Extel Limited

Morris House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 January 2016 and was unannounced. The previous inspection was in July 2013 where we found that regulations had been met. The home was providing accommodation and personal care for six people with learning disabilities and /or autistic spectrum disorders.

There was a registered manager in post at the time of the inspection. 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.

People were safe from abuse because staff knew how to recognise signs that would show that people may be at risk. They knew to report concerns to their manager and which agencies they should report any concerns to if they were not satisfied with the response. Risk assessments and management plans were in place. These identified actions staff needed to take to protect individual people from risks associated with their specific conditions and of any challenges to themselves and other people. People were supported to manage some of their medicines themselves if appropriate otherwise medicines were safely administered. Medicines were appropriately stored and managed and this helped to keep people well.

People were supported by enough staff to keep them safe and for them to receive support when they wanted. The majority of staff had worked at the home for a long time. Robust recruitment processes and monitoring of new staff was in place to ensure that people remained safe. People were happy with how staff supported them. Staff demonstrated that they had the skills and knowledge to ensure people were supported effectively and safely.

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing support and people were in control of the support they needed. Where decisions had to be made for people their rights had been protected as restrictions had only been imposed following a legal process.

People were supported to have a choice of suitable food and drink that met their health needs. Where necessary arrangements had been made for people to have advice about their nutrition. Staff supported people to access routine checks from health professionals to keep people physically and mentally as well as possible. In addition staff acted quickly when people's health deteriorated.

People were happy about the relationships they had with the staff that supported them. Involved relatives and social and health professionals told us they felt welcome when they visited the home.

The registered manager and staff went to exceptional lengths to ensure that people were able to follow their interests, hobbies, maintained links with their families and had access to preferred social activities. This had resulted in improvements in the well-being of people who were as a result then and more comfortable to

accessing a wider range of activities and at sufficient ease to enjoy greater levels of interaction with other people.

People did not have any complaints about the support they received. People, relatives and one social care and one health care professional told us that the home was well led by the registered manager. There were systems in place for the registered manager to check the quality of the service day to day and monitor for any trends in how the home was operating over a longer period. Records were well kept and all the staff were able to access information quickly.

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.

The manager and staff knew how to report any issues that may be abuse and to ensure that people were safe from the risk of harm.

There were enough well recruited staff to provide support and guidance for people.

People were supported to take or manage their medicines. Medicine administration and storage was safe.

Is the service effective?

Good

The service was effective

Staff received appropriate supervision, support and training to develop skills to support people well.

People did not have their rights restricted and their consent was obtained before providing care and treatment.

People had a choice of appropriate food and drink to meet their needs and people were supported to have health needs met.

Is the service caring?

Good

The service was caring

Staff supported people in a kind and caring way.

People were given opportunities to speak with staff and to make decisions and choices about their life.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Relatives and a social and health care professionals confirmed

that the service had ensured improvements in the lives of people.

The management and staff were creative and involved people in maintaining and furthering their interests and activities.

Arrangements were in place to regularly check that people were happy with their care and support and that they could raise concerns.

Is the service well-led?

Good

The service was well led.

The manager ensured that the people who lived in the home were listened to. They supported relatives, and professionals who visited the home

Staff were motivated and supported to continually look at ways to enhance people's lives

Systems were in place to monitor the quality of the service from day to day and over a period of time.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 January 2016 and was unannounced. The inspection was carried out by two inspectors. As part of the inspection we reviewed all of the information we held about the home. This included statutory notifications received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. This helped to inform us where to focus our inspection visit.

During our visit we spoke with five of the six people who lived at the home about aspects of their care. We spoke with social care professional who was visiting at the time of our visit. We spent time during the visit observing people's care in the communal areas of the home and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand how people experience the support they receive. Following our visit as part of the inspection we spoke with two relatives and a health care professional.

We looked at parts of two people's care records and two people's medicines and medicine records to see if they were accurate and up to date. We also looked at staff employment records, quality assurance audits, complaints and incident and accident records to identify the provider's approach to improving the quality of the service people received.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe in the home. One person said that felt safe because: "The other people and staff are kind to you." Another person told us: "I am safe because when I am out [of the home] I can contact the manager let them know where I am and when I will be back." A social care professional we spoke with told us: "People are definitely safe in the home; all of the professionals involved with the person I see are happy with this placement." The relatives we spoke with also told us that they had confidence that their relatives were safe.

