

ADL Plc

# Morton Close

## 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 27 June 2017 and was unannounced. At the last inspection on 17 February 2016 we rated the service as 'Requires improvement'. We found two regulatory breaches which related to medicines and good governance. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Morton Close provides accommodation and personal care for up to 40 older people. There were 30 people using the service when we visited. Accommodation is provided over three floors with lift access to each level. There are twenty-five single bedrooms and five double rooms. There are two separate lounges and a large dining area with a kitchenette on the top floor.

The home has a registered manager who has been in post for several years. 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 registered manager was present on both days of this inspection.

People told us they felt safe, as did relatives we met. Staff understood safeguarding procedures and how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to the Commission. Risks to people were assessed and managed to ensure people's safety and well-being.

Medicines management had improved which ensured people received their medicines when they needed them.

People told us there were enough staff to keep them safe and meet their needs and this was confirmed in our observations during the inspection. People's dependencies were assessed and staffing levels were increased as and when required. Staff recruitment processes were robust and ensured staff were suitable to work in the care service. We found staff received the induction, training and support they required to carry out their roles.

The home was clean and well maintained and records showed systems were in place to make sure the premises and equipment was safe and in good working order. However, we found some hot water temperatures were exceeding the maximum temperature recommended by the Health and Safety Executive which put people at risk of scalding. Following the inspection the registered manager confirmed thermostatic valves were being fitted to mitigate the risks to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw improvements in the care records which were up to date and provided more detailed information about people's care needs. People had access to healthcare services and this was reflected in their care records.

People told us they enjoyed the food. We saw mealtimes were managed in a way that ensured people had a pleasant and relaxed dining experience. People were offered choices and given the support they required from staff. People's weights were monitored to ensure they received enough to eat and drink.

People praised the staff who they described as 'excellent', 'lovely' and 'friendly'. People spoke positively of the care they received and we saw staff treated people with respect and ensured their privacy and dignity was maintained.

A range of activities were provided and we saw people were able to move freely around the home. There was a relaxed and happy atmosphere as people occupied themselves chatting with one another, meeting with visitors, looking at magazines, watching television or following their own particular interests.

The complaints procedure was displayed and records showed complaints had been investigated and dealt with appropriately, with feedback provided to the complainant.

Effective quality assurance systems were in place with an ongoing action plan to ensure continued improvement of the service. Staff praised the registered manager who we saw provided strong and supportive leadership. It was evident from our observations and feedback from people, relatives and staff that many improvements had been made since the last inspection.

## 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.

Medicines management was safe and effective and people told us they received their medicines when they needed them.

Staffing levels were sufficient to meet people's needs in a timely manner. Staff recruitment checks were completed before new staff started work to ensure their suitability to work in the care service.

Risks to people's health, safety and welfare were assessed and mitigated, although the registered manager agreed to review the risks relating to hot water temperatures. Safeguarding incidents were recognised, dealt with and reported appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction, ongoing training and support needed to fulfil their roles.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and they were provided with a choice of different food and drinks. People's healthcare needs were assessed and staff supported people in accessing a range of health professionals.

### Is the service caring?

Good ●

The service was caring.

People and relatives said staff were excellent, friendly and caring and this was confirmed through our observations.

People's privacy and dignity was respected and maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received person-centred care although the care records required more detail to fully reflect this.

People told us they enjoyed the range of activities provided

Complaints were recorded and dealt with in accordance with the provider's complaints procedure.

### **Is the service well-led?**

The service was well-led.

Leadership and management of the service was consistent and effective.

Quality assurance systems were effective in assessing, monitoring and improving the quality of the service.

**Good** ●

# Morton Close

## 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 unannounced inspection took place on 27 June 2017 and was carried out by two inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We spoke with ten people who were living in the home, two relatives, four care workers, the cook, the maintenance person and the registered manager. We also spoke with a visiting healthcare professional.

We looked at three people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

# Is the service safe?

## Our findings

At the last inspection in February 2016 we found we found systems and processes in place to manage medicines were not safe or effective. At this inspection we found improvements had been made and people's medicines were managed properly and safely.

We observed the staff member administering morning medicines was patient and kind, supporting people with drinks and staying with them until the medicine had been taken. The staff member advised no one currently received their medicines covertly (hidden in food or drink). Medication administration records (MARs) were up to date and provided an accurate record of the medicines which had been administered.

