

Extel Limited

Morris House

Inspection report

Grange Farm Drive
Kings Norton
Birmingham
West Midlands
B38 8EJ

Tel: 01214591303
Website: www.cttm.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Morris House is a residential care home providing personal care and support to six people aged under 65 at the time of the inspection.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focussed on values include choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service can live as ordinary a life as any citizen. However, it was clear that people living in Morris House were given such choices and their independence and participation within the local community had been and was continuing to be encouraged and enabled.

Peoples experience of using this service:

People who used the service continued to be supported in a safe way. Staff were kind and compassionate and knew people well. People received their medicines safely: other aspects of people's safety were promoted.

Potential risks to people had been assessed and managed to lessen any risks on people's daily lives.

The home continued to have effective systems in place to check that the service was effectively managed and that people had a good quality of life. People were supported by staff who were well trained and keen to help people live fulfilled lives.

The registered manager shared the provider's clear vision of how people were to be supported. They shared this enthusiasm with staff who supported this way of working.

The home continued to meet the characteristics of good in all areas; more information is available in the full report.

Rating at last inspection:

The home was rated Good (report published in March 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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 

Morris 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

One inspector carried out this inspection.

Service and service type:

Morris House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. 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.

Notice of inspection

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in January 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

In addition to speaking with people living at Morris House, we spent time observing staff working with and supporting people in communal areas during the inspection. We spoke with two staff and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files around staff recruitment and supervision and the training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

We found that people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People told us that they felt safe living in the home and were supported by staff. One person, on finding out that the home was being inspected, said, "We are all well looked after here, we are safe and happy."
- Staff knew people well and were clear about some actions that they took to keep people safe.
- Records detailed how known risks were to be managed to help keep people safe at all times.

Staffing levels

- People said there was enough staff on duty day and night. One person said, "I can always have support from staff whenever I need it." We found that there were enough staff on duty at all times to meet people's needs.
- Newly recruited staff said that they had been well supported when they first started working in the home. They had not been counted as part of the staffing levels until their induction was completed and they were confident to assume a full staff role.

Using medicines safely

- People received their medicines on time and in a safe way.
- We saw staff administering medication to people. People knew what medication they were given and were familiar with the routine and orderly way this was managed.
- Staff followed the providers policy and procedures when administering medication. Staff explained to people what the medication was so that people had some understanding of what the medicine was for.
- There were agreed protocols in place for medicines that were required 'as needed'. Approval was needed from senior staff to ensure people received such medicines only when other ways of helping the person had been explored.

Preventing and controlling infection

- The home was clean and tidy in all communal areas and around the entrance to the home.
- Staff told us how they reduced the risk of the spread of infection. We saw notices and small signs to remind people about good hand hygiene.
- One person advised that they were asked to wash their hands before they did anything in the kitchen.
- A member of staff said, "We use Personal Protective Equipment (PPE). We wash our hands and ensure that waste is disposed of safely."

- We observed staff following the infection control guidance and saw them encourage people living in the service to do the same.

Systems and processes

- Staff understood how to help to protect people from harm or abuse.
- Recruitment processes and practices were clearly stated in the providers own processes. We found that they were being followed, to ensure that only suitable people of good character were employed to work in the home.

Learning lessons when things go wrong

- The registered manager advised that they undertook analysis after any incident or near-miss to identify if there was any improvement or change that needed to be made reduce the risk of the incident happening again.
- The records of accidents and incidents together with the analysis were monitored through the providers quality assurance systems.

Is the service effective?

Our findings

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

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

- People's needs had been fully assessed at the time of admission. Reviews were regularly held to see whether personal care was still relevant to people's needs.
- Care and support plans considered the interests, wishes and aspirations of people to ensure that they were focussed and individual to the person. The plans contained specific detailed information in some instances about how a person was to be supported.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect of culture, gender and religious needs.

Staff skills, knowledge and experience

- People were supported by suitably skilled staff.
- One staff member told us, "The training here is really good. If you request any specific training or it is identified for you it is then arranged very quickly." Another staff member said, "You can refresh your memory through training on things if ever you need it."
- Electronic records of staff training were available and updated when needed. The registered manager used the records to ensure that all staff were up to date with essential training and remind staff about refresh training if necessary.

Supporting people to eat and drink enough with choice to have a balanced diet

- One person said, "We choose menus and make suggestions about what to eat. If we have favourites we can have them." Another person said, "I don't make suggestions; I'm happy with what we get."
- People were supported by staff to be involved in meal preparation. Everyone was involved in preparing their own breakfasts and light meals.
- By choice some people prepared light meals for others. We saw that people offered to make hot drinks for each other on numerous occasions throughout the inspection.
- People who needed to have special diets for medical reasons were well supported by staff.

Staff providing consistent, effective, timely care

- People's healthcare needs were known and well supported, with clear records and care plans in place.
- People were encouraged and supported to attend appointments with healthcare professionals. Each person's healthcare information was regularly reviewed and updated by staff in consultation with healthcare professionals.

