St Matthews (Moreton Centre) Limited

The Moreton Centre

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

Summary of findings

Overall summary

The Moreton Centre provides nursing and personal care for up to 64 people who live with dementia and people who live with a mental health diagnosis. The home is purpose-built over two floors and divided in to four separate units. The home was laid out in a style that meant people who liked to walk around could do so without encountering barriers. The corridors were wide enough to allow and encourage this and provided quiet areas for people to sit if they wished to. There were 57 people living at the home at the time of the inspection with a range of complex mental health and health care needs. This included people who have had a stroke, acquired brain injuries, who live with diabetes and for those approaching end of life. Ash unit provided accommodation for both male and female people living with dementia. Maple unit accommodated younger people with a mental health diagnosis and behaviours that may be challenging. A further two units, Willow and Oak provided single sex accommodation for those with a mental health diagnosis and behaviours that were challenging. People required varying levels of help and support in relation to their mobility and personal care needs.

There is a registered manager at the home. 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 Morton Centre was last inspected in August 2015. Three breaches of regulation were identified and it was rated as 'requires improvement' overall. We asked the provider to make improvements to ensure that medicines were handled safely and that there were sufficient staff to provide safe care and treatment. We also asked that improvements be made to the organisational quality assurance systems that were used to protect people from harm.

The provider sent us an action plan stating they would have addressed all of these concerns by January 2016. At this inspection on the 20, 21 and 22 September 2016, we found that improvements had been made and the breaches of regulation were met.

It was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing support needs. People's health and wellbeing carefully monitored and staff regularly liaised with a range of healthcare professionals for advice and guidance. Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in people's best interests.

People were provided with opportunities to take part in a range of activities and hobbies and to regularly access the local and wider area.

Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. .

People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatever." Any dietary requirements were catered for and people were given regular choice on what they wished to eat and drink. Risk of malnourishment was assessed and where people had lost weight or were at risk of losing weight, guidance was in place for staff to follow.

People told us they were happy living at The Moreton Centre. One person told us, "I've been here a while now, I am very happy here." Staff spoke highly about the people they supported and spoke with pride and compassion when talking about people. People's privacy and dignity was respected and staff recognised that dignity was individual and should be based on what each person wants.

There was enough staff to look after people. They had been safely recruited and were safe to work with people. Staff were well supported by their managers and colleagues. They received appropriate training to enable them to meet people's individual needs. The provider had processes to support staff to carry out their roles safely and effectively. Staff were encouraged to take further qualifications to develop their careers.

There was an open culture at the home and this was promoted by the registered manager and deputy manager who were visible and approachable . People and staff spoke positively of the management structure at The Moreton Centre.

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 Moreton Centre was safe. Staff had received training on safeguarding adults and were knowledgeable about the signs of different forms of abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks to people's health and well-being were assessed and measures put in place where possible to reduce or eliminate risks. Risks associated with the environment were managed safely and people's ability to evacuate the home in the event of a fire had been considered.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Good

The Moreton Centre was effective. Staff received on-going professional development through regular supervisions. Both fundamental training and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The Moreton Centre was caring. There was a welcoming, friendly atmosphere in the home and people spoke highly of the caring nature of staff.

Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values. Privacy and dignity was upheld.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Is the service responsive?

Good

The Moreton Centre was responsive.

People were supported to take part in a range of activities which were chosen in line with their preferences.

People and their relatives were asked for their views about the service through questionnaires and surveys. There were systems in place to respond to comments and complaints.

Care plans detailed how people had chosen to receive care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The Moreton Centre was well-led. The management team promoted a positive culture which demonstrated strong values and a person centred approach.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

The Moreton Centre

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 was an unannounced inspection on 20, 21 and 22 September 2016. It was undertaken by two inspectors. During the inspection, we spoke with 12 people who lived at the home, four visiting relatives, ten staff members, the registered manager and deputy manager.

