The National Society for Epilepsy

Morton 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

Overall summary

Morton House is a care home which provides accommodation and personal care for up to 16 people with epilepsy, learning and/or physical disabilities.

At the time of our inspection there were thirteen people living in the home. 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.

The inspection took place on the 5 and 6 May 2015. The inspection was unannounced. We spoke with seven people living at the home and six staff which included the registered manager. We spoke with five relatives by telephone after the inspection.

Summary of findings

People told us they felt safe. Relatives were confident that their relatives were safe. Staff were aware of their responsibilities to safeguard people and policies were in place to promote safe practices.

People who used the service and relatives were happy with the care provided. Relatives described the care as fantastic and the best care you could possibly have. They felt their relatives were happy there and one relative commented “It is like one big family”.

Risks to people, staff and visitors were identified and managed. Medicines were safely managed. Care plans were in place which provided guidance for staff on how people were to be supported. We saw people were supported appropriately.

Safe recruitment procedures were in operation. Staff were suitably inducted, trained and supervised to ensure they were effective in meeting people’s needs. The home had an established staff team who worked well together to benefit people. They had a good understanding of people’s needs and provided person centred care. Safe staffing levels were maintained and the rota was flexible to accommodate appointments and activities. We saw staff were kind, caring and responsive to people’s needs

People’s independence was promoted and they were provided with the information to enable them to make choices and decisions.

People’s health needs were met and they were provided with varied well balanced appetising meals. They had access to a range of activities.

The provider had systems in place to monitor the home and gain feedback from people who used the service and their relatives.

People, staff and relatives told us the home was well managed. They were happy with the way the home was run and found the registered manager to be accessible and approachable. One relative commented “The registered manager is incredibly approachable, they are reassuring and provides them with confidence that their relative is well looked after”. The registered manager took an active role in the day to day running of the home. They provided hands on care as well as providing guidance and support to staff.

We received feedback from three health professionals involved with the home. They confirmed people got safe, effective care. They told us staff were caring, responsive and the service was well managed.

Summary of findings

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.

Systems were in place to safeguard people from potential abuse.

Risks were identified and managed and accident/ incidents were appropriately managed.

Safe medicine practices were promoted.

Good

Is the service effective?
The service was effective.

Staff were suitably inducted, trained and supervised.

People were consented with in relation to their care and treatment and Deprivation of Liberty Safeguards referrals were made where it was considered this was appropriate.

People medical needs were met.

Good

Is the service caring?
The service was caring.

Staff were kind, caring and had a good relationship with people.

People were supported to make choices, decisions and have autonomy over their life.

People's privacy and dignity was promoted,

Good

Is the service responsive?
The service was responsive.

Staff were responsive and attentive to people's needs.

People were assessed prior to admission and care plans were in place which provided clear guidance for staff on how people liked to be supported.

People were provided with a range of person centred activities.

Good

Is the service well-led?
The service was well led.

The home was well managed and systems were in place to promote good communication within the team.

The provider had an effective quality monitoring process which enabled them to ensure the home was being effectively managed and monitored.

Records were suitably maintained

Good

Morton 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 inspection took place on 5 and 6 May 2015. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

At our previous inspection on the 4 December 2013 the service was meeting the regulations inspected

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports of the home and other information we held about the home. We also contacted professionals involved with the service to obtain their views about the care provided.

During the inspection we spoke with seven people living at the home and six staff which included the registered manager. We spoke with five relatives by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included four care plans, medicine records for four people, two staff recruitment files, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person commented "It is my home why wouldn't I feel safe". Relatives told us they felt reassured that their relative received safe care. One relative commented "I feel reassured that "X" is safe as there is always staff available". Health professionals involved with the home told us they thought the service was safe.

Staff were clear about what was considered abuse and were aware of their responsibilities to report any incidences of alleged abuse. The provider had a prevention of abuse and safeguarding policy in place. This outlined the types of abuse and how an allegation of abuse was to be dealt with. Posters and flow charts on safeguarding and whistle blowing procedures were displayed on notice boards throughout the home. Staff told us they had received training in safeguarding adults. We looked at staff training records. We saw 14 out of 15 staff had up to date safeguarding of vulnerable adults training. The other staff member was due to be booked on the training.