Medicines were stored securely and the temperatures of the storage areas and medicines fridges were monitored to make sure medicines were stored at the recommended temperature. We saw where medicines needed to be taken at specific times such as 30 minutes before food; suitable arrangements had been put in place to make sure these instructions were followed. When people were prescribed medicines to take 'as required' there was guidance in place to make sure they were given consistently.

Some people were prescribed thickening agents because they had difficulty swallowing. At the last inspection we found there were no records to show these had been administered. At this inspection we saw fluid balance charts were being used to record when thickened fluids were given and details about the amount of thickener to be used was recorded in people's care plans. We saw improvements had been made to the way topical medicines such as creams and lotion were recorded; body maps showed staff where to apply the creams and topical MARs provided evidence of administration.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We saw these medicines were stored securely and CD records were accurately maintained. We checked the stock balance of one CD and it was correct. We saw where pain patches were used charts recorded when they were applied and daily checks to ensure the patch remained in place.

Staff who administered medicines told us they had received training and had their competency assessed and records we reviewed confirmed this. We found medicine audits were being carried out at regular intervals and any issues were being dealt with as they arose. This helped to make sure people received their medicines correctly.

People told us they felt safe and would report any concerns to staff or the registered manager. One person said, "I'm not worried about anything but if I was I'd tell the girls and they would sort it out." Another person said, "They are very nice, very helpful and always come and check to make sure I'm all right."

Staff we spoke with told us everyone was safe living and working at Morton Close. They said they had received training around keeping people safe and protecting people from abuse, and training records we reviewed confirmed this. Staff were confident if they raised any concerns around people's safety, they would

be dealt with appropriately and promptly. Records we saw showed safeguarding incidents had been reported and dealt with appropriately; referred to the local authority safeguarding team and notified to the Care Quality Commission (CQC). Throughout the service we saw information was displayed about reporting concerns which included contact details for CQC and the local safeguarding authority.

People told us they were happy with the staffing arrangements and did not have to wait long when they requested help. One person told us they used their call bell and staff responded 'promptly'. A relative told us when they visited they saw there was 'always plenty of staff around'. We observed staff worked well together as a team and ensured staff were available in the different communal areas.

Staff said there were enough staff to keep people safe and meet people's needs. One staff member told us the staffing between 7am and 8am had increased because it was a busy time. They said, "We raised it with [name of registered manager], they listened and sorted it." This was evidenced in our discussions with the registered manager. They showed us a dependency tool they used to calculate safe staffing levels and we saw staffing had been adjusted accordingly when dependencies had increased.

We looked at the recruitment files for staff employed in the last six months and found a robust procedure was followed. Applicants had attended an interview and checks such as proof of identity, references, employment history and criminal record checks with the disclosure and barring service (DBS) were carried out. We spoke with a staff member who had started working at the service in the last six months who confirmed they had gone through a thorough formal recruitment process to make sure they were suitable.

Up to date risk assessments were in place which covered areas such as nutrition, falls, moving and handling and skin care. We saw staff ensured people's safety and moving and handling needs were well met. For example, when staff used a hoist to transfer people in the lounge they took time to explain what they were doing so people felt safe and reassured. We saw when people were mobilising staff patiently supported them ensuring they had their walking aid if needed and walking alongside them at the person's own pace. We heard them encouraging people by saying how well they were doing and saying there was no rush.

Staff knew what to do in the event of an emergency, such as the fire alarm sounding. Staff told us they had recently attended fire safety training. They were able to describe the fire safety procedures and told us they were confident they would know what to do in the event of a fire. We saw evidence of regular fire drills in the records we reviewed. Each person had a Personal Emergency Evacuation plan (PEEP). A PEEP is intended to show the level of each person's ability to understand and respond to any evacuation of the building. We saw files containing PEEPS and all other information needed in an emergency were kept in different locations around the home so they could be easily accessed by staff in the event of an emergency.