Some people were unable to speak with us and share their experience with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning on the dementia unit. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, four staff files along with information in regards to the upkeep of the premises. We also looked at ten care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the registered manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us, "I have no doubts I am safe – none at all," "I feel safe with everything," and "I feel safe both with the building and the staff." Visitors told us "I never worry about anything, excellent all round." Some people who lived with dementia and other illnesses were not all able to tell us their experiences but we observed that people were comfortable with staff, calm and content.

At our inspection in August 2015, we found that people's health safety and welfare was not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe in respect of the management of medicines and pressure relieving equipment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that the provider had not ensured that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in the service to meet people's needs, which was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by January 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 12, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found policies and procedures were in place to support the administration and management of medicines. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time (MAR charts are a document to record when people received their medicines). Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time." People's medicines were securely stored in clinical rooms and they were administered by registered nurses and senior care staff who had received appropriate training.

Medicine audits were completed on a daily basis. These looked for any omissions on the MAR charts or any errors in the administration of medicines. Where omissions or errors had occurred, systems were in place to analyse what happened and take any appropriate actions. For example, one medicine error involved a person not receiving one of their medicines. The person's GP was contacted and the person was also informed who advised they felt fine despite not receiving one of their medicines. The registered manager told us, "We are continually reviewing all medicine practices and looking at actions to implement to help reduce any future errors."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when

needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. The provider employed a dedicated facilities team who were responsible for overseeing the safety of the environment and premises.

This inspection found that there were sufficient staff deployed in the service to meet peoples needs. People and staff felt staffing levels were sufficient to meet the needs of the people they supported. One person told us, "Never have a problem." Another person told us, "They take me out and about." Staff told us "We are well staffed, in fact we have three extra staff as we have some people who need that one to one time." This told us that staffing levels were flexible to meet people's needs.

On the days of the inspection, we observed The Moreton Centre to be calm with a relaxing atmosphere. From our observations, people received care in a timely manner. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom. One member of care staff told us, "We are staffed right I think, we are busy sometimes but that is unavoidable when you care for people who are frail." Staff told us that in the afternoons, the staffing numbers allowed them to spend one to one time with people and take people down to the garden.

Risks to peoples' health and safety were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included, falls, skin damage, behaviours that distress, nutritional risks including swallow problems and risk of choking and moving and handling. For example, low beds were in place for those that may fall out of bed and pressure relieving mattresses and cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. Where risks were identified there were measures in place to reduce the risks as far as possible. People who lived with diabetes had their blood sugar levels checked regularly to ensure it was within their normal range. Guidance for staff to recognise when their blood sugar was either too high or too low was in place for staff to refer to. People who live with diabetes need regular health checks for their eyes and f feet as the disease has potential negative side effects if not monitored. These were in place and evidence that risks to their health were mitigated. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered more regularly. Staff weighed certain people who were identified at risk more regularly and updated their GP . The latest review for one person had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and fortified foods. This was monitored closely by staff.

We observed people being safely supported to move from a wheelchair to armchair with the support of appropriate equipment. Staff were mindful of the person's safety and well-being whilst being moved. Staff

offered support and reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "My disease means I struggle with lots of things now like walking, but staff make sure I'm safe."

Staff supported people who lived with behaviours that challenged others in a competent and safe manner. Strategies for staff to manage people's behaviour safely had been introduced and training was provided to support staff. We saw throughout the inspection that people were calm and staff were attentive to people's mood changes and body language. We saw that one person became restless and frightened and staff immediately responded and engaged this person in an activity. This was handled in a gentle and professional way.

The incident and accident records were being monitored and the manager had introduced regular meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Staff used these meetings for reflecting on current practices and ways to improve.

Staff received training on safeguarding adults. Staff knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications. Nurses employed by the provider of The Moreton Centre and bank nurses all had registration with the Nursing Midwifery Council (NMC) which were up to date.

Good

Is the service effective?