People's care plans contained risk assessments. These were person centred and addressed risks associated with epilepsy, medical conditions, malnutrition, choking and smoking. Management plans were in place to manage the identified risks. One person had pictorial moving and handling guidance in place to provide clear instructions for staff on how best to support that person. We saw risk assessments were not in place for people who had a historic risk of challenging behaviours and self-harm. During discussion with staff they confirmed that they were aware of those risks and what they needed to do if the historic risks presented to ensure they promoted the safety of those people.

The home had a risk assessment document which identified environmental risks and how these were managed to promote people's, staff and visitors safety. Regular health and safety checks of the environment and fire safety checks including fire drills took place. Fire safety and moving and handling equipment was regularly serviced and safe to use. The home had a contingency plan in place which provided guidance for staff on the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure. A staff member was nominated as the health and safety representative. They confirmed they were clear of the role, experienced and suitably trained to take on the role.

Staff were aware of the reporting process for any accidents or incidents that occurred. We observed how an accident was managed during the inspection. Medical advice was sought and the appropriate accident form was completed and sent to the manager for them to check and sign. We viewed the accident and incident records. We saw body charts were completed where required. The accident /incident records were checked and signed off by the registered manager. We saw the completed accident/ incident records outlined if action was required to further promote the person's safety.

We found the home was clean. We saw there was an infestation of ants in the dining room. This had been identified and was being addressed. Areas of the home were in need of refurbishment and updating. We saw a refurbishment programme was in place which outlined areas of the home which were due to be decorated and updated. We saw people had been consulted on the proposed redecorating and refurbishment programme and their views, suggestions and choices were taken into consideration in the improvements to the home. Maintenance issues were logged and a record was maintained of what was completed and what was outstanding. This ensured the home was maintained and safe for people.

People told us they got the support they needed with their medication. Some people were self-administering their medicines with staff support whilst others required staff to fully administer their medicines. People's medicine records outlined the level of support people required with their medicines. The provider had a medicines policy in place which provided guidance for staff on how medicines were to be managed. We observed medicines being administered. We saw this was done in line with the organisations policy. People were informed their medicines were available and were given the time and required support to take them. The medicines records were signed once the staff member was confident the person had taken their medicines. All staff involved in medicines administration were trained and assessed as competent to administer medicines. We saw medicines were stored safely. Daily stock checks of medicines took place and

Good

Is the service safe?

records were maintained which ensured any discrepancies in medicines was immediately addressed. Audits of medicines took place and actions were taken to address issues raised and promote safe medication practices.

People told us staff were always available to support them. One person commented "There was enough staff to help". Relatives told us they felt there was always staff available when they visited. Staff told us they felt the staffing levels were generally sufficient to meet people's needs. They confirmed the registered manager and deputy manager got involved in providing care and support when required. During the two days of the inspection we saw people were supported to attend appointments, day centre activities and to have their personal care needs met at a time that suited them. The home had a cook and a cleaner which allowed the support staff to focus on supporting people. The home had an established staff team. There was one staff vacancy. Regular bank staff were used to cover the vacancy and shortfalls in the rota. We saw from the rotas there was a shift leader or a team leader on each shift to ensure the shifts were managed appropriately. There was a named person on call to provide back up support and advice. Four staff were rostered on the morning shift, five staff were on the afternoon shift and two staff at night. We also saw there was flexibility within the rota to provide extra staff where this was required to meet people's needs. This meant the rota was developed around people's needs.

Safe recruitment processes were in place. We looked at recruitment files for the two newest staff to the home. We saw they had completed an application form, attended for interview and had references and a Disclosure and Barring Service (DBS) check carried out before they started work at the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

Good

Is the service effective?

