. They consider it to be their home, is contented and happy and feels free to ask for anything they need or want".

Safe medicine practices were not consistently promoted. The issues identified were addressed during the inspection. We have made a recommendation for the provider to effectively monitor to ensure they are working to best practice in relation to medicine administration.

Systems were in place to safeguard people and risks to them were identified and mitigated. Accident and

incidents were recorded and reviewed to promote learning and prevent reoccurrence. The home was free from odour and had a homely feel to it. However, the home was outdated and no longer suitable for people's needs. The provider confirmed a refurbishment plan was in place with work scheduled to commence at the end of February 2020, to improve the service.

Systems were in place to audit the service. Actions from audits were not routinely signed off as completed. The registered manager agreed to do that to evidence the progress.

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. People's health and nutritional needs were identified, and they had access to other health professionals to promote their health, well-being and safety.

Staff were suitably recruited, although volunteers did not have all of the required records in place. The nominated individual agreed to address this. The service had an established staff team and continuity of care was provided. Staff were inducted and trained. Staff felt well supported but regular one to one supervision was not taking place. This had been identified by the service and was being addressed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff were observed to be kind, caring and had a good knowledge of people which enabled them to provide person centred care to people. They promoted people's privacy, dignity and encouraged their independence. People were provided with equipment to promote their independence.

People had person centred care plans in place which were kept under review and updated. People's communication needs were identified, and their end of life wishes explored. Some activities were provided, and people choose whether to get involved in them or not. Systems were in place to enable people and their relatives to raise concerns.

The service had an experienced manager. They supported staff on shift and empowered the staff team to develop and learn. Staff felt valued and worked well as a team to benefit people. People and their relatives were complimentary of the registered manager. A relative commented " The"[Registered manager name] is magic, he is absolutely dedicated and committed to the people living there".

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last

The last rating for this service was good (28 June 2017) .

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Morton House

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Morton house 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.

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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, team leader, two shift

leaders and three support workers. We observed staff interactions and engagement with people. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with them during feedback on the inspection.

We reviewed a range of records. This included three people's care records and four medicine administration records. We looked at staff recruitment files for two volunteers and for one permanent staff member. We also looked at evidence of recruitment and assessment of a staff member who had been promoted within the service. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, supervision data and quality assurance records. We sought and received feedback from professionals who regularly visit the service. We received written feedback from three relatives and spoke with four relatives.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Systems were in place to promote safe medicine practices. However, some aspects of medicine management could be improved to ensure safe administration of medicines. A person's medicine administration record (MAR) showed that on two dates medicine had been given to their family member to take out on day leave. This meant the medicine had been decanted from its original packaging which is not in line with best practice on medicine administration in care homes. The service considered the risks around this practice and agreed to speak to the prescribing Consultant to agree how best to manage the medicines for leave for that person.
- Guidance was in place on the use of "As required" medicines such as pain relief and medicines to control behaviours. One person was prescribed pain relief "As required". The MAR charts showed the medicine was being administered twice a day at the person's request. A risk assessment was in place in relation to the risks associated with this medicine and it was under review with the GP. However, there was no "As required" protocol in place to guide staff on why it should be administered. Staff were aware when it was to be administered and the registered manager agreed to put a written protocol in place to support the safe administration of that medicine.
- The service had identified some aspects of risks associated with medicines such as anticoagulants. However, the service had not considered the risks associated with the use of emollients. The risk of them acting as an accelerant (something that increases the speed and ignition intensity of a fire) had not been considered in line with the Medicines and Healthcare Products Regulatory Agency (MHRA) drug safety update 'Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients' issued December 2018. This was addressed during the inspection and communicated to staff.
- The service had systems in place to audit medicines management. However, those audits were ineffective and had failed to pick up the issues we found in relation to medicine management.

It is recommended the provider ensure staff work to best practice in relation to medicine management.