- People had up-to-date information in their files about their specific healthcare and support needs should this information be needed in the event of an emergency.

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

- People's rooms were personalised and furnished in ways that suited them and reflected their personal interests or hobbies.
- The home was decorated and furnished in a homely style. When redecoration had taken place people had been consulted about agreeing changes.
- Each bedroom had en-suite facilities including a shower.
- We were advised that plans were in place to repair or replace the conservatory due to a leaking roof, however a temporary measure was in place to prevent water getting into the home.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff were very clear about upholding people's rights and abilities to make decisions. They were clear about what constituted a failure to support people to exercise their rights and make choices. Staff advised how they had helped a person to understand when a decision had to be made to help them to make an informed decision.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this following agreed conditions as necessary.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

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

Ensuring people are well treated and supported

- One person in commenting on the support received from staff said, "We are well looked after here, I would say so if this wasn't true."
- One person said, "[Managers name] has helped me to get a voluntary job; it's what I always wanted and it makes me feel good going there."
- People were supported by staff to become involved activities that they found interesting and fulfilling within the home and in the community. On the day of the inspection, a person who enjoyed singing and was supported by staff who went with them to attend a regular session singing with other people at a social centre.

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

- We saw that people were supported and treated with dignity and respect; they were involved in making decisions about their support.
- The provider ensured people were provided with regular opportunities to look at their plans and personal goals. These opportunities were provided through regular meetings with named staff, as well as full reviews with their representatives and professionals.
- People were supported by staff to make use of different methods of communication. Some people made use of written information and other people made use of pictorial communications aids. Each person's preferred communication methods were recorded and known by staff and other people in the home. The registered manager advised of plans to further develop communication systems in line with Accessible Information Standards.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and that no one entered their room without knocking first and being invited in. People were able to have keys to their own rooms though no one had chosen to have a key. Some people chose to spend periods of time alone in their bedrooms. One person said, "I don't lock my door, I just shut it when I'm going out [so] no one goes in."
- People were encouraged to become independent. They took part in cleaning routines as well as some cooking. Each person was supported by staff to do their own laundry, although most people were able to do this without any staff assistance.
- We saw that people were encouraged and supported to go out. One person was being encouraged to go out for a walk alone each day to increase their confidence.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- People received individual support from named keyworkers amongst the staff group. In addition to this support the keyworkers provided practical support with aspects of daily living and record keeping.
- When people had only limited interest in being involved in making decisions about their care, staff used information known to help plan for people's future.
- Some people had expressed a wish to become involved in doing more for themselves and learn daily living skills; support to do this was provided by staff.
- Staff knew people well and encouraged them to try new activities to broaden their experience and knowledge whilst still having time to pursue any long-term interests.
- People told us that their visitors were always welcome in the home.

Improving care quality in response to complaints or concerns

- People said they knew what to do if they had a complaint, and the people they could speak with about this.
- The provider had an established complaints procedure and process in place.
- The registered manager said that the topic of complaints was raised at every meeting with people to help remind them of who to contact should they have a concern. This was reflected in the meeting records.
- A staff member said that in respect of everyday issues, "We try to sort out any problems if we can and make a note of what we've done to let the manager know." They then added, "If people want to complain or raise something serious we let the manager know and follow the process."

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available. We were told that care plans and related discussions covered these issues and long term plans would be put in place for people as needed.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- One person in commenting about changes that had been made over the time that they had lived in the home said, "It's the best it has ever been here." They gave us examples of those changes made by the registered manager.
- A staff member commented positively about the good communication in the home, "We get good quality updates from the manager and deputy. The manager listens."
- The registered manager knew the people who used the service well and spent time with people in all areas of the home.

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

- There were established processes and procedures in place to ensure people received care and supported they wanted.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.

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

- The registered manager had clear established processes in place to review the quality of the service provided to people to continually improve the service.
- When the quality assurance audits showed some reviews or audits had insufficient detail the registered manager had raised this with staff. Action plans were developed when improvements were needed as a result of audit findings.
- One member of staff said, "The registered manager knows a lot about the regulations and helps us to learn too."
- Statutory notifications were made as required by the regulations.

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

- The provider had an established annual system in place for seeking out and acting on the views and opinions of people, relatives and relevant stakeholders. The latest review had been carried out earlier in the

month and had not yet been analysed. The registered manager advised that the analysis would be shared with people and acted upon as needed.

- There were regular opportunities provided for people to become involved in giving feedback about the service and consulted on future developments.
- People who used the service and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the home.

Continuous learning and improving care

- A staff member commented positively about the supportive atmosphere in the home, "It's a really good place to work; other staff are helpful and the manager is really interested in [getting] the best for people."
- The registered manager showed a keen interest in developing the service further. They were very supportive of staff undertaking further training and additional qualifications, which would then benefit people using the service.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs. The provider held regular monthly meetings for their registered managers from other homes and services operated by the provider to share and develop good practice.