ADL Plc

Morton Close

Inspection report

Morton Lane
East Morton
Keighley
West Yorkshire
BD20 6RP

Tel: 01274565955
Website: www.aldcare.com

Date of inspection visit:
21 November 2018
06 December 2018

Date of publication:
18 April 2019

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

Morton Close is a 'Care Home', it is a large detached property, situated in the Cross Flats area of Bingley, approximately two miles from the town centre. The home is registered to provide residential care only for up to 40 older people. On the day of our inspection there were 23 people living at the home including one person admitted on a respite care basis. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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.

This inspection took place on 21 November and 6 December 2018 and was unannounced. Our last inspection took place on 27 June 2017 at that time the service was rated 'Good' overall with no breaches or regulations.

Policies and procedures were in place to ensure people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. However, we found the correct procedure had not always not been followed.

People's needs were assessed before they moved into the home. However, the assessment documentation we looked at was not always show how the provider concluded they were able to meet people's needs.

The care plans in place provided staff with information about people's needs and preferences and identified specific risks to people's health and general well-being, such as falls, mobility, nutrition and skin integrity. However, some care records we looked at required updating and there was evidence staff did not always follow recommendations made by other healthcare professionals.

Appropriate recruitment checks were carried out to make sure only people suitable to work in the caring profession were employed. However, we recommended the provider reviewed the staffing levels on the evening shift to ensure there are sufficient staff on duty to meet people's needs.

Staff told us there were now clear lines of communication and accountability within the home and they were kept informed of any changes in policies and procedures or anything that might affect people's care and treatment.

Private accommodation and communal areas of the home were generally well maintained and there was a planned programme of refurbishment in place.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA). This helped to make sure people's rights were protected.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services and systems were in place to ensure people received their medicines safely and as prescribed.

There was a range of leisure activities for people to participate in, including both activities in the home and in the local community. However, people's views differed regarding the activities available on a daily basis.

We saw the complaints policy was available. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. However, we found some concerns highlighted in the body of this report had not been identified through the quality assurance monitoring system.

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 consistently safe.

Staff knew how to recognise and report any allegations of abuse although correct procedures were not always followed.

Staffing levels on the evening shift should be reviewed to ensure there are sufficient staff on duty to meet people's needs.

Risks to people's health, safety and welfare were not always identified and safely managed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People received support from healthcare professionals to maintain their health and wellbeing when it was required. However, staff did not always follow their recommendations.

The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Pre-admission assessments were not always sufficiently detailed and did not show how the provider had concluded staff had the necessary skills and resources to meet people's needs.

Is the service caring?

Good

The service was caring

People told us they were supported by staff who were kind and considerate.

Staff knew individual people well and were knowledgeable about their needs, preferences and personalities.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

Care plans were in place to ensure staff provided care and support in line with people's preferences. However, some care records we looked at required updating.

There was a range of activities for people to participate in, including activities in the home and in the local community. However, more could be done to ensure people enjoyed a full and active life.

People felt confident they could raise concerns and complaints, and these would be listened to and dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to assess and monitor the quality of care provided. However, they were not always sufficiently robust and had not identified some shortfalls in the service highlighted in the body of the report.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Morton Close

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 unannounced inspection took place on 21 November and 6 December 2018. The inspection team consisted of three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the areas of expertise included services for elderly people and people living with dementia.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection. We also contacted the Local Authority Commissioning Service and Safeguarding Unit to ask for their views of the service.

We usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, on this occasion we did not ask the provider to submit a PIR.

During the inspection we looked at four people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at records and records relating to the management of the service. These included complaints, accidents and incident records, medicines records, maintenance and service records and the provider's self-audit records.

We looked around some areas of the building including bedrooms, bathrooms and communal areas.

We spoke with the registered manager, the administrator, five care staff, the cook, twelve people who used

the service and seven relatives.

Requires Improvement

Is the service safe?

Our findings

At the last two inspections we had raised concerns with the registered manager about the hot water temperature at out outlets accessible to people exceeding 44°C the maximum temperature recommended by the Health and Safety Executive in their guidance 'Health and safety in care homes' to minimise the risks of scalding. Following the inspections, we received confirmation from the registered manager this matter had been addressed.