Our findings

People commented they felt confident in staff's skills and abilities to support them. One person told us, "They would call the GP for me if I was unwell." Visiting relatives also expressed confidence in the skills of nursing and care staff.

People commented they felt able to make their own decisions and those decisions were respected by staff. One person told us, "They ask me first." Training schedules confirmed staff had received training on the Mental Capacity Act (MCA) 2005. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff demonstrated a firm understanding of the principles of consent and that people have the right to refuse consent. Mental capacity assessments were completed in line with legal requirements. They told us, "We use different forms of communication and always go back to the person to see if they've retained the information." When people lacked capacity to make a specific decision, a best interest decision was made. Involvement from the family was sourced and the person's views, feelings and past wishes were used to make the best interest decision. Staff asked people's consent before offering them help and made sure the person was happy with what had been provided. Where people were less able to communicate verbally or had varying capacity staff understood from people's body language and facial expressions whether people had agreed to the help offered.

The Care Quality Commission has a legal duty to monitor activity under Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

The registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty. The registered manager took full responsibility for DoLS applications and kept a folder detailing dates and responses. This had ensured that the provider was meeting the requirements of DoLS.

All new staff underwent a formal induction training period. Staff records showed this process was structured around allowing staff to familiarise themselves with policies, protocols and working practices and was based on the Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to when they provide support and care. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment during this time and were well supported. One staff member told us, "I had a really good induction, felt supported by everyone." The registered manager confirmed that the induction period was tailored to each new staff member's experience, they told us, "If we think they are overwhelmed, we can extend it if the staff member needs more time to settle in to their role."

The staff training plan and files showed that staff had access to essential training to provide the care and support for people living at The Moreton Centre needed. The training was provided either internally or by

external training agencies. The majority of training is provided by compact disc and then we were told that staff have a written test that it marked by the external training provider. Additional training offered to staff included maintaining confidentiality, management of challenging behaviours, falls prevention, pressure area care and medication management.

Staff received training to meet specific health needs, such as diabetes, Huntington's chorea, Parkinson's disease, Dementia and end of life care. This enabled staff to provide effective care as they had an understanding and knowledge of the problems that may occur with peoples' health. One staff member said, "I have learnt so much about mental health and how to manage challenges, I have so much confidence now." Another member of staff said, "It's been really helpful and interesting to learn about our residents' illnesses and how we can support them in the best way."

A member of care staff told us how the dementia training emphasised the importance of creating a calm atmosphere and spending time sitting and eating with people. Nursing staff commented they were supported to continue with their continuing professional development and received regular clinical supervision and training.

People's risk of malnourishment was assessed and reviewed on a monthly basis. Older people and people living with dementia, physical conditions and mental health illnesses are at heightened risk of malnourishment due to multi-factors such as poor mobility, physiological changes and swallowing difficulties. The provider utilised the Malnutrition Universal Screening Tool (MUST) to identify anyone who may be significant risk of malnourishment or experiencing weight loss. Where people had lost weight or were of a low weight, guidance was in place which included fortified snacks and drinks to be offered in-between meal times. Food and fluid charts were in place for care staff to record people's nutritional intake if there was an identified need. This enabled staff to monitor people's food and fluid intake and identify where people may need additional encouragement. One staff member told us, "We record in people's individual records if someone is not eating or drinking but also discuss people's nutritional intake at handover, identifying any concerns where we may need to encourage food and fluid." One care staff told us that one person, "is struggling to eat because they are sleepy. We offer further drinks and snacks, such as cheese and biscuits. When making tea we use full fat milk and the same for hot chocolate, trying to ensure the drinks are fortified."