- Medicines were stored appropriately, and records were maintained of medicines ordered, received, administered and disposed of. Stock checks of medicines were completed to enable discrepancies in administration to be dealt with in a timely manner.
- People were assessed to establish the level of support required to take their medicines. Some people were self-administering their medicine with varying levels of staff support or supervision.
- Staff involved in medicine administration were trained and had their competencies assessed to enable them to administer medicine safely. Staff confirmed they felt suitably trained for the role. During the inspection we observed medicines being administered and other people self-administering their medicines.

People were asked if they were ready to take their medicines prior to their medicines being dispensed. They were then supported to take their medicines discreetly and safely.

#### Assessing risk, safety monitoring and management

- Risks to people were mostly identified and managed. These included risks associated with epilepsy, medical conditions, behaviours that challenged, personal care, moving and handling, finances, nutrition, life skills and community access. These were detailed, specific and kept under review and updated as people's needs changed. Alongside this pictorial guidance was provided on the use of specialist equipment to further mitigate risks to people.
- Staff were aware of people's risks and how to support people to minimise the risk of injury to them. We observed people were provided with the right support, equipment and intervention to minimise the risks.
- Systems were in place to promote a safe environment. An up to date environmental risk assessment was in place which outlined the risks to staff and visitors. During the inspection we observed free standing radiators in use in two bedrooms. Whilst the environmental risk assessment made reference to their use and risks the service had not considered the individual risks to people. This was addressed during the inspection and the risks to individuals considered and mitigated.
- People had a Personal Emergency Evacuation Plan (PEEP) in place. Fire and legionella risks assessments were carried out and actions from the fire risk assessment were being addressed. A fire officer visit report dated November 2019 indicated fire safety had improved and some recommendations were made to further enhance fire safety. The registered manager had liaised with the organisation's works department to consider what action they needed to take, and these were being signed off and explanations provided where action was not required.
- Equipment such as the gas, electric, fire equipment, hoists, and lift were serviced. Alongside this daily, weekly and monthly checks of the fire equipment were carried out. In house health and safety checks took place which included checks of equipment and the environment.
- The providers fire safety policy indicated that fire drills should be quarterly. The records showed a fire evacuation took place on the 23 July 2019 and the fire emergency plan was reinforced to staff in August 2019. A recent team meeting showed discussions had taken place in relation to fire evacuations and people were reminded of the fire evacuation procedure at their resident meetings. However, fire evacuations were not taking place at the frequency outlined in the providers policy which had the potential to put people at risk. After the inspection the nominated individual confirmed a fire evacuation had taken place and a tracker system had been put in place to enable the provider to monitor these were taking place across all locations.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. The service had safeguarding policies and procedures in place and information on safeguarding was made available on notice boards to people and staff. People told us they felt safe
- Staff were trained in safeguarding vulnerable adults. During discussion with us they confirmed they were aware of the action to take to safeguard people. Staff commented "If you see it, report it, check on person, talk to staff and talk to manager. I would have no hesitation reporting, even if in doubt I would report." and "The persons safety and well-being is my priority therefore, I would always report".
- Relatives told us they felt confident their family member was safe. A relative commented "I have no reason to think they are unsafe, they are well supported by a great group of staff".
- A record was maintained of all safeguarding alerts made and the Local Authority was informed as is required.
- Professionals involved with the service commented "Almost all the staff at Morton are very experienced, long term members of staff, who know all of the residents and their individual needs very well. They have

had to cope with a very volatile situation that put residents at risk. They dealt with it in a very proactive, sensible and sensitive manner which minimised risk to the residents involved".

