

Salutem LD BidCo IV Limited

43a and 43b Morley Road

## Inspection report

43a and 43b Morley Road  
Tiptree  
Colchester  
Essex  
CO5 0AA

Tel: 01621819070

Date of inspection visit:  
17 May 2021

Date of publication:  
03 September 2021

## 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

43a and 43b Morley Road is a residential service and provides personal care and support to people who are living with a learning disability and or physical disability. At the time of our inspection they were supporting six people.

### People's experience of using this service and what we found

People told us they felt safe. Staff had received training in safeguarding people from abuse and knew how to raise any concerns.

People had risk assessments in place and staff knew how to support people to mitigate risks.

There were enough staff to meet people's needs. Staff had received infection control training and understood the importance of following government guidance in relation to COVID-19.

Medication was administered by staff who had received training to do so and medicines were managed safely.

People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Care plans were detailed, and person centred in an easy to read format.

The service had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. Relatives felt able to speak to the staff team at any time if they needed to know about their loved one.

The service had a visible registered manager in place who knew people living in the service. Staff felt valued and supported by management.

### Why we inspected

This service had been taken over by a different provider and this was the first inspection of the service since the new provider had taken over.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below

# 43a and 43b Morley Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

43a and 43b Morley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, manager, deputy manager and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this service under the new provider. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and CQC.
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.

Assessing risk, safety monitoring and management

- People told us they felt safe with the staff. One person told us, "The staff look after me they know me."
- Risks associated with people's care were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them.
- Care plans contained detailed risk assessments.

Staffing and recruitment

- Our observations on the day of inspection showed us there were enough numbers of staff on duty to meet people's individual needs and keep people safe.
- People were supported by a consistent staff team. The registered manager told us that recruitment was ongoing and they had to use agency staff, but they ensured they used a regular agency and requested the same staff for a consistent approach. This was important for people because of their complex needs.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported. Checks carried out included two references and previous employment history along with a Disclosure and Barring Service (DBS) check.

Using medicines safely

- Systems were in place to manage people's medicines safely. Staff were trained in the administration of medicines.
- Audits were undertaken on a regular basis and any actions were highlighted.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and included details of actions taken to mitigate the risk of the incident happening again.

# Is the service effective?

## Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated as good. This meant 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 were assessed on admission.
- Detailed care plans were in place which were regularly reviewed and updated to ensure they met people's needs and choices.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service. This included getting to know the people and shadowing an existent member of staff.
- Staff spoken with confirmed they had access to training which included a combination of face to face training and online.
- Staff demonstrated competency and knowledge when observed working with people.
- Staff received regular supervisions to discuss their progress and professional development. They told us they could always speak to the manager if they had any concerns.

Staff working with other agencies to provide consistent, effective timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals such as social workers, GPs and community psychiatric nurses to help support people to maintain their health and wellbeing and achieve good outcome for people.
- People were supported to attend health care appointments and outcomes and actions were clearly documented.

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

- The service was all one level which enabled people in wheelchairs to have easy access. Doorways were extra wide, and rooms were spacious.
- People's bedrooms were personalised, and people told us they had chosen the colour. One person told us, "I like purple and pink best". Their room was decorated in purple and pink.
- The service had an improvement plan which included the communal areas of the home being redecorated and staff told us that people would be choosing the colour schemes and the furniture. Two easy chairs had recently been purchased for the lounge in the colours people had chosen by looking through magazines.

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

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 interest and legally authorised under the MCA.

In care homes, and some hospitals this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental Capacity Assessments were in place and where people were being deprived of their liberty, applications had been made to the local authority and CQC notified.
- Care plans clearly documented people's capacity for making decisions and how best to communicate with them about these.
- Throughout the inspection we observed staff supporting people to make day to day choices and decisions.

# Is the service caring?

## Our findings

Caring-this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service under the new provider. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff supporting people to make decisions about their care. Staff spoke with people at a level and pace they could understand and gave people time to process the information and to give a response.
- People told us they were happy living in the service. One person told us, "All the staff are kind and caring they help me when I want them to."
- Throughout our inspection we observed staff supporting people showing kindness, patience and empathy.

Supporting people to express their view and be involved in making decision about their Care Quality Commission

- People were given the opportunity to provide feedback about the service and the care they received. This included regular house meetings.
- People's care plans were personalised and it was evident staff knew people well and had considered their views and preferences.
- Relatives we spoke with told us they had been involved in their family members care plan.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with family and friends.
- The service had been facilitating socially distanced visits by relatives during the pandemic.
- Our observations throughout the day of inspection showed staff supporting people in a dignified way and encouraging people to be as independent as possible. Staff knocked on people's doors and waited for a reply before entering.

# Is the service responsive?

## Our findings

Responsive-this means we looked for evidence that the service met people's needs.

This is the first inspection for this service under the new provider. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and reflected people's needs. They contained clear guidance on how people wished to be supported.
- Staff knew people well and were aware how to support them if they became agitated or distressed.
- People and their families were involved in developing their care plans and people were supported to make choices in their daily lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standards (AIS). The standards were introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded.
- Information was given in a format which people could understand for example, large print, pictures and symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that they were interested in.
- The service had a secure social media page where they shared photographs with family and friends of the activities that people took part in. This was also used as a talking point for the people that lived in the service.
- During the COVID-19 pandemic people had been supported in a variety of ways to maintain contact with family and friends this included telephone calls, video calls and garden visits in line with government guidance.
- On the day of inspection, we observed people playing board games and taking part in karaoke and they were clearly enjoying themselves.

Improving care quality in response to complaints or concerns

- The service had an effective complaints system in place.
- People knew who to talk to when they had a concern or were unhappy.
- During our inspection one person raised a concern with one of the managers who listened to them, gave them reassurance, took their concerns seriously and told them they would investigate and get back to them.

#### End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The registered manager told us they would work with healthcare professionals and organisation to support people with end of life care.
- The registered manager told us they had asked people's families to complete an end of life care plan and were in the process of arranging meetings with families to support them with this. This had been delayed due to COVID-19.

# Is the service well-led?

## Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff had created a positive atmosphere at the service, each bungalow had staff that worked with people to promote their independence. We saw people and staff interacting with each other throughout the inspection and enjoying each other's company. Staff obviously knew people well and were able to talk to us about each person's individual needs.
- Team meetings were held to share information and give staff the opportunity to discuss any concerns or issues. Staff also held handovers before each shift to ensure communication was shared by all and everyone was kept up to date with any changes in people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families where appropriate, were involved in the planning and ongoing review of their care.
- The manager told us they had used various methods to communicate with people's relatives which included telephone calls and emails. Relatives we spoke with confirmed this.
- Staff told us they felt fully informed listened to and that their opinions counted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and their duty to be open and transparent about any incidents. Relatives told us they felt fully informed about any issues.
- The registered manager was aware of their responsibilities for reporting incidents to CQC.
- The registered manager had oversight of the service and knew the people well that lived there. During the day of inspection observation showed us that people felt happy to talk to the registered manager and found them approachable. Staff told us, "[Name] is easy to talk to and I feel I can ask them anything."
- Quality assurance systems were in place to monitor the quality of the service and actions were highlighted with timescales given for them to be achieved by.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dietitians, speech and language therapists and GP.

- The service learnt from incidents that had occurred and made changes in response to these to improve care and safety.