

Derbyshire County Council

# Morewood Centre

## Inspection report

Wingfield Road  
Alfreton Park  
Alfreton  
Derbyshire  
DE55 7AL

Date of inspection visit:  
20 May 2019

Date of publication:  
27 June 2019

Tel: 01629531669

Website: [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

## 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: Morewood Centre is a residential care home providing residential and respite care for up to ten people with a learning and physical disability; at the time of the inspection there were seven people using the service.

Morewood Centre is located in Alfreton and accessed by a long drive on land owned by the Derbyshire local authority; there is also a day service provision on this site. The home has two lounges and a dining room on each floor; there are five bedrooms with en-suite facilities on each floor. Public facilities are a short walk away from the home.

People's experience of using this service:

Improvements had been made to ensure people were protected from harm. Risks had been identified and action taken to mitigate these. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence. People's diverse care and support needs were recognised, and staff enabled people to access activities when they could not access these services independently. Where potential abuse or harm had occurred, action was taken to prevent the risk of future harm. Care plans were detailed to guide staff to provide people's care needs.

Improvements had been made to ensure people made decisions about their care. Where people were not able to make decisions for themselves, capacity assessments had been completed and best interest decisions had been made. Where restrictions had been identified; applications to restrict people of their liberty had been made to ensure this was lawful. This meant people were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff were available at the times people needed them and staff had received training so that people's care and support needs were met.

People received support from health care professionals where they needed this to keep well. Staff supported people to attend healthcare appointments and liaised with their GP and other professionals as required to meet people's needs. People were supported to eat and drink and there was a choice of foods available. Specialist diets were catered for.

People were treated with kindness by staff who knew them well. We saw that their privacy and dignity was respected, and people were confident that staff supported them in the way they wanted.

People knew how to make complaints. They were confident that the staff and registered manager would respond to any concern and they could approach them at any time. Complaints were managed in line with

the provider's complaints procedure and people were informed of any investigation and actions.

Quality assurance systems were in place to assess and monitor the quality of the service. There was regular communication with people and staff whose views were gained on how the service was run; their views were used to make continuous improvements; more information is in the full report

Rating at last inspection: The last rating for this service was Requires Improvement (Published May 2018) and areas for improvements were identified. At this inspection we found improvements had been made.

Why we inspected: This was a planned unannounced inspection.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Morewood Centre

## Detailed findings

### Background to this inspection

#### The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Morewood Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Morewood Centre does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider employed a manager who was registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the home 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, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We considered the last

inspection report and we had contact with commissioners who had a contract with the registered provider.

We spoke with three people who lived in the home and observed how staff interacted with them. We also spoke with the registered manager and three of the care staff.

We looked at the care records for three people and we looked around the premises with one person who lived there. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- On our previous inspection we identified that safeguarding concerns had not always been raised promptly where people were at risk of harm. On this inspection we saw improvements had been made.
- People felt safe living at the service and the staff supported people to raise their concerns and one person told us, "The staff have been lovely, I can speak to them about what has happened and they have been there to support me."
- Staff were now knowledgeable about safeguarding and could explain the processes to follow if they had concerns. We saw where people had made allegations of potential harm, these had been reported to the safeguarding team and the police to ensure people were able to report any crimes or incidents of harm.
- When safeguarding concerns were raised and investigated, we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.
- The registered manager had sent us notifications of safeguarding referrals as required. The registered manager acknowledged in discussion, that all potential harm or abuse would be reported to the local authority.

Assessing risk, safety monitoring and management

- People were involved with developing their plans and risk assessments showed the actions taken to manage and reduce risks. People were supported to take responsible risks and were not subject to unnecessary restrictions.
- Following assessments of risk, people were independent and could choose to travel to local places, visit family and friends and stay away overnight. People told us when leaving the home, they informed staff where they were going and when they would return. Where there were concerns about people. The staff made 'safe and well checks' to speak with people to ensure they were safe. One person told us, "The staff want to know we are alright and just check we are okay. I don't mind this as I know they are looking out for me."
- Staff could describe people's risks and what they did to support people safely. Where evidence of risks changed, care plans were reviewed with people to ensure these reflected their current support needs.