The home was clean and well maintained. We looked at the maintenance records for the home. We saw there were certificates showing fire systems and equipment, electrical systems, gas installations, legionella, the lift and lifting equipment were tested to ensure their safety at appropriate intervals. A system was in place for staff to report any issues with the building to ensure they were promptly repaired. We saw water temperatures were checked daily and found at some outlets hot water temperatures were regularly exceeding 43°C. For example, records showed ten bedrooms had recorded hot water temperatures of over 60°C on one or more of the five days leading up to the inspection. The maximum temperature recommended by the Health and Safety Executive in their guidance 'Health and safety in care homes' is 43°C to minimise the risks of scalding to people. The maintenance person told us thermostatic valves were fitted to some but not all the hot water taps that people were able to access. Although notices were displayed above each wash hand basin warning people that the water may be hot and a statement had been recorded in each person's care records to state they were aware of the risks, we considered this was insufficient to

fully protect people. We discussed this with the registered manager who agreed they would review the situation and take further action to ensure people were safe from the risks of scalding. Following the inspection the registered manager confirmed thermostatic valves were being fitted to all hot water taps accessible to people who used the service.

## Is the service effective?

### Our findings

Our observations showed staff knew people well and understood the care and support each individual needed. One person said to us, "The staff here are lovely. They know what they're doing and how I like things."

Staff told us they felt very well supported by colleagues and the registered manager. All staff we spoke with said the staff team worked well together. One staff member said, "It works so well here because everyone gets along. We are a really good team and that makes all the difference." Another staff member said, "It's the best place I've ever worked."

Staff said the quality of training was good and they had attended refresher training to make sure their knowledge was up to date. They told us they felt equipped to do their job well. Staff said they received regular supervision where they had opportunities to discuss their role and responsibilities, and had an annual appraisal. We reviewed the supervision matrix which showed in the last three months all staff had received at least one supervision session; most had received two or sometimes three.

The training matrix showed staff had received a variety of training which included moving and handling, fire safety, safeguarding and protecting adults, health and safety, dementia, food hygiene, infection control, first aid, and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff received training updates within the timescales which were identified on the training matrix, for example, every year staff attended moving and handling training and every three years they attended dementia training. Staff who were new to their role completed the 'Care Certificate' induction which is a set of standards staff adhere to in their daily working life.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us there were no DoLS authorisations in place and no DoLS applications had been made. We saw information about DoLS and people's rights was displayed in the service. A notice advised people to contact the home manager 'if you feel your relative or friend is restricted in anyway'. This helped to make sure everyone was aware of the legal framework.

We saw three people who were assessed as being at high risk of falls had sensor mats in place which triggered the call bell system to alert staff when the person moved. One of these people had capacity and we

saw they had signed their care plan agreeing to the use of this equipment. However, the other two people were living with dementia and there were no capacity assessments or best interest decisions recorded for the use of the sensor mats. We discussed this with the registered manager who told us they would deal with this straightaway and following the inspection confirmed this had been addressed. During the inspection we observed staff asked people for their consent, encouraged them to make decisions and offered choice. People were asked where they wanted to sit, what they wanted to drink and if they wanted to join in activities.

People told us they were happy with the meals and always had enough to eat and drink. One person told us, "There's always plenty." Another person said, "The meals are great." We observed breakfast and lunch and saw people had a relaxed and pleasant dining experience. Both meal times were very well organised and people did not have to wait before drinks and food were served. At breakfast people arrived at different times and were offered a good selection which included different cereals, toast and a cooked breakfast. At lunch staff brought people's meal when they were settled in their seats. After the main course and dessert people were offered additional portions once they had finished eating. People were asked if they had had enough to eat and if they enjoyed their meal.

Tables were laid with placements, serviettes and condiments. Menus were displayed in the dining room and offered people variety and choice. For example, main meals were served with a range of vegetables and included brisket hot pot, poached fish, roast chicken, salmon and prawn pasta bake, corned beef hash and pork loin chop. Alternative meals were recorded on a different sheet and included ham salad, jacket potato with fillings, lasagne and vegetable pasta. One person said they would like to eat more salads and were unaware there was an alternative menu; we discussed this with the registered manager who said they would ensure people were offered the alternative menu. In the lounges there were jugs of juice and we saw throughout the day people were offered tea, coffee, juice, water and biscuits. Fresh fruit was available in the dining room. We observed staff encouraging people to eat and drink. We saw where people needed assistance to eat and drink staff were attentive.