Our findings

People told us they thought staff were well trained and they got the support they needed. One person commented "Staff know what they are doing, they seem well trained". Relatives told us they thought staff were suitably trained. They said they felt confident staff knew how to handle situations. One relative commented "The home now seems to have a better quality of staff that are trained and skilled". Health professionals involved with the home told us they thought the service was effective.

Staff told us they had received an induction into the home and completed an induction booklet which was signed off when their induction was completed. The provider had an induction policy and systems in place to ensure staff were suitably inducted. We looked at induction records for new staff. We saw that they had completed an in- house induction and were working through the common induction standards. Alongside this all new staff completed five day induction training which included training on health and safety, infection control, safeguarding of vulnerable adults and first aid.

Staff told us they felt suitably trained to do their job. They confirmed they had access to regular updates in training the provider considered to be mandatory. Specialist training was also provided and staff were trained in specific roles such as shift leaders, medication administration, infection control and health and safety. We looked at the training records and saw that staff had training in subjects the provider considered to be mandatory for the service. This included training in epilepsy awareness and administration of emergency seizure medication. We saw that updates in training were booked where required.

Staff told us they received regular supervision and felt very well supported. They said they could go to the registered manager or deputy manager at any time in between supervisions if they required support. There was a supervision matrix in place which outlined supervisor, supervisee, date of planned supervision and date supervision actually took place. The provider had a supervision policy in place which indicated staff should receive supervision every two months. We saw from the records some staff received supervision in line with the policy. Whilst staff told us they felt supervised and supported some records indicated some staff did not receive their supervision in line with the frequency outlined in the policy. The registered manager felt this was as a result of annual leave. We saw staff had an annual appraisal and review of their performance. New staff underwent probationary reviews prior to being confirmed in post.

We saw staff had a good understanding of people's communication needs and they responded effectively to people's needs. People were involved in their care plans and reviews and signed to confirm this was the case. People told us they were aware of their care plans and told us they had a named staff member who was their keyworker. They were aware who that was and what that meant for them.

The provider had a policy on consent to treatment to support staff in their practice. Most people living at the home had the ability to make decisions on their care. Their care plans outlined whether they had capacity or not. Staff were trained in the Mental Capacity Act 2005 (MCA). They were aware which people lacked capacity to make decisions and knew best interest meetings were required when decisions on their care and treatment were required. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where people were assessed as not having capacity to make a decision a best interest decision was made involving people who knew the person and other professionals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. It ensured the service only deprived someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them. At the time of our inspection there was no DoLS in place, however one application had been made to enable them to support a person in a safe way. Staff had been trained in DoLS. They were aware how this related to the people they supported.

People told us staff supported them to see the GP, dentist, optician and to attend hospital appointments. Relatives told us staff responded well to people's health and medical needs. They said they were kept informed of changes in their relative and changes in treatment. A health professional involved with the home told us people were supported to attend for regular routine appointments. People had access to professionals on site such as

Good

Is the service effective?

physiotherapists, speech and language therapists, psychologists and specialists in mental health and learning disabilities. Records were maintained of appointments with professionals, the outcome of those visits and action required.

People told us they were happy with the meals provided. One person commented “the food is very good, it is very tasty”. We observed meals being served and people being supported with their meals. This was done at a slow steady pace. The staff member maintained good eye contact with the person whilst engaging, supporting and encouraging them to eat their meal. We saw people were given a choice of meals and drinks. Equipment and aids were provided for people who required them to enable them to eat their meals independently. People’s care plans outlined their nutritional needs and the support required with their meals. We saw risk assessments and management plans were in place for people who were at risk of low weight and from a risk of choking. Staff spoken with were clear of the support people required at meal times and the potential risks to them. We viewed the menu and saw people were offered choices and a varied menu. They were provided with fruit and vegetables and the menus appeared nutritionally balanced which ensured people’s nutritional needs were met.

Good

Is the service caring?