Staffing and recruitment

- People felt there was enough staff to support people and were available when they needed them.
- Most staff had been working at the home for a long time and there were no concerns with staffing. Where cover was needed for sickness or annual leave, this was generally provided by the current staff team or from relief staff who knew people and the systems used in the home.
- Safe recruitment processes were in place to ensure suitable staff were appointed to support people.

### Using medicines safely

- People were confident they received their medicines as prescribed.
- The care plans recorded the level of support people needed and following assessments of risk, people could take responsibility for managing their own medicines to support their independence.
- There were safe systems in place for the receipt, storage, administration and disposal of medicines. When administering medicines, a second member of staff carried out safety checks to ensure any errors were promptly identified and health support and guidance could be obtained.
- Where people had medicines to take 'as required', there was guidance in place to support staff to know when this was needed.
- Staff received medicines training and competency assessments were completed to ensure staff continued to follow safe practices.

### Preventing and controlling infection

- The staff understood how to maintain good standards to ensure they could protect against the spread of infection. All areas of the home were clean and tidy.
- We saw staff using personal protective equipment and staff told us this equipment was always available to them.

### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- On our last inspection we identified that staff had not understood that the purpose of DoLS applications and applications had been made where people had capacity and improvements were needed in this area. On this inspection we found improvements had been made.
- We found where people lacked capacity and were being deprived of their liberty, assessments had been completed and authorisations were in place and being reviewed by the local authority. Decisions made were clear, and staff acted in people's best interest.
- Staff confirmed they had received training and understood both the principles of the MCA and were able to say whether people were on a DoLS and the reason why. Staff were clear about upholding people's rights and abilities to make decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When new people moved to the service, a pre-admission assessment was completed to ensure the service was suitable and they could support people how they wanted. People told us they had opportunities to visit the home and other people staying there, before they made the decision to move there. One person told us, "You could come and have tea or stay overnight before you decided what you wanted to do. You could ask lots of questions; it's important to do that."
- People's equality and diversity needs were identified within the care plan and staff received training in this area to ensure people's individual needs were met. The staff understood the importance of incorporating the nine protected characteristics of the Equality Act (2010) within the care planning process.

Staff support: induction, training, skills and experience

- Where new staff started working in the service they were provided with the opportunity to complete the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

- Staff spoke positively about the training they received to help them to deliver good care.
- Staff explained they had opportunities to attend training to meet the specific needs of people using the service. One member of staff explained that all staff received training for managing complex behaviour. They told us this meant they could work together to support people safely and reduce the risk of harm for people.
- Competency checks of skills were undertaken to ensure any training had been effective and staff received supervision on a regular basis to support them in their work.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people went out to buy the food and drink they wanted. There were two kitchens where people were supported to gain and maintain their cooking skills and helped themselves to food and drink when they wanted. One person told us, "It's important to me that I learn how to cook meals for myself for when I leave here."
- The planned menus were varied and there was enough food to enable people to select other options when they did not want the meal that had been planned. People enjoyed the meals prepared.
- Where people had known risks of eating or drinking, specific support was provided following advice from healthcare professionals when necessary about specific dietary needs.

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

- The home was designed in a way so that people could move around easily and there were handrails along corridors.
- The communal rooms were large with enough room for people to move around and chairs for people to sit.
- There was equipment in bedrooms and bathrooms to enable people to be independent where possible. 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

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- There was equipment in bedrooms and bathrooms to enable people to be independent where possible.
- People told us they were able to personalise their bedrooms and new SMART televisions had been installed so people could access different internet services and channels.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- Staff understood how to recognise changes in people's health and worked closely with health care professionals to help them live a healthier life.
- Where people were unwell, arrangements were made with people's GP to visit them in their home.
- Where people needed support or advice about housing or counselling for traumatic incidents and advice; this was obtained without delay to enable people to discuss their concerns in confidence and on-going support was arranged.