On this inspection we found actions had been taken to rectify this problem. However, there were still reoccurring issues with the hot water temperature throughout the building. For example, we saw the hot water temperature in two bedrooms over a period of four weeks was recorded as cold while the temperatures in other bedrooms were recorded as high as 56.2°C. Each sink had a warning of hot water on it. There were risk assessments in place in safeguard people.

Care records demonstrated risks to people's health and safety were assessed and plans of care put in place for staff to follow. This included risks associated with choking and nutrition. These informed staff of how to deal with a range of scenarios. Recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks. However, we looked at two people's skin integrity care plans and found they did not record what setting the mattresses should be. We spoke with the registered manager who told us the district nurse team managed this. However, staff should be aware of the settings, so they can be monitored daily.

We informed the registered manager one person's mattress had a specific light showing on mechanism, after investigation this was to inform people that a service was due. This wasn't addressed until the inspector highlighted the issue.

The registered manager told us sufficient staff were employed for operational purposes and a staffing dependency tool was used to determine the number of staff required on each shift considering the needs of people who used the service and the layout of the building. The registered manager told us staffing levels could be increased if people's needs changed. However, we were concerned the service was operating on minimum staff levels between 17:30 and 20:00 when only three staff including a senior care assistant were on the premises to cover three floors. We therefore recommended the staffing levels during this period were reviewed to ensure they were adequate.

Relatives told us they felt the service provided a safe environment for people. One relative said, "I am confident that my relative is safe, well cared for and happy." Another relative said, "There are some excellent staff at Morton Close and I often leave the building feeling impressed by them."

The staff we spoke with confirmed they had received safeguarding training. Staff knew how to recognise abuse and how to report any concerns about people's safety and welfare. Staff said they knew the whistleblowing procedures and would immediately report poor practice if a person was at risk of harm.

However, we found the correct procedure had not always not been followed. This was discussed with the registered manager who confirmed they had already addressed this matter.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included checks prior to people commencing employment such as references from previous employers and a satisfactory Disclosure and Baring Service (DBS) check. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. We found medicines were stored securely and staff received medication training and regular competency checks. We looked at the medicine administration records (MARs) and found these were well completed. We checked the stock of four medicines against the MARs and found medication balanced.

Protocols were in place that clearly described when medicines prescribed for use 'as required' (PRN) should be administered. Some people were prescribed medicines, which had to be taken at a specific time in relation to food. We saw there were suitable arrangements in place to enable this to happen. Audits of medication took place which covered temperature checks, administration records, controlled drugs and medication stock.

People had separate Topical Medicine Administration Records (TMAR) in place for medicines such as creams and ointments. The TMARs were completed by care staff when a cream or ointment was administered and body maps were in place to sure they were administered as prescribed.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, water, electrical and gas systems including portable electrical appliances.

The implementation of infection control procedures was visible. Hand sanitizers were placed around the building. Liquid soap and paper towels were available for hand washing. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. The staff we spoke with demonstrated a good understanding of their role in relation to maintaining high standard of hygiene, and the prevention and control of infection. One relative told us the home was always clean when they visited and another relative said, "Staff keep (name of person) room and possessions very clean and hygienic."

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed the registered manager usually recorded what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again; for example, increase monitoring from staff.

In addition, where people had moving and handling care plans we saw in some cases there was little detail to instruct staff how to support the person or which sling type to use. We also found the repositioning chart for one person cared for in bed did not show how often they needed to be repositioned although information recorded on the chart indicated they were being repositioned approximately every two hours. We therefore concluded staff were aware of how often they needed to be repositioned but this was not reflected in the documentation completed. The above concerns had not been identified through the internal audit system in place.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us people's needs were assessed before they moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. However, we found pre-admission assessment forms were not always sufficiently detailed and did not show how the provider had concluded they were able to meet peoples needs.