The Moreton Centre provided care and support to people with swallowing difficulties for example those with Huntington's chorea and following a stroke. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and from fluids entering the lungs. Thickened fluids are easier to swallow; however, the quantity and texture must be appropriate for the individual as otherwise they can place the person at risk of aspiration. Nursing staff were responsible for the management of thickened fluids and guidance was in place on the required texture of thickened fluids. Input from dieticians and speech and language therapists (SALT) were also sourced. Guidance was available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed. This person told us they were not enjoying the diet. The chef told us of various ways he tried to make it more enjoyable such as spices. The chef told us that they paid particular attention to fortifying food to prevent weight loss, he said, "We use cream for soups and add cream to sauces, we make milk shakes as well."

A menu was displayed in various places throughout the home. People were offered a variety and choice and were able to choose from options for each meal time. Staff told us told us, "The kitchen team are very flexible, if they have it, they will cook it for the person. If someone wants something different than what's on the menu, they will do our up most to meet their request." We spent time observing the lunchtime meal

whilst sitting and interacting with people. Each unit had their own dining room with individual tables set up. Tables were laid with napkins, glasses and condiments, so people could chose a drink and flavour their food as they so wished. The staff served the meals from hot trolleys and each person was able to choose how much they wanted. For people living with dementia, they were empowered to make decisions on what they preferred to eat. Staff members showed them the options which enabled them to make a choice. We also saw some people had second helpings offered if they had finished and were still hungry. One staff member said, "Some people are put off by a large helping so we offer two smaller helpings." People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatsoever."

People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. Staff told us, "Our residents may be unable to tell us if they feel unwell, however, by knowing our residents well, we can identify signs such as not eating, facial expressions or not being themselves as it indicates to us that there is a problem." People had regular access to healthcare professionals and GP's visited the home on a weekly basis. The GP's felt staff were good at escalating any concerns and following their advice. Each person had a multi-disciplinary care record which included information when dieticians, SALT and other healthcare professionals had visited and provided guidance and support. Input was also sourced from the falls prevention team, Parkinson's nurse and tissue viability nurse. People felt confident their healthcare needs were effectively managed and monitored. One person told us, "I trust them, they know me, they will contact the GP for me."

Good

Is the service caring?

Our findings

People spoke highly of the caring nature of staff. One person told us, "Staff are kind and caring." Another person told us, "I am lucky to be here, they go the extra mile." A third person told us, "Nice bunch of staff." Visitors told us, "I am very pleased with the care, everybody is kind, caring and respectful."

We observed kind and caring interactions between people and staff. Staff clearly knew people and what they liked and disliked. Staff spoke in gentle tones and in particular for people living with dementia we observed staff to be kind and reassuring in their tone. We observed staff explaining what they were doing and repeating themselves where needed to make sure that they were understood. We observed that there was warmth and humour in the interactions between staff and people and people responded to staff with smiles. Our observations told us staff were caring, patient and respectful in their approach to people.

Staff spoke about the people they supported with compassion and respect. Staff had clearly spent time building rapports with people along with gaining an understanding of their life history and what was important to them. Staff respected people's individuality and recognised people for who they were. People were called by their preferred name and when talking to people staff directed their attention to the person they were engaging with and not distracted or talking unnecessarily with someone else in their vicinity. We observed a member of staff asking a person if they wished to eat on their own. The member of staff was encouraging a level of independence and only stepped in at the later stages when the person grew tired. The staff member was very supportive and assisted the person with their food in an unrushed fashion. There was consent to 'intervention' and 'freedom of choice, all illustrated by the staff member.

Staff recognised the importance of promoting people's identity and individuality. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. People had their handbags to hand which provided them with reassurance. People wore jewellery and makeup which represented their identity.

Pets and animals were welcomed into the home. The management team and staff recognised the importance of pets and the therapeutic companionship animals can bring to people. There are two resident cats who live on two separate units. We saw that people responded to the pets and staff told us that there were plans to replace the chickens and ducks that had lived in the garden.