People's specialist dietary needs were catered for. In the kitchen there was a list of people's dietary requirements such as diabetic and textured meals. The cook also showed us meals that had prepared using halal meat to meet one person's cultural needs.

People's weight was monitored and where there were concerns appropriate action had been taken to help them gain weight. One person was on a food and fluid monitoring chart because they had been losing weight. We saw the chart was completed regularly throughout each day and reflected the person had eaten well over the previous five days. Three staff we spoke with were all aware they had to complete the food and fluid chart, and confirmed the person had been eating very well.

People told us they were happy with the support they received to help make sure they stayed healthy. Care records we reviewed showed people had attended regular health care appointments. For example, one person in the last three months had received regular visits from the district nursing team, had seen a GP three times, a continence advisor and a chiropodist. An occupational therapy referral had also been submitted. We spoke with a visiting healthcare professional who visited the home on a regular basis. They told us they thought the home was 'one of the better ones'. They said staff were good at reporting any concerns they had and did this promptly. They said any advice they gave was acted upon.

## Is the service caring?

### Our findings

People told us Morton Close was a caring service. They were complimentary about the staff who supported them and the management. No concerns were raised about the care people received. Comments from people who used the service included, "The girls are lovely and very friendly", "They are like my family", "They look after me. My clothes always come back clean and ironed from the laundry and I get my hair done", "It's very good here. Staff are excellent. It's a lovely place" and "It's not home but the next best thing". A relative told us, "Whenever we visit we see people being well looked after."

Staff were very confident people were well cared for. They said good systems were in place to make sure people's history and preferences were understood. When we reviewed care records we saw there was good information about each person which included a document called 'all about me'. This included 'my personality, traits and cultures and values, my former interests and significant events, my usual day, and my family and friends who are close to me'. Relatives we spoke with said they could visit anytime and were made to feel welcome.

During the inspection we observed staff were responsive to people's needs. They anticipated situations and intervened to stop any issues from escalating. For example, during breakfast one person started to get upset with another person because they had taken a serviette; staff quickly spotted the situation and promptly got another serviette. Another person was struggling with their knife and fork at lunch time; a member of staff suggested they use their spoon which they found much easier to use. Staff were kind, caring and friendly in their approach.

We saw staff were quick to pick up on people's moods and responded in a calm and considerate way. For example, one person was anxious and walking around asking where another person was and looking for them. We saw a staff member went to the person and said, "Come on, let's go and have a look together." The person smiled put their arm round the staff member who put their arm around the person and they walked off together. We saw when staff came into communal areas they smiled and chatted with people, checking they were okay and asking if they needed anything. When one staff member walked into the lounge, one person pointed to her and said to us, "She's really nice. I like her, she's lovely."

We saw people were treated with dignity and respect. People looked well cared for, for example their clothes were clean and hair had been styled. We heard staff complimented people on their appearance which made people smile. We saw staff were discrete and sensitive when asking people about their care needs and whether they needed any support. We saw people were comfortable in their environment and there were sufficient communal facilities to ensure people had adequate space. Some people chose to spend time in their room.

Information boards were near the entrance, in the dining room and nearby corridor. There was range of information displayed to keep people informed about what was happening in the service and their rights. We saw leaflets and notices around activities, menus, how to make a complaint, preventing abuse and people's rights to access their notes. The provider displayed information about the previous inspection near

the entrance of the service.

## Is the service responsive?

### Our findings

We found improvements had been made in the care records. Care plans we reviewed were person centred and covered key areas of care and support. They contained good detail about how staff should provide care and support. They were divided into sections which included 'how I keep hydrated and avoid malnutrition', 'my preferred diet and options', 'how I keep clean and like to look', 'how to uphold my self-esteem and dignity' and 'how I perceive my health status and what I would like at the end of my life'. One person who ate their meals in bed was assessed as 'high risk of choking'. The care plan stated 'I do need to sit upright when I am eating and drinking' and 'I have thickened fluids'. Staff were familiar with the care plan and understood how to support the person safely. We saw people's independence was promoted and care plans reflected people's preferences. For example, one person's care plan showed they liked to have a shower on their own but wanted staff to check with them after 15 minutes to make sure they were okay.