Staff we spoke with told us that they had appropriate training in safeguarding people. They were able to tell us about the signs that may identify that a person was being abused. They told us how they would protect people should anyone be harassed whilst out in the community. Staff knew of the agencies involved in safeguarding people and of their responsibility to report any concerns. We saw that although a poster about safeguarding had been taken down to make way for Christmas decorations it was available to be reinstated. There was also information displayed about a telephone line that people, their relatives and staff could use if they wished to whistle-blow to the provider about any safety concerns. The provider had taken appropriate steps to ensure people living in the home were safe from abuse.

During our observations we saw that staff were aware of situations that may pose a risk to people and intervened quickly to prevent accident or injury. A health professional told us that the manager and staff knew how to proactively manage risk and were aware of triggers and signs of potential relapse. People's care files contained risk assessments for any identified health risk and detailed any triggers or signs that would show that individual people were becoming anxious or unwell. Staff were observed to act in line with these management plans. For example we saw that staff deflected people away from talking about subjects that increased their anxiety. Risks to people's individual safety were minimised as much as possible.

The provider had ensured that there were detailed emergency plans were in place and that included contact telephone numbers and resources. We saw evidence that regular checks were undertaken to ensure that staff could respond appropriately in an emergency, for example monthly fire drills and inspection of fire safety equipment.

The provider undertook the appropriate checks to ensure that new staff were safe to work with and support people who lived in the home. Staff told us about the checks the provider undertook at interview, with the disclosure and barring service (DBS) and from former employers. Where staff had not acted appropriately we found records that showed the management had acted appropriately to keep people safe. Relatives and a social care professional told us that there had been minimal staff turnover and this had helped to ensure that people received consistent care. There were enough staff on duty on the day of our visit to meet people's needs and for people who wanted to go out of the home.

Medicine records we looked at matched the amount of medicines in the home and people told us they received their medicines at the time they were prescribed. One person told us: "The staff give me my tablets, I have them between 7 and 8am and I get them again at night time." Another person told us: "They start the

meds at 8am but I am always up by 7am so I am ready for mine." There was a good system for checking medicine administration. This indicated medicines were being given as prescribed. As people understood that they needed medicines they were asked to complete a form to agree that staff could administer some or all of their medicines. Where needed assessments were in place to ensure people were safe to administer their own medicines and checked to see if they understood when they needed to take them. Where people may refuse their medicines when unwell there were clear processes in place to ensure people's safety. Measures were in place to ensure people had their medicines as prescribed. Staff told us that they had received medicine administration training and that the manager checked to see if they remained competent. One member of staff told us: "If there is an error made then the manager uses it as [a] training [opportunity] for all of us."

Good

Is the service effective?

Our findings

People were happy with the way that staff supported them. One person said: "The staff are very nice in the way they help me." The majority of staff had worked in the home for several years and knew the people that lived in the home well. Staff told us that they always get the training they needed and records confirmed this. Staff told us that they received induction on starting work in the home. The manager was aware of the requirements of the care certificate as part of induction but had not yet had the opportunity to use this. One staff member told us that even though there were no people in the home whose behaviour was physically challenging they still had the training to support them in these situations.

Staff were clear that they were involved in supervision meetings at least every two months. The manager and staff informed us that these individual and staff meetings supported them in their day to day work and that they also had knowledge tests to ensure they were up to date with any existing and new policies and procedures.

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).

On person told us: "They let me out on my own to live and to have my independence. They treat me like an adult." All of the people living in the home had the capacity to make some decisions and where possible staff gave people this responsibility. Applications were only made where the person did not the capacity to understand the consequences of the decision and the safety of the person was compromised. We found that some people were making unwise decisions about their care and treatment but they had been given detailed information and chose to take the risks. Where restrictions were in place to safeguard people the registered manager tried to find solutions so that it did not adversely affect other people in the home. The registered manager and staff had received training on and understood MCA and DoLS. People were enabled to make decisions about their care and treatment. The registered manager had made appropriate DoLS applications and these had been authorised without recommendations. A social care professional who had undertaken the assessments had written a comment that they couldn't fault the staff who were helpful and accommodating during this process. Some people were subject to restrictions by other legal means and these restrictions were known by the staff and documented in the relevant people's records.