The home was calm and relaxed across all units during our inspection. People that did become restless were immediately distracted by staff with a suggestion of tea or walk and this prevented a problem arising. One person had had a meeting and the staff had realised that this maybe a trigger for their behaviour to change. On arriving back on the unit, a staff member immediately offered the person a chance to chat or talk through their meeting. This demonstrated empathy and understanding.

Staff understood that they had to be aware of people's individual values and attitudes around privacy and

dignity when providing care. A staff member told us, "Privacy and dignity is so individual and based on what is important to the person. We have always taken a person centred approach to privacy and dignity, ascertaining how the person wants their dignity to be respected." People confirmed that staff respected their individual space, knocked on their bedroom door before entering and respected their dignity. One care staff told us, "When providing care, we ensure doors are closed, that people are covered appropriately and we explain what is happening."

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person told us, "We can spend our days as we choose. I like to sit in the lounge but also like to sit in the garden." Relatives told us they felt involved in their loved one's care and were kept informed of any changes. Throughout the inspection, we observed staff enquiring about people's comfort and responding promptly if they required any assistance.

'Resident's and relatives meetings' were held on a regular basis. These provided people and their relatives a chance to discuss any concerns, queries or make any suggestions. Minutes from staff and relatives meetings in 2016 demonstrated that staffing, new residents, activities and call bells were discussed.

Relatives and visitors told us they were free to visit and keep in contact with their family members and friends. They said they were made welcome when they visited. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person's own bedroom.

Care records were stored securely in the staff office on each unit. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality. Staff told us they tried not to bring confidential records into communal areas. We saw they returned to the office to complete paperwork during our inspection.

Good

Is the service responsive?

Our findings

People were involved as much as possible in deciding how their care was provided and received care that was responsive to their needs and personalised to their wishes and preferences. People told us there was a range of activities available and they were encouraged to join in. One person told us, "There's enough going on, I'm quite happy, I join in when I want." Visitors told us there were a lot of activities and their relatives joined in if they chose to.

People and visitors we spoke with confirmed they were involved in care planning decisions. Visitors, told us they were updated with any changes in their loved ones health or care needs. They said, "If anything happens they tell us and we can be involved in any decisions that need to be made."

The management team and staff recognised the impact of moving into a care home can have on people. Before people moved into The Moreton Centre, an assessment of their needs took place to make sure their needs could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. Care plans were personalised and reflected the individualised care and support staff provided to people. We saw some people had complex care needs in relation to their mental health needs and behaviours that challenge. We asked staff about the care some of these people required and saw care plans reflected the care people received. People had their care reviewed regularly this included any changes that related to their health, care, support and risk assessments. Information was available on people's life history, their daily routine and important facts about the person. This included their food likes and dislikes and what remained important to them, however the quality of this section within care plans varied. The registered manager explained this had been identified along with the activities section and staff were working with people to develop and improve these. One staff member told us, "Initially, the information we have is dependant of what relatives tell us." There was evidence that people and, where appropriate, their relatives were involved in the reviews.

People were able to maintain relationships with those who mattered to them. We saw visitors were welcomed to the home. They told us they were always made to feel welcome and felt involved with their relatives care. We observed that staff knew the regular visitors well and there was an open, professional relationship between them.

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living that helps to maintain or improve their health and mental wellbeing. There was a dedicated activities team. There was a wide range of activities taking place throughout the day. This included 1-1, trips out, games and music. There was also a well-equipped activity suite with an art and crafts room, quiet room and kitchen.

In response to peoples need to walk around staff were seen enabling them to be as independent as possible, whilst ensuring their safety. The layout of the environment meant people were able to walk around the floor safely without encountering barriers. People were able to walk around, spend time in the lounges or sit in the corridors as they chose.

Staff had recognised that although there was a varied activity programme in place there were limited activities for people who remained in their rooms or didn't chose to participate. Staff told us they were continually reviewing and introducing more one-to-one and reminiscence type activities. The registered manager was currently looking at courses for staff to attend for introducing more meaningful activities for those people who live with dementia. Some staff showed a depth of understanding of what constituted an activity and explained how each interaction should be meaningful for people. For example, whilst staff were taking one person out to the local gym and swimming they found this person enjoys spending time going out with staff on errands in the community.