Our findings

People told us they felt cared for. They told us staff were very kind, caring and helpful. Relatives told us they were very happy with the care provided. One relative commented “I am absolutely delighted with the care, best care you could possibly have. I am happy because “X” is happy. The home has a comforting homely atmosphere, like one big family”. Relatives told us they were always made to feel welcome at the home. One relative felt in their experience they were not always welcomed. This was fedback to the registered manager to follow up on. A health professional involved with the home told us they found staff extremely caring. They commented “The team at Morton House knows the residents well and is motivated to do the best for them. The home is welcoming with a cheerful atmosphere”. Another professional commented "Staff treat the people they support with courtesy, intelligence and a sympathetic and caring approach and put their needs above any other considerations".

Throughout the two days of the inspection we saw staff engaged positively with people. They provided them with good eye contact and appropriate touch. They had a good understanding of people’s needs and were able to communicate effectively with them. They appeared kind, gentle and caring in their approach whilst enabling and supporting people to be independent. Staff had an excellent knowledge of each person and their needs which enabled them to provide person centred care.

Some people choose to take an active role in the home, whilst others choose to be less involved. Both of those decisions were respected. People’s care plans outlined if people needed support to make choices and decisions and how this was to be promoted. We saw people were able to make choices on activities, food and drinks, times for getting up and going to bed. Resident meetings took place. Minutes were provided which showed discussions had taken place on planned activities, holidays, staffing and redecorating of the home. The minutes were developed in a pictorial format which ensured people who had communication difficulties were kept informed of the discussions that had taken place.

People were provided with pictorial information to enable them to be kept informed of what was happening in the home for example fire, complaints and safeguarding procedures. Information was displayed on notice boards throughout the home to further promote their involvement and participation.

At the time of our inspection one person had advocacy involvement. Advocates are independent and can help a person express their needs and wishes, and can assist them to weigh up and take decisions about the options available to them.

People were encouraged and supported to do things for themselves to promote their independence. Care plans outlined people’s involvement with tasks which ensured staff were consistent in prompting and supporting people. People told us they were supported by staff to clean their bedrooms and do their laundry. We saw people were encouraged to eat on their own and staff provided support as and when it was needed. Aids were provided to promote independence with meals and mobility.

People told us their privacy and dignity was respected. They confirmed staff knocked on their bedroom doors and called them by their preferred name. Staff told us how they promote people’s privacy and dignity whilst providing personal care. We observed staff were respectful towards people. They always acknowledged people and were discreet and courteous during conversations with people which promoted their privacy and confidentiality.

Care plans viewed contained an end of life plan of care. This was developed with family involvement and provided guidance for staff on people’s wishes in the event of their death.

Good

Is the service responsive?

Our findings

People told us staff were always there to help them. Relatives told us they felt staff knew people well and they always got medical help and support when required. One relative commented “They know people really well, they have a connection with them which means they notice quickly when something is not right”. Health professionals involved with the home told us they thought the service was responsive.

Staff were responsive to people’s needs. We saw they were attentive and responsive to calls for assistance and provided reassurance for people when required.

We saw people were assessed prior to admission to the home. An assessment was completed which outlined the persons needs and risks. People were involved in the decision to be admitted and a review of the placement took place to ensure the person’s needs were being met. We looked at four care plans. They were person centred, informative and provided clear guidance for staff on how people were to be supported. Protocols were in place which identified seizure types and management of the presenting seizures. Care plans included people’s signatures and people were aware of their care plans. Relatives told us they were shown their relatives care plans and asked for their feedback on them. They said they were confident their feedback was incorporated into the care plan. Care plans were kept under review and updated as needs changed. An annual review took place which relatives told us they were invited to and their views were taken into consideration. One relative could not recall their relative having a recent review and felt the frequency of those had reduced. This was fedback to the registered manager to follow up on.

People told us they felt there was lots of different activities provided if they wanted to do them. Relatives told us they felt there was a good range of activities provided but recognised their own relative may choose not to get involved. The organisation had recently introduced a central activities team. The home had a named staff member who was the activities link for the home. They were very committed, enthusiastic and motivated in developing a wide range of activities for people. People had an individual programme of activities which included on site activities, in house and community based leisure activities such as theatre trips and meals out . We saw photographs were on display throughout the home of activities people had participated in. These included a trip on the orient express, theatre trips and a food tasting day and celebration where people had the opportunity to try food from other cultures. We saw a recent survey had been carried out to establish people’s interests to enable them to further develop a more person centred activity programme.