### Staffing and recruitment

- Sufficient and suitably recruited staff were provided. The service had an established staff team with one staff vacancy. They used their own staff and bank staff to cover the vacancy, annual leave and sickness. The service occasionally used agency staff but their use was minimal.
- The rotas viewed showed five staff were on duty in the morning, four staff were on duty in the afternoon and two staff were on duty at night. There was a designated shift leader or team leader on each shift. The registered manager assisted on shift if required and the deputy manager worked a mix of shifts and administration days. The provider operated an on-call system and staff were aware how to access the on call and management back up if required. Alongside this the service had an administrator, cook and a cleaner.
- Staff felt the staffing levels were sufficient and they were able to respond to people in a timely manner. We observed staff were available to support people and they were responsive to call bells and requests from people. People described the staffing as "generally ok". A person commented "Staff always come to my assistance when I need it".
- Systems were in place to ensure staff, including volunteers were suitably recruited. Potential candidates completed an application form and attended for interview. Checks were carried out such as medical clearance, obtaining references from previous employers and Disclosure and Barring Service checks (DBS), which is a criminal record check. The provider confirmed two references were required for volunteers but in the two volunteer files viewed only one reference was on file and none of the volunteers had a photo on file. In one of those files we saw a request for a second reference was made but it was not followed up. The nominated individual agreed to address that with the relevant department.

### Preventing and controlling infection

- Measures were in place to prevent cross infection. The service had an Infection control lead. Staff were aware who that was. An infection control audit was completed quarterly alongside monthly hand washing audits.
- We observed staff used gloves appropriately during the inspection. They confirmed they were trained in infection control and had access to disposable protective items, such as gloves and aprons.
- The service had a cleaner and cleaning schedules were in place. The home was free from odour. Some aspects of the home required further cleaning, such as the skirting boards and wall areas which were stained by drinks. The Registered Manager agreed to address that.

### Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibility to record and report accidents/ incidents. Individual records of accident and incidents were maintained, reviewed by the manager and issues identified communicated to staff.
- Staff meeting meetings showed incidents were discussed to promote learning and prevent reoccurrence.
- The provider was proactive in cascading information to the registered managers to ensure issues identified in other locations managed by them promoted learning and where necessary new guidance was implemented.

# 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. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The organisation had a system in place to assess people and ensure compatibility with other people living at a service. Since the previous inspection the service had people who had transferred in from another location onsite. Some staff had transferred with them to promote continuity of care. The service had worked with the person and their families in reassessing their needs to ensure people's needs including their religious and diverse needs were identified and met.
- A relative told us that their family members transfer to the service went well and that was thanks to the effort made in preparing their family members room and the transition to the service.
- The provider had policies in place to enable them to work to the Equality Act 2010. Staff were trained in equality and diversity to enable them to effectively support people in line with the protected characteristics of the Equality Act.

Staff support: induction, training, skills and experience

- Staff were inducted and trained for their roles. The newly appointed team leader was working through their induction with the registered managers support. Staff new to care are required to complete the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. The service had one new staff member who had completed the care certificate induction.
- Staff told us they felt suitably trained to do their job and they had access to regular training. Shift leaders and the team leader told us they had specific training for the role and management training was available to team leaders.
- Staff were trained in areas considered mandatory by the provider. This included first aid, health and safety, infection control, fire safety, safeguarding of vulnerable adults, epilepsy awareness, and positive behaviour approaches. The training matrix viewed showed a high percentage of staff had the required training and where training was due staff were booked on the next available training course.
- Staff told us they felt supported but regular one to one supervision were not taking place. This was picked up by the providers peer audit and the registered manager was attempting to address it. The registered manager confirmed that staff had regular support in the form of inductions, care certificate competency assessments and care plan discussions but these were not recorded. They agreed to consider how these could be evidenced. During feedback the nominated individual reinforced that one to one supervision meetings of staff also need to take place, in line with the providers policy.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans outlined individuals' nutritional risks and the support and equipment required to mitigate any potential risks. The service had a cook and staff were available to support people who required assistance with their meals.
- The service had a menu in place. This showed people were offered and provided with alternative meal choices. Their preferences and specialist meal requirements were taken into consideration. The menus viewed were varied and nutritious.
- People told us they were happy with the meals provided. A person commented "[Cooks name] is very good. The meals are always tasty". A number of people told us they were happy that salmon was on the menu that day. A person commented "It is my favourite".

Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place which were kept under review and updated. This was sent with the person on admission to hospital to ensure hospital staff had key information on a person.
- The service had people who had been medically unwell. Their records showed evidence of good communication and guidance from hospital professionals being shared with the staff at the service. This enabled them to provide consistent and effective care to those individuals.
- Relatives told us they were informed of changes in their family member. A relative commented "The staff know people well, so they know when something is not right, and they get advice".
- A professional involved with the service commented "I have witnessed staff being very proactive in promoting healthier lifestyles in a sensitive manner. They have also identified changing health needs in a timely fashion, insuring that appropriate interventions are sought".

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

- The service is an older building which no longer meets the needs of people living there. The provider had made some improvements in that overhead hoists have been installed and the bathrooms and shower rooms have been updated. However, bedrooms and communal areas are small and do not easily accommodate the changes in people's needs, abilities and the large pieces of equipment they require such as specialist chairs. The provider had plans in place to improve the environment such as widening doors and updating the environment. After the inspection the nominated individual confirmed that improvements to the environment was scheduled to commence the end of February 2020.
- The provider had its own maintenance department whom we saw were responsive and attended the service in a timely manner to fix a person's individual alarm.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were identified, and they were supported to access relevant healthcare professionals. People's care plans outlined the support required with their health needs and individual's oral health care was identified and promoted. People had access to the GP, dentist, opticians and chiropodist. Records were maintained of appointments with health professionals which showed the outcome of the visit and any follow up required.

Relatives felt reassured that people had good access to healthcare service. One relative told us they felt staff could be more proactive in accessing the GP, dentist or chiropodist. This was fed back to the manager to act on.

- People had regular reviews of medical conditions and they had access to therapy staff on site such as a physiotherapist and speech and language therapist. We saw the therapy team worked closely with the service in assessing people for appropriate aids and equipment and they provided pictorial guidance for staff on how to use the equipment to promote safe and effective care.
- The service also worked closely with a psychologist in supporting people with behaviours that challenged

as well as assessing cognitive changes in individuals to ensure changes in people's needs were addressed.

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 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.

- People were not restricted and their consent to care was obtained. People's care plans outlined if people had capacity on decision specific aspects of their care. People were consulted with on their care and they signed to confirm consent to their care plans and care required.
- The service had no one for whom a deprivation of liberty was required, and people were not been restricted
- Staff were trained in MCA and DoLS. They demonstrated during discussion with us a good understanding of the Act and when Mental Capacity Assessments and Deprivation of Liberty applications would be required.

A professional commented "The staff seem to always have the best interests of the residents at heart. They are always concerned about quality of life and keep the desires of the resident at the forefront of decision making, especially when there are issues around capacity".

# 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 good. At this inspection this key question has remained the same. 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

- People told they liked staff. People commented "Yes, I like [staff members name], she is good to me". "Yes, I like the staff, they always help me and look after me".
- Relatives described staff as "Excellent, absolutely fantastic, superb, genuinely kind and caring". A relative commented "The staff are lovely...we know they care and seem very tolerant of [family members name] ways. [Family members name] sees them as friends which is wonderful and helps to make Morton feel like their home. [Staff members name] is a good friend to [Family members name], I am glad he was able to follow him to Morton house as part of the transfer here".
- We observed positive relationships between people and staff. Staff knew people well and this was evident in their engagement with people. Staff were attentive, enabling, supportive, encouraging, engaging and communicated appropriately with people. They used appropriate touch, good eye contact, sat next to people when supporting them with their meals and treated people with respect. There was appropriate use of humour and meal time was relaxed and had a family feel to it.
- Professionals involved with the home commented "The staff at Morton have always come across as very caring. They seem genuinely invested in maintaining the resident's rights to a good quality of life. They have a good rapport with the residents, due I think, primarily to the length of time they have worked with them", and "Residents are well cared for and supported and there is a 'family' atmosphere in the house. The staff understand the residents' needs".