- Information was available to share with other agencies if people needed to access other services such as hospitals.
- People were confident that they received the health and social care support they needed in a timely way.
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# 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

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

- People were treated with kindness and the staff knew each person well.
- People were happy and liked living in their home and told us the staff were kind and caring and were always happy to help.
- People were recognised and valued as adults and the staff showed a commitment to enabling them. We heard staff laugh and talk with people about what was important to them and people felt comfortable around staff.
- The staff knew people well, including their preferences and wishes and had a good understanding and knowledge of their life histories, the things that were important to them and how they wanted to be supported.
- The staff used their knowledge about people's specific communication preferences to share information with them in a way they could understand.
- Staff knew how to support people who could become anxious or upset, we saw they knew what to say to help people become less anxious. The staff understood the likely causes of the people's distress and how to help them relax.
- The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People chose how to spend their time and were given time to consider their options before making a decision. The staff understood how to speak with people, so they understood what was being said and could make choices.
- The staff respected people's decisions and supported them to do the things they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- Staff respected each person's private space and people could have a key to their room if they wished. We saw that no one entered people's bedroom without being invited.
- People's privacy and dignity was respected, and people understood that the staff were employed to support them, and they retained control in their life.
- People were supported to undertake cleaning and tidying of their own rooms and were also involved in doing their own laundry in line with their skills and abilities. The service provided people with opportunities to develop their personal living skills. One person told us, "We have talked about where I want to move to when I leave here. I need to learn to do everything for myself and the staff are very good at helping me to do this."

- People were supported to maintain relationships that were important to them. Staff recognised that people could have personal relationships and people often stayed away from the home with friends, partners and family. Agreements were in place for people to share information about when they planned to return; safe and well checks were carried out to ensure people were safe.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved with the assessment process to ensure that staff had a good insight into their individual preferences, interests and aspirations. The assessment information was used to develop their care plan and provided staff with guidance on how to support them in the best way.
- The staff were supportive and encouraged people to get ready for any activity. When people were planning to go out, staff provided support and reminded people about getting items they wanted to take with them.
- Care records were reviewed monthly or if people's needs changed; people felt involved in care and the review process.
- People were encouraged to follow their interests and take part in social activities. People told us that they led a busy and active social life, of which they felt in control.
- Outings to local places of interest and the coast were planned and chosen by people living at the home. Where people received respite care, they were invited to accompany people on these trips.
- Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do.
- Staff ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. This is a framework to ensure people with a disability or sensory loss can access and understand information they are given. We saw information including the complaints procedure was in an easy read style and the registered manager informed us that all literature about the service could be provided in different formats upon request.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place. People and relatives told us they felt able to raise any concerns with the registered manager and felt assured that they would be dealt with.
- Systems were in place to monitor and respond to any concerns or complaints.

End of life care and support

- The service provides support to younger adults and none of the people that used the service were receiving end of life care; however, people were supported to express their feelings and opinions about their future care.
- Staff reported that where people had any views or preferences about their future care, this would be included in their care plan and respected.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

Continuous learning and improving care

- The registered manager understood their regulatory responsibilities and there were clearly defined roles for staff working in the home. People told us the registered manager was approachable and visible.
- Systems were in place to monitor the quality of the services provided. The registered manager carried out and recorded regular checks of the service including medicines management, care planning and staff training. This process was supported by regular quality assurance checks by the registered provider's senior management team. Action plans were put into place and improvements monitored for any shortfalls identified by the quality assurance processes.
- Accidents and incidents were recorded and reviewed to look for any patterns or trends, so that action could be taken to reduce risk.
- The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. Staff felt that they were well supported and able to develop in their role.
- The staff felt the registered manager provided leadership, guidance and the support they needed to provide good care to people who used the service.
- The registered manager understood the responsibilities of their registration with us. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements and on the provider's website.

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

- People were asked for their views on the quality of the service at house meetings or individually. They told us they could share their views, concerns and ideas.
- We saw that people were encouraged to express their views through a satisfaction questionnaires and feedback was given within resident's meetings.
- Staff were encouraged to contribute to the development of the service. Staff meetings were held for them to discuss issues, including how to improve the service, the support provided and raise any concerns.
- The staff had regular supervisions to support them with their development and share their views about the service.



### Working in partnership with others

- The registered manager had established effective links with health and social care agencies. They worked in partnership with other professionals to ensure that people received the care and support they needed.