We looked at the training matrix and found staff completed a range of mandatory training and other training specific to the needs of the people they supported. We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the registered manager. We saw supervisions were structured and all members of the staff team had an annual appraisal which looked at their performance over the year.

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 authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was acting within the Mental Capacity Act. The registered manager told us where people lacked capacity an assessed was completed to establish if the accumulation of restrictions in place amounted to a deprivation of liberty. They confirmed if this was the case an appropriate referral would be made to the authorising body. No one living at the home had a DoLs in place at the time of inspection.

We saw people's consent was sought daily by staff for care and support tasks. Care plans and risk assessments considered people's capacity to consent to their care and treatment. Where people lacked capacity, we saw relatives had been involved in decisions as part of a best interest process. The care workers we spoke with said they had received training on mental capacity and consent.

People had nutritional care plans in place and the service used the malnutrition universal screening tool (MUST) to record and monitor people's weight. We saw some people required a soft or blended diet and fortified. One person's nutrition care plan stated the person was on a fork mash-able diet, if they have sandwiches crusts must be removed. The person had been seen by a speech and language therapist (SALT) who had recommended supervised oral intake. However, at breakfast the person was left unsupervised at the table, during the morning they were given a drink and again left unsupervised. At lunch time we observed the person being served his pudding whole and not mashed. This meant the person was placed at risk of choking. This was discussed with the registered manager who confirmed that they would in future

ensure the recommendations of the SALT were followed always.

The dining room was a nice bright large room with plenty of space to move between tables safely and comfortably. The tables were clean and set for lunch with condiments and napkins. We saw if necessary staff supported people to eat and moved around the dining room checking people were having sufficient to eat and if they wanted more. For example, one person was not eating so staff sat next to them and helped them until they had a few mouthfuls then asked them if he would prefer a spoon rather than knife and fork. The person then finished their food unaided.

The registered manager told us the service had a good relationship with other healthcare professionals. We saw evidence in people's care records of multidisciplinary visits which showed people's healthcare needs were assessed, reviewed and appropriate referrals made. For example, we saw visits from the dieticians, podiatrist, tissue viability nurse, opticians, dentist as well as the GPs and district nurses. This provided assurance people were receiving appropriate support to meet their health care needs.

We found the building was adequately adapted for the needs of people who used the service although the environment was not dementia friendly. Whilst we acknowledge that some people were not living with dementia, it was clear that some people had some loss of cognitive skills and would benefit from better signage. For example, people's bedroom doors only had numbers with a small name signing half way down the door. This was discussed with the registered manager who confirmed this matter had already been identified through the internal audit system and now formed part of the business development plan in place.

Some of the décor was tired and needed updating to ensure a consistently nice living environment. However, there was a refurbishment plan in place to address this. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs. The service had a patio area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside during the summer months.

Good

Is the service caring?

Our findings

During the inspection we found staff were caring and supportive to the people who used the service. People told us the staff were extremely caring and well-informed about their needs. One person said, "The staff are really good." Another person said, "The staff are all nice and cheerful."

People told us they had developed positive relationships with the staff supporting them. They knew the staff supporting them and we saw a good rapport had been developed. Staff related well to people and we observed kind and caring interactions throughout the day. Staff were smiling and friendly with people.

The staff we spoke with told us they enjoyed working with the people living at Morton Close and it gave them lots of satisfaction. One staff member said, "I think it's a privilege to work with older people." Another staff member said, "I treat everyone how I would like my parents to be treat if they were living in a care home, with respect, dignity and kindness."

We saw people were supported to maintain on-going relationships with their families and could see them in private whenever they wished. One relative we spoke with told us they visited the home on a regular basis and were always made to feel welcome and offered light refreshments.

The registered manager told us people who lacked capacity to make important decisions, and had no one to help them with this, were assisted to access the services of a local advocacy service. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

We observed people being addressed by the staff using their preferred names and the staff knocked on people's doors before entering their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed to ensure privacy and dignity was maintained. We saw people's bedrooms had been personalised with photographs and ornaments.

We looked at how the service worked within the principles of the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service. We saw no evidence anyone living in the home was discriminated against.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality although we observed office doors was not always kept locked when unattended.