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

- People were supported and enabled to be involved in making decisions on their care. Their care plans outlined people's involvement in their care and their choices in relation to their daily care and routines.
- Throughout the inspection we observed people made their own choices as to when to get up, what to eat and drink, what to wear and how they wanted to spend their day. They had access to activities and could choose to be involved in those if they wished.
- Resident meetings took place. The resident meetings minutes showed discussion on activities and forthcoming events as well as reminding people of key policies such as fire safety to keep safe.
- Each person had a keyworker. A keyworker is a named staff member who supports the person with their care. People knew who their key worker was, and they were complimentary of those staff members. A person commented [staff members name] is my keyworker. I like her, she goes through my care plans with me and we can have a laugh together too".
- Keyworkers had a monthly one to one discussion with individuals. This enabled them to explore people's wishes about what they wanted to do in relation to activities as well as making decisions on other aspects of

their care.

Respecting and promoting people's privacy, dignity and independence

- People had their own bedrooms. These were personalised and reflected individuals' choices and interests. We observed staff knocked on people's door before they went in and staff were respectful in their engagement with people.
- People's independence and involvement in their care was promoted and encouraged. Their care plans were reflective of that. People were supported to develop life skills such as cleaning their bedrooms and their laundry. Their involvement in household tasks varied and was dependant on individual's ability, commitment and interest in doing so.

## 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 good. At this inspection this key question has remained the same. 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

- Person centred care was promoted. Each care plan included a photo and summary of what was important to a person, what worked for them and what they needed support with. The care plans were well organised, detailed and specific. They outlined how people liked to be supported with all aspects of their care such as personal care, oral care, health, nutrition, leisure, cultural and spiritual needs. Detailed seizure protocols were in place, which provided a description of the seizure and action to take in the event of a seizure. They also outlined next steps if the person did not respond to the initial action taken.
- Staff had a good knowledge of people's needs and were responsive in changes to individuals. As a result, we saw people had been referred to other health professionals in a timely manner to address changes in individuals.
- Positive behaviour support plans were in place for people who required it. This promoted a consistent staff approach to behaviours that challenged. During the inspection staff were responsive to situations which had the potential to escalate. They intervened and supported people in line with their positive behaviour care plan to deescalate the situation.
- People were encouraged and supported to be involved in their care plans. Care plans were regularly reviewed and updated when required to reflect any changes in people's plan of care. This was communicated to staff in handovers and on the white board in the office.
- Professionals involved with the service commented "There have been a lot of changes over the past year with regards new residents and change. The staff have been responsive and sensitive to all the resident's challenges when dealing with change" and "Staff are responsive to therapy input and it is possible to work collaboratively with them".

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.

- People's care plans outlined their communication needs and identified if their hearing and or sight was impaired. They also outlined how people liked to receive information and provided details on the support and equipment required to promote individual's communication.
- The service had pictorial guidance and flow charts on topics such as fire safety, safeguarding and complaints available on notice boards throughout the service. This enabled people to access key information on issues relating to living at the service.

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

- People were supported to maintain relationships with key people in their life's. They were supported to remember family members birthdays and special occasions. Some people had regular telephone contact with their family and visitors to the service were welcome. A relative commented "As parents, we have always been introduced to new staff and been advised of changes happening in the running of the House. We have been welcomed during all our visits and encouraged to speak to the staff about any concerns we might have had".
- People had access to a range of activities on site and some regular in-house activities were organised by the activity coordinator assigned to the service. During the inspection a session of Karaoke bingo took place.
- The service had a mini bus to access the community. Staff told us some people were not interested in community activities except for going to the bank and shopping. Other staff felt community activities could be improved if more drivers were available to enable people to access activities of their choice such as football matches. This was feedback to the registered manager to explore with people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The service had no complaints logged since 2015. There was a number of compliments on file.
- People were reminded of the complaint's procedure at their resident meetings. People told us they would talk to staff or the registered manager if they had any concerns. They told us any issues they raise are always addressed.
- Relatives were aware of the complaint's procedure. They told us they had not raised any issues but felt confident if they did they would be dealt with. A relative commented "Yes, happy to raise any concerns. A recent problem was sorted very quickly".

