

Community Integrated Care Morningside

Inspection report

4 Newton Road
Penrith
Cumbria
CA11 9FA

Tel: 01768890768
Website: www.c-i-c.co.uk

Date of inspection visit:
12 May 2017

Date of publication:
20 June 2017

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

This unannounced comprehensive inspection took place on 12 May 2017. We carried out a focused inspection on 29 December 2016 and found that the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Both before and after that inspection we attended quality improvement meetings organised by the local authority throughout the latter half of 2016 and 2017. As part of the quality improvement process the service provided regularly updated action plan that showed how it had improved. You can read the report from our last focused inspection, by selecting the 'all reports' link for Morningside on our website at www.cqc.org.uk

Morningside is a small bungalow set in its own grounds in a residential area a short walk from the amenities of Penrith. It provides care and support for up to five people who live with learning disabilities. At the time of our inspection there were four people living there.

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. At the time of our inspection a new manager had been appointed and the service was in the process of registering them with the CQC. They will be referred to as 'the manager' throughout this report. The registered manager was not present but did attend the home regularly as part of the transition to the new manager.

Support plans were subject to regular review to ensure they met people's changing needs. They were easy to read and based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

There were sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff including Disclosure and Barring Service (DBS) checks.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed.

Staff had developed good relationships and demonstrated good communication skills. They were aware of how to treat people with dignity and respect.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had.

The manager had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Appropriate checks were carried out during the recruitment of staff.

Staff knew how to identify and report potential abuse.

Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive.

Where possible people were included in making choices about their lives.

Support plans were written in a clear and concise way so that

they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good ●

The service was well-led.

The service had a quality assurance system in place.

The manager had a vision for the future of the service that was based on providing good and responsive care.

People and their relatives were asked for their views about the service and knew how to contact a member of the management team if they needed.

Morningside

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.

This inspection took place on the 12 May 2017 and was unannounced. This meant the provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed 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. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care. We planned the inspection using this information.

We spoke with two of the people who used the service. We also spoke with five members of staff including the manager and support staff.

We read three written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined quality monitoring documents.

Is the service safe?

Our findings

At our last inspection we found communal areas of the home were not clean and fixtures such as radiator covers were of poor design leading to people 'posting' rubbish into them including food and drinks. People's bedrooms were not clean, malodorous and untidy.

During this inspection we saw the service was in the process of re-decorating the home. Communal areas were bright and clean. Bedrooms were well maintained and strategies had been devised to support people to keep their environment tidy. This included the re-instatement and update of previously successful support plans and the installation of a replica miniature post box where people could 'post' things, instead of down the back of radiators. In addition a member of staff had taken on a secondary role as a cleaner.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures.

At our previous inspection we judged that there were not sufficient staff to support people who used the service. The provider had deemed that three staff per shift were necessary to meet people's needs but the majority of rotas we looked at indicated there were only two. This meant that people were unable to access the community which was integral to their wellbeing.

On this inspection we spoke with people and asked if there were sufficient staff within the service. One person told us, "Yes."

We looked at rotas and saw that there were three staff on each shift. When we spoke with the manager they told us they were still actively recruiting staff and there were currently two applicants awaiting pre-employment checks who had been offered posts. We noted that staff were available to take people out into the community throughout the day of our inspection in line with their support plans. There were also enough staff to support people within the home. We looked at our records and noted there had been a significant reduction in the amount of incidents of aggression since staffing levels had increased. In fact there had been no incidents for two months prior to our inspection.

We look at the recruitment records for staff. We saw that safe systems were used when new staff were recruited. All staff had obtained a Disclosure and Barring Service check which demonstrated they were not barred from working in with vulnerable people. The provider had obtained evidence of their good character and conduct in previous employment by seeking references from previous employers.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. For example people had personal evacuation plans which outlined how they would be kept safe in a fire. The manager or a member of the providers management team were available to talk to out of hours via telephone and would attend the home if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people were identified as being at risk of hazards such as traffic whilst out in the community. Plans were in place to ensure people were kept safe whilst visiting local amenities.

On the day of our inspection we saw medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. There were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Is the service effective?

Our findings

We spoke with people who used the service and asked them if they felt staff were able to provide appropriate support. One person told us, "Yes, they are good."

We observed staff providing support professionally and confidently.

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example the care of people with epilepsy.

The manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example vocational qualifications. Staff we spoke with confirmed they had completed training course, this was reflected in their personnel files. One member of staff told us, "Training is good."

The manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored. We observed that people were still able to access the community with the support of staff. This was reflected in their DoLS applications and authorisations.

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's

files, including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had Lasting Powers of Attorney (LPA) and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. LPAs give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without seeking permission. Care plans in the home contained references to consent throughout and helped staff understand when people did not want staff intervention.

Each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dietitians and speech and language therapists had also been obtained. People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP or an associated healthcare professional.

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them well. Throughout our inspection we observed staff speaking with people in a kind and caring manner. Some staff demonstrated good distraction techniques when interacting with people and were able to help support people from becoming upset or distressed.

People we spoke with told us that staff always spoke with them in a respectful manner. We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

The manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The manager told us they ensured that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends. There were no outstanding complaints at this service.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. This showed that staff worked to build strong relationships with the people they supported in order to build trust.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

We looked at people's written records of care and saw that support plans were devised with the involvement of the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.

Support plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example some people required support with personal care. It was clearly stated what people were able to manage independently and what support staff would be required to provide.

Is the service responsive?

Our findings

We spoke with people who used the service, they told us they knew who to speak with if they had a comment or complaint about the service.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The manager explained that wherever possible they would attempt to resolve complaints informally.

An assessment of needs for each person who used the service had been carried out. This included assessing their physical and mental well-being. The information was then used to write a support plan. This was then further developed and reviewed on a regular basis. It was also reviewed as people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise support plans that were easy to understand. Reviews of the plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. They gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that where possible people had been consulted with about their support plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

Written records in the home indicated staff were ensuring that people accessed the local community and undertook a variety of activities. This included going to the local shops, cafes and supermarkets. The manager told us she was keen to develop activities further and ensure they were structured and occurred regularly. An activity notice board had been obtained for each person which used pictures to help people understand what activity was available to them and when.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Is the service well-led?

Our findings

At our last inspection we found that audits relating to quality improvement in the home, such as activities audits and health and safety audits had not been carried out in a timely manner. This meant that the registered manager and provider had been unable to make improvements.

Staff we spoke with on this inspection told us that things had , "really improved" in terms of leadership since our last visit. Staff were looking forward to working with the new manager

People were asked for their views about the support they received. The provider had recently sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. The manager told us she was going to use the feedback from questionnaires to help improve the service.

We spoke with the manager and asked them about her vision for the future of Morningside, they told us, "My vision and goal is to support the people at Morningside, to enable and inspire them to have their own holistic personalised care and maximize independence. We will enable people to have their own independent tenancy and have enhanced control of their lives. The service will incorporate a new approach and implementation of new strategies and development for the team. This will enable them to provide person centered care whilst facilitating social inclusion and community participation. We want to build, learn and develop new skills."

The manager carried out checks on how the service was provided in areas such as support planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the manager to monitor the quality of the service provided.

All audits and checks were shared with the provider who visited the home regularly to monitor quality. As a result of these visits resources had been allocated to carry out further refurbishment to home.

During the inspection the manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the manager throughout our inspection. Staff told us that they felt they were listened to and could influence the delivery of the service in

order to improve people's experience of care and support.