Requires Improvement

Is the service responsive?

Our findings

Care records were person centred, detailed and reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes. For example, one person's care plan explained, 'Due to the bombing during the war it affected me, which is why I don't like loud noises now.' Another person's care plan showed in detail how staff should promote their independence with daily living tasks such as washing, bathing and dressing.

We saw care and support needs were regularly reviewed. Reviews that had taken place were detailed and reflected any changes in people's needs. However, the changes to care plans were crossed out and hand-written in. Whilst this demonstrated it was a working document it was difficult to read and was not clear. This was discussed with the registered manager who confirmed this matter had been identified through the internal audit system and by the second day of inspection this matter had been addressed.

We saw people had their end of life plans in place. However, they were very basic. More personalised information was required for people's wishes. Where people had a do not resuscitate (DNAR) instruction in place, we saw this was located at the front of peoples care files. This ensured the document was easily located in the event of a sudden deterioration in a person's health. We were told no-one at the home was receiving end of life care at the time of inspection.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and care plans were put in place to help staff meet their needs. However, where people had limited speech there were no directions in people's care plan to guide staff to use additional aids such as picture cards or gestures.

The home does not employee an activities co-ordinator and this role was undertaken by care staff in the morning and the administrator in the afternoon. We saw a programme of activities was displayed within the home and special events were planned over the Christmas period. On the morning of the first day of inspection we observed people were having their hair done by the hairdresser and one staff member giving people a hand massage.

On the second day of inspection we saw staff spent time with people and engaged with them in meaningful discussions and activities. We heard staff and people chatting about family and friends and about the planned Christmas festivities. We found people had differing views of the level of activities on offer and while some people told us they were adequate to their needs other people told us some days there was little to do. One person said, "The only thing I think should change and I keep saying it is about the activities. We are supposed to have stuff going on every day, but it falls by the wayside. We only have Bingo once a week and I'd like it more and other things to do. We have music, the care staff do the activities but if they get busy then it doesn't happen. I think they are too busy really to do activities but there's always plenty of staff to help us

and they seem well trained. I feel safe and I'm confident in them and they are all so nice." However, another person said, "There is plenty to do if you want to join it's up to you really."

Complaints were taken seriously and investigated. The complaints process was displayed within the service. People told us they knew how to complain. One person commented, "I would speak with (Name of manager) if things were not right but generally I am pleased with the care provided." Relatives told us they knew how to complain and said they would inform staff if they were unhappy with the care and support provided. The records of complaints showed these had been investigated and dealt with appropriately by the registered manager. However, the registered manager was reminded that all requests for specific information regarding complaints made by the Commission (CQC) must be responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

We found although there were a range of audits and quality assurance processes in place with actions and analysis to drive service improvements they had not identified some of the concerns highlighted in the body of this report. For example, lack of detailed pre-admission assessments and concerns around moving and handling plans.

We therefore concluded the provider did not always have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

Surveys questionnaires were sent to people who use the service and relatives to gain people's views and opinions of the care and facilities provided. We saw the responses to the last survey were mainly positive. However, some people who used the service and their relatives commented they did not know how to complain and they were not involved with care plans or reviews.

There was a registered manager in post who had provided leadership and support to the staff team for several years. The staff we spoke with were positive about their roles and the attitude and approach of the registered manager and senior management team. They said the service was well led and the registered manager was approachable and encouraged them to put forward suggestions and share any concerns. One member of staff said, "It's a lovely place to work. It's not too big, you get to know everyone well and everyone gets on." Another member of staff said, "It's a well-managed service."

People who used the service and their relatives knew who the registered manager was and said they found them very open and approachable. One person said, "[Name of registered manager] is easy to talk to and always willing to listen." Another person said, "[Name of registered manager] is around most days and you feel comfortable talking to them."

We saw staff were kept informed of any changes in policies, procedures or work practices through attending staff meetings. The staff we spoke with told us these meetings provided a valuable source of information.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The manager told us they work in partnership with the local authority contracts team and the NHS. The manager and staff work in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.