People were supported in making simple meals and snacks. One person told us: "The food is okay. We have two choices of meals at the main meal every day and we have different menus each week." Another person said "On Sunday we are asked what we would like to eat and we get a choice of food. That's really good." Meals were planned with people who lived in the home and people also had a choice of food at each meal time. A person told us: "Staff do most of the cooking but I do some cooking too, I like cooking my pasta." We

saw that some people were involved in making snacks for themselves when we visited. This indicated people were encouraged to find meal times important. People had supported access to the kitchen when they wanted to access snacks and drinks.

Care plans and nutritional risk assessments were in place to guide staff how to provide support. Where people had weight issues this was discussed with them and support was given if they wished to address any issues.

People when admitted into the home were supported to have a range of health checks for example with their GP, chiropodist, optician and dentist shortly after admission. Subsequently annual health checks were arranged with their GP. People told us if they wanted staff would support them to visit health appointments. One person told us: "Staff take me to the doctors. I have been two times." Where people had health issues that needed monitoring we saw records that showed this was done. Staff were aware of any signs that people's health conditions were deteriorating. If people needed to be admitted to hospital the home had detailed information available about the person, their health and their preferences that could be shared with hospital staff so as to enable consistent care to be provided. People had access to holistic health methods used to support people with anxiety conditions as well as medication. On person told us that this support had helped them.

Although the environment was generally comfortable and homely one communal bathing facility needed attention. The bath enamel had worn and small rust patches were evident in places and some of the tiling and flooring was becoming hard to keep clean.

Good

Is the service caring?

Our findings

All of the people we spoke with liked living in the home. Their comments included: "I like it here it is quieter than [previous placement name] which was too noisy" and "I like living here it is nice." A relative told us: "[Person's name] loves living here. They are more content now than they have been for years." A social care professional told us about their observations of the home they told us: "Staff are lively and have good banter with people who live in the home." They told us this was the case with all the people that they had been involved with in the home. A health professional told us: "I cannot fault the care." We saw that staff had good interactions with people that they were caring for.

People had monthly meetings with their key workers to talk about their life in the home and what worried and what they liked. We saw staff speaking with people in a calm and kind way both when people came to speak with them and when staff engaged people in day to day conversation. Staff had positive and caring relationships with people who lived in the home.

People told us that they were able to make decisions about their care and make choices about their day to day life. People told us they could rise and go to bed when they wanted and had opportunities to meet together to decide what they wanted to do. A health professional told us that the manager ensured that: "Every decision that is made about [person's name] involves [person's name]."

People were involved in the day to day life of the home gaining skills to make them as independent as possible, and in line with their wishes. One person told us: "Yes I have jobs. I clear the tables and mop the floor wipe up and do my laundry." We saw a rota where two people took responsibility to ensure the bathroom they used was kept clean and we saw a rota in the office which showed that staff also took part in the rota of cleaning. Another person took responsibility to ensure that the pet fish were looked after. A relative told us: "They make [person's name] as independent as possible

People we spoke with told us that their families could visit the home when they wanted. One person told us: "My family are made to feel welcome in the home and I can make them a cup of tea when they come." A relative told us: "Every time we come we are welcomed. It is wonderful, staff are very polite and they care for us too." Staff told us they tried to involve family and friends in the life of the home.

People's privacy and dignity was respected in the home. One person told us: "The staff do not disrespect us." Staff we spoke with talked about people in respectful way. We saw that staff praised people for chores that they performed and for sticking to regimes that improved their health. These interactions helped people to feel valued.

We saw people were dressed in clothing they had chosen. People were supported to think about whether they had the right clothing for the activities planned for the day. People's right to privacy was accepted. During our visit one person chose not to meet with us and there was no pressure put on the person to do so. We saw that people spent time in their room if they wanted. All of the people were offered keys to their bedrooms; some people told us they chose not to have keys and where this decision of the person was the

case this was recorded.

Good

Is the service responsive?

Our findings

Before people were admitted to the home assessments were undertaken. One person told us that staff visited them at their previous placement and spent time getting to know them. They came to visit the home before they were admitted and one of these visits included an overnight stay. This helped the person decide if they wanted to try living in the home. Information was shared between the placement and the home and this helped to develop a care plan that was individualised to the person.

Care plans we saw were comprehensive including information about people's individual health and social care needs, and details about their preferences and their aspirations. People were involved in planning their care and there were meetings with their care workers on a monthly basis to talk about how the care was for them. This had resulted in more individualised action plans each month as they responded to people's views. One staff told us that following their monthly review they had a different approach of working with a person had lessened the number of episodes of unsettled behaviour that they had and records confirmed this.