End of life care and support

- People's care plans included an end of life care plan. These were detailed and included people's wishes in relation to the type of service they wanted. Some people had funeral plans which were incorporated into the end of life care plan.

# 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 good. At this inspection this key question has remained the same. 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

- Systems were in place to audit the service. Health and safety, infection control and medicine management audits took place. The registered manager recognised the medicine audits needed to improve to ensure issues we found in relation to medicine management are picked up in future.
- The provider had introduced peer audits by a registered manager from another service. The peer audit was completed in August 2019. The actions from the peer audit were being addressed, but not signed off to update the progress made in respect of the outstanding actions. The registered manager agreed to update the action plan.
- The service had a long-standing experienced manager. The registered manager and staff were clear of their roles and responsibilities. Staff had been trained and supported to take other responsibilities such as key working, shift leaders and champion roles in infection control and health and safety.
- Records were generally suitably maintained and up to date.

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

- The registered managers was clear of their vision for the service with the priority being to ensure the environment was improved to meet the needs of the people living there.
- People felt the home was well managed. They confirmed the registered manager was always around and willing to help them and staff. A person commented "[Registered manager name] is good, in fact he is pretty good".
- Relatives felt the home was well managed. A relative commented "Everyone seems to know what they are doing and get on with it". "The "[Registered manager name] is magic, he is absolutely dedicated and committed to the people living there".
- We observed staff had an open and engaging relationship with the registered manager. The registered manager was actively involved in the day to day running of the home including assisting on shift if required. Staff felt the home was well managed. They described the registered manager as "Approachable, accessible, supportive, relaxed, experienced, good listener, really nice guy, always here and his door is always open". Staff commented "[Registered manager name] leads by example, he assists on shift and if you are not sure about something he encourages you to ask him". "The [Registered manager name] priority is to the residents, he works shifts and take people out for activities and appointments "The [Registered manager name] is one of the best, he is a decent guy who has time for everyone and that filters down, as a result staff go out of their way to help and it creates a nice atmosphere and makes it a great place to work".

- Professionals involved with the service commented "The house manager is approachable" and "The leadership in Morton is very practical, people centred and driven by common sense. [The registered managers name] is not afraid to make unpopular decisions at times, in the best interest of all the residents".

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

- The registered manager was aware of the duty of candour regulation and to be open and transparent when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to ensure staff; people and their relatives were able to provide feedback on the service. However, the frequency of these was not in line with the providers guidance. Resident meetings took place but only two were recorded as taking place in 2019 as opposed to four a year which were required by the provider. This was fed back to the registered manager to address to ensure people have the opportunity for regular involvement in the service. Annual surveys were meant to take place. The last survey of people, staff, relatives and stakeholders had taken place in 2017. The nominated individual confirmed a survey was scheduled to take place in 2020.
- No relative meetings took place, but staff told us they maintained regular contact with family members by email and telephone. Relatives confirmed they got email updates, although the frequency of those varied.
- Monthly staff meetings took place and systems were in place to promote good communication within the team. Daily handovers took place, shift planners were in use and white boards in the office were used to ensure key information was made known to all staff. Staff told us communication was good. A staff member commented "Communication is good, and everyone sings from the same hymn sheet".

Continuous learning and improving care

- The registered manager and his team were committed to continuous learning and improving care. The registered manager kept himself up to date with latest guidance and this information was cascaded to staff and evident in people's care plans.
- The registered manager had identified changes in people's needs and was looking to source dementia training to enable them to be able to support people appropriately and improve care for individuals.
- A staff member was working closely with the training department to develop bespoke training in relation to the management of behaviours that challenged.

Working in partnership with others

- The service worked with a range of professionals. They were proactive in seeking professional's input to support them in managing changes in people's needs.
- Other professionals were invited to meetings such as the safeguarding Sergeant from Thames Valley Police which strengthened relationships to benefit people.