We saw the programme of activities was displayed in the service and included boules, crosswords, music ball, bingo, reminiscence books, hand massage and dominoes. 'Music for health' visited once a month. On the day of the inspection 11 people engaged in and enjoyed a 'smell the scent' session. Staff we spoke with said a care worker was allocated to facilitate activity sessions twice a day; at 11.00 and 15.00. They told us the arrangements worked well.

People told us regular activities were offered. One person showed us they had recently had their nails painted. Another person told us their favourite activity was bingo. Some people told us they could sit outside if the weather was nice. Two people said they would like to do more. One person said they did not want to join in most activities but were unsure what was available. We discussed this with the registered manager who said they would give a copy of the monthly activity programme to the person.

We saw people moved freely between the different communal areas and found different ways in which to keep themselves occupied. For example, we saw there were a variety of magazines available which staff offered to people and these promoted different discussions between people and also with staff. We saw one person showing a staff member a pair of sandals they had found in a magazine and discussing whether they should buy them. We saw two other people chatting and looking at pictures in a different magazine. Another person was sat on the settee next to the cat who was curled up asleep and they said, "I like her sleeping there next to me." Another person was knitting baby clothes which they told us they sent to the premature baby unit at Airedale Hospital and they had received letters thanking them for doing so. They said, "I started doing this when I came here and I love it. I like to think of those little babies wearing my hats."

We saw the complaints procedure was displayed in the home. We looked at the complaints log, which showed two complaints had been received in 2017. Records showed these complaints had been investigated and provided details of the complaint, the action taken and the feedback provided to the complainant.

## Is the service well-led?

### Our findings

At our previous inspection in February 2016 we found audit systems were not effective in ensuring improvements to the service. At this inspection we found improvements had been made.

The home had a registered manager who had been in post for several years. People who used the service, staff and visitors told us the service was well managed. One person told us they would talk to the registered manager if they wanted to discuss anything. Staff we spoke with were complimentary about the registered manager. One member of staff described her as "very approachable". Another staff member said, "She's been very supportive."

On the day of the inspection the registered manager assisted at lunch and it was evident from our observations that she knew people well. Staff we spoke with said this was something the registered manager did on a regular basis. During the inspection we noted staff were very well organised. At the beginning of each shift staff were allocated specific tasks so everyone clearly understood their role and responsibilities. Staff we spoke with said this worked well and ensured all duties were carried out at each shift. We saw minutes from the last staff meeting in April 2017 which showed a range of topics were discussed and staff were encouraged to share their views.

We saw a range of audits were carried out to ensure ongoing improvement of the service. An annual audit plan showed the frequency of the audits and an action plan identified timescales for improvements. The audits included areas such as weights, care plans, infection control, medicines, respect and dining experience. We saw medicine audits had improved in depth and scope and covered all aspects of medicine management. We saw where issues had been identified these had been followed up to make sure they had been addressed. Care plan audits were carried out monthly and showed ten care plans had been reviewed in May 2017. Weight audits identified where people had lost weight and showed the action taken in response. For example, referral to GPs and increased fortified food and drinks. The registered manager told us they had been audited by the infection control team from the clinical commissioning group (CCG) the week before our inspection and had achieved a score of 97.8%.

We found the monitoring of accidents and incidents had improved. We saw monthly audits for April and May 2017 which included the number of accidents that had occurred and considered any themes or trends so action could be taken to reduce the risk. The audit looked at the number of accidents occurring to individuals and recorded the action taken in response to increased risk.

We saw detailed reports of monitoring visits made by the provider and an external consultant to assess progress with improvements. We saw the rating for the service was displayed as required in the home. The rating is also required to be displayed on the provider's website however we found there was no website.

People were encouraged to share their views and put forward ideas of how the service could improve. Residents' meetings were held. We saw from the last meeting which was held in May 2017 that people had said they liked the entertainment that was provided and had discussed ideas for fund raising. Everyone said

they liked the meals and liked the sandwich trays which were introduced at teatime; they agreed it was better because they could help themselves. People agreed they would like more chocolate biscuits and asked for the pictures to be changed in the lounge. We saw both these suggestions had been actioned.

We saw surveys had been sent to people who used the service, professionals who visited and staff. The results were analysed and displayed in the home.