The manager and staff go to exceptional levels to ensure that people were involved in interests, hobbies, activities, holidays and education that they wanted. For one person this was setting up a daily routine in the community to be involved in activities. Prior to this community involvement the person had not wanted to engage in activities or participate in doing things that they now enjoyed. They told us about the trips they had been on and what they hoped to do. For another person the manager identified a person's interest from a television programme and had assisted the person to buy an item. The person's daily routine now included maintaining and cleaning the item. We saw the person ask to do this on the day of the inspection. This had led to lessened anxiety for the person. Other people have been encouraged to attend organised centres and colleges. We saw records of meetings asking people what they would like to do and found that the home had ensured this had happened. On the day of our visit people's preferred hobbies were supported and two people attended a festive pantomime in the community. We saw that the home had raised money for a local charity and this helped people to be involved with the local community. A health professional told us that on festive days and events the manager and staff: "…go that extra mile to make sure that it is celebrated." A member of staff told us: "I am really proud of the holidays we arrange [for people] we always get the best accommodation and whatever people want that week they get."

Care plans contained information about important dates for people's family members so that people could be supported to celebrate these. One person told us that the staff had helped them maintain a relationship with their family. Relatives we spoke with told us that people were making progress whether it was help that they received to manage their anxiety or support to get the person to buy new clothes. The two relatives we spoke with told us of the 'wonderful' Christmas meal that people, staff and relatives enjoyed. The manager not only organised this but arranged transport and was at the time of visit making DVD copies of the event for families.

People told us that they would speak to staff if they were unhappy. One person told us: "If I am unhappy I can tell [manager's name]." People's minor concerns were managed through the monthly meetings and the

resulting action plans that were routinely produced. There was a complaint policy and procedure and people who lived in the home had their own complaint leaflets. People's relatives and professionals we spoke with said that they were aware of how to make complaints but had not had the necessity to do so. There were few complaints recorded and these were generally between people who live in the home. This was being monitored to ensure that the safety and well-being of people was not being affected.

Good

Is the service well-led?

Our findings

People we spoke with were very positive about living in the home and their contact with the registered manager. One person told us: "[The manager] would not stand for any nonsense [from staff]." A health professional told us: "The manager is impressive. Not only does she listen to constructive advice and acts on it but also she is also very proactive." Relatives told us that they had good contact with the staff at the home and felt listened to. One relative said: "They tell me everything." Another told us: "The manager always welcomes us; we have had meetings with her at the home." We saw that there were good interactions between the manager and people who lived in the home and people who lived there were calm and relaxed throughout the day.

The manager had been registered with us for this home since August 2011 so they knew the people who lived there well. She had experience to manage the home and was aware of her responsibilities. She ensured that staff were supported by supervisions, staff meetings and staff's performance was supportively managed. Staff felt supported their comments included: " I am proud of the staff team they are really special and the house runs smoothly," "The manager is brilliant she knows what is going on in the home all the time" and "It is nice to work here the staff are really supportive and the people are happy." We found that staff were able to answer our questions throughout the visit and showed they understood their responsibilities and were enthusiastic about the care they provided.

The manager had ensured that notifications to us had been sent although we had not received notifications as legally required of two DoLS applications that had been authorised by the local authority,. Although the manager was sure that these had been sent, there was no evidence available to confirm this. This had no impact on the people who they related to as the manager had ensured that their rights had been safeguarded.

There was a clear and structured system for the management of risk within the home. The manager reviewed incidents and accidents on a monthly basis. These were also reviewed by the provider of the service for any trends so action could be taken. A health professional told us that the manager shared an individual person's prospective care plan and risk assessment with them so that agreement could be reached before action was taken. Care plans were reviewed and quick action was taken if there were concerns about people's health or welfare.

The records we saw were accurate up to date and well organised so all staff could find information when needed. A social care professional told us that throughout their contact with home the manager and staff were able to provide the information they needed quickly and efficiently.

There were systems in place to measure the quality of the service provided by the home. There were meetings with people who used service individually as well as in meetings. The representative of the provider visited the service and asked people who lived there about their care and this meant that people knew him. They had also ensured that they had talked with staff and staff who confirmed that this happened. Periodically the provider had arranged for a manager from another part of the providers business

to review the quality of the home and its compliance with regulations. After such reviews actions plans were there drawn up where necessary to ensure continued improvement and compliance with regulations.