There was a complaints policy at the home and this was seen to be followed. People said that they would be very comfortable in raising a complaint or concern and most said that they would raise this with the registered manager, whom they knew personally and who was available to them. Other people confirmed they also felt comfortable approaching staff with any concerns. A copy of the complaints policy was provided to people when they moved into the home and copy of the policy was also on display in the home. The provider had received two complaints since the last inspection. The complaints log gave details of the complaint and the outcome. The management team showed us the compliments they had recently received. Compliments included, 'Thank you so much to you and your staff for the kind and caring way you all helped us as a family."

Good

Is the service well-led?

Our findings

At our inspection in August 2015, we found the provider did not have effective quality assurance systems in place to identify shortfalls in care delivery.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by January 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there were systems to review the quality of service provided which included a variety of audits and checks. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. Infection control audits, medication and care plan audits were taking place on a regular basis. Any shortfalls identified, a clear plan of action was implemented. Such as further care plan training. Health and safety audits were taking place which considered the environment, premises, staff safety, clinical waste, and fire safety. They were well completed and evidenced that time scales were set and adhered to.

All accidents and incidents, including falls, were monitored by the registered manager who ensured any actions required to minimise any further risks were carried out. Incident and accidents were also monitored for any emerging trends, themes or patterns and considered how many falls people were experiencing to previous years. The registered manager told us, "If we identify an individual is having a high number of falls, we always refer onto the falls prevention team."

The CQC are aware previous meetings with the local authority had occurred when safeguarding concerns had been raised, but the management team used the lessons learnt to good effect. Such as ensuring that training to manage behaviours that challenge is provided for all staff. The Manager said, "We have a very busy and complex home with people who do have behaviours that may challenge and distress, but safeguardings are about learning and improving."

The provider was committed to sharing good practice and encouraging staff to learn and develop. Information about the Duty of Candour was also shared at staff meetings which enabled staff's understanding of their responsibilities in this area. The Duty of Candour was introduced on the 1 April 2015 by the Care Quality Commission (CQC). Under this regulation, the CQC expects organisations to be open and honest when safety incidences occur. The provider had also implemented a Duty of Candour policy and the registered manager understood their responsibilities under the regulation.

People, their relatives, staff and healthcare professionals were actively involved in developing and improving the service. Regular satisfaction surveys were sent out to people to enable them to provide feedback. Satisfaction survey results were analysed with a clear action plan on how improvements could be made to the running of the home. For example, meal choices.

People were relaxed and comfortable in the presence of the management team. The management team knew people and their relatives by name and made time to engage with people. People and staff spoke highly of the registered manager. One person told us," The home is managed very well."

The registered manager told us, "I'm proud of what we have achieved over the last year, we still have things to work on but we have a strong team." Staff felt the home operated in a culture of honesty and transparency with a real focus on person centred care. One staff member told us, "It's all about putting our residents first."

Staff spoke highly of the leadership style of the registered manager and the sharing of information within the home. One staff member told us, "The management team is very approachable and the door is always open." Handovers were held between shifts to ensure staff coming onto shift were aware of any changes in people's needs. We spent time observing a staff handover, information was clearly communicated. There was a clear focus on each person in turn and staff presented with in-depth knowledge about each person. During the handover, concerns were raised regarding one person's food and fluid intake, so staff were told of the importance of encouraging food and drink. Staff meetings were also held on a regular basis. These provided staff with the opportunity for making suggestions or raising concerns. One staff member told us, "Staff meetings are very much an open forum; you get listened to." Staff confirmed that any suggestions were listened to and acted upon. Staff told us of one recent scenario whereby improvements to the laundry systems were made as a result of issues raised within the staff meeting and by residents.