People told us they would talk to staff if they had any concerns or worries. The relatives we spoke with told us they had no experience of making a complaint but they felt confident if they raised issues they would be addressed. Staff told us they would attempt to deal with concerns raised by people and if unable to they would record the concerns and ensure the registered manager was informed. The home had a complaints procedure which was displayed on the notice board and available in a pictorial format which ensured people with limited communication had access to the process. We looked at the complaints log and saw complaints were logged, investigated and responded to in line with the organisations policy and procedure.

Good

Is the service well-led?

Our findings

People told us they were happy with the way the home was managed. They were clear who the registered manager was and said they felt able to talk to them if they had any worries. One person told us the registered manager sometimes helped them to get up and dressed. Relatives told us they felt the home was very well managed. They said the registered manager was always available and very approachable. One relative commented “The registered manager is incredibly approachable, they are reassuring and provides them with confidence that their relative is well looked after”. A health professional involved with the home commented “The team appears motivated and caring. The management style is very good and the registered manager is approachable, caring and friendly. Another professional commented “ The registered manager is obviously well liked and respected by service users and staff. They are professional and hands on”.

There was a management structure within the home which provided clear lines of responsibility and accountability. The home had a registered manager, deputy manager, two team leaders, four shift leaders and a team of support staff. All staff we spoke with were clear of their roles and responsibilities. The registered manager and staff were clear of their responsibilities to make notifications to the Commission of events that affected people's well being. Staff told us the home was well-led. They felt the manager was available, accessible, knowledgeable and approachable. They said the registered manager supported them on shifts and provided hands on care when this was required. During the course of the inspection we saw the registered manager took an active role in the shift, they supported people, facilitated a review and acted as a positive role model to staff.

The registered manager was clear of the challenges for the service. They ensured the aims and objectives of the service were promoted and staff worked in a supportive way to enable and empower the people they supported.

There were systems in place to promote good communication. A daily handover took place between shifts. We observed a handover meeting. We saw staff were knowledgeable about the people they supported and handed over key information to the staff coming on duty. Key information and tasks were recorded on a white board in the office and daily tasks were delegated to staff to ensure all tasks were completed. A communication book was in use which brought staffs attention to changes in people and key information they needed to know. Weekly clinical review meetings took place. We observed a clinical review meeting. We saw this provided the senior management team with an opportunity to discuss changes in people and actions were agreed to address issues highlighted. Regular team meetings took place. Staff told us they felt able to raise issues and felt suggestions raised were taken on board.

The provider had systems in place to audit the service provided. The registered manager, deputy manager and team leaders were responsible for carrying out a range of audits which included medication, infection control, health and safety and finances. Keyworkers audited care plans. We saw their audits did not always address discrepancies in care plans. The actions from the audits were transferred onto the homes development plan. This was monitored by the provider and actions were signed off when the provider had established they had been satisfactorily completed. The homes development plan was continuously reviewed and updated. The provider or a registered manager from another service carried out two monthly monitoring visits of the service. Reports of the visits were available. We saw these were comprehensive and thorough monitoring visits which enabled the provider to satisfy themselves that the service was being effectively managed.

Relatives told they felt consulted with about the service. They told us they completed surveys and were informed of action taken from surveys. They told us they received the homes newsletters which kept them updated on what was happening in the home. One relative told us they were not informed of changes such as keyworker changes and felt a regular email update from the home would be beneficial. This was fed back to the registered manager to consider. We saw a survey was carried out between November 2014 and January 2015. People using the service, relatives and professionals involved with the home were consulted. We saw their feedback was positive. Where issues were raised an action plan was put in place and these were addressed.

We saw people’s records, staff records and other records viewed were secure, well maintained, kept up to date and accurate.