

Hegarty Care Limited

McMorrow House

Inspection report

198 Station Road
Beeston
Nottingham
NG9 2AY

Tel: 07539875485

Website: www.hegartycare.com

Date of inspection visit:
07 May 2019

Date of publication:
31 May 2019

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: McMorrow House is a residential care home providing personal care and support for up to four young adults living with mental health needs.

People's experience of using this service: People living at McMorrow House received a good quality support service. Staff worked to ensure people were active partners in their care and that they were actively supported to make decisions about all aspects of their lives.

People felt safe and staff understood how to report any concerns. Risks were assessed, and risk reduction plans put in place to support people to lead the lives they wanted in as safe a way as possible.

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.

People were involved in developing support plans and had access to their care records which they could openly challenge if they felt the need to do so. Some information in relation to how people expressed distress or anxiety was limited so we have made a recommendation about this.

Medicines were managed safely. Improvements had been made following a medicine error to minimise the risk of reoccurrence. No one came to any harm as a result of this error.

Safe recruitment practices were followed. Staff were matched with people so they had shared interests and hobbies. There was a culture of supporting people to have active lives, where they were motivated to follow their interests and become active members of the community. It was acknowledged that this supported people to maintain positive mental health and lead happy and healthy lives.

People were supported with attending health appointments, where needed and were involved in decisions about diet and nutrition. Menu planning, shopping and cooking was actively encouraged so people could learn and develop skills with the aim of moving to a more independent environment when people felt ready to do so.

The provider worked in partnership with Rotherham college so staff attended in-depth training courses to ensure they had the necessary knowledge and skills to support people appropriately. Staff said they felt well supported by the registered manager and felt able to speak with them about anything.

The management of the service was open and transparent. We were told everyone worked well as a team. Audits were completed, and action plans developed to continuously improve the service. A new manager was being inducted so they could become the registered manager which would allow the current registered manager to have a more strategic role as they were also the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This was the providers first inspection since registration.

Why we inspected: This was a scheduled inspection based on the date the location was first registered with the Commission.

Follow up: We will continue to monitor the service and complete a further inspection in line with the rating of good. If any information of concern is received, 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?

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 ●

McMorrow House

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: One inspector completed the inspection.

Service and service type: McMorrow House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a 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: The inspection was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included incidents the provider must notify us about, such as abuse; we sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us at least once annually via their provider information return (PIR). The PIR provides key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority commissioning team and the local safeguarding team. We used all this information to plan our inspection.

During the inspection, we spoke with the provider who was also the registered manager. We spoke with the senior support worker who was completing their induction to be the manager, and four support workers. We spent time with three of the four people who lived at McMorrow House.

We looked at two people's care records, a selection of medicine administration records (MARs) and documentation about the management and running of the service. This included recruitment information, staff training and records relating to the governance of the service.

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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place which minimised the risk of harm and abuse.
- Staff had attended training in safeguarding and dignity and understood when to raise a concern.
- No concerns of a safeguarding nature had been raised since the service registered.
- People told us they felt safe living at the service.

Assessing risk, safety monitoring and management

- Risks had been identified and plans developed which minimised risks.
- People were supported with positive risk taking and their independence was maximised.
- The safety of the premises was monitored and appropriate servicing and checks of equipment took place.

Staffing and recruitment

- Recruitment practices were such that measures had been taken to ensure only appropriate applicants were successfully appointed.
- The registered manager mentioned that support staff and people using the service were involved in the recruitment of staff.
- People and staff were matched based on their likes, interest and hobbies.
- Staff told us there were enough staff to make sure people's needs were met. Staff rotas were flexible to make sure people received support at the times requested and needed.

Using medicines safely; Learning lessons when things go wrong

- Protocols for as required medicines contained limited information of how people would present if they were upset or anxious. The registered manager began work on developing the protocols further during the inspection.
- Systems were in place for the safe management of medicines.
- Medicines records were completed fully. It was clear when as required medicines had been administered.
- Medicine procedures had been reviewed and updated to minimise the risk of errors following one event of a missed medicine.

Preventing and controlling infection

- McMorro House was clean and hygienic. Staff were proactive in following cleaning schedules and reacted immediately to any spills or concerns.
- People were encouraged and supported with cleaning and tidying their rooms as part of a plan to increase people's independence.

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.

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

- Before people moved to McMorrow House the registered manager completed a robust assessment of people's needs.
- Assessments included the principles of equality, diversity and human rights. For example, as well as assessing people's support needs they included people's sexuality, religious and spiritual needs and their choices and preferences.

Staff support: induction, training, skills and experience

- Staff were positive about the support, induction and training they received. There was regular support meetings with staff which included safeguarding and professional development.
- The registered manager explained how they were working in partnership with Rotherham College to provide in depth training courses for staff which included medicines, safeguarding and care planning.
- The registered manager had started a level two counselling course to develop their skills at supporting people and the staff team and leading debrief sessions following any incidents.

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

- People were involved with menu planning, shopping and cooking of meals.
- Peoples choices and preferences were met and staff offered support and guidance in relation to maintaining a healthy, balanced diet.
- Staff encouraged and supported people with cooking meals. One person said, "I'm involved with planning the menu, we always have two choices, everyone gets involved. I'm cooking spaghetti bolognese later."

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

- People were supported to live healthy lives which included regular exercise including the gym or cycling.
- Staff supported people with healthcare appointments where appropriate, including support with GP appointments and involvement with community psychiatric nurses as well as routine dental and optician appointments.
- Everyone attended regular health checks and medicine reviews.

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

- No specific environmental adaptations were needed to meet people's needs.
- One person said, "You can personalise your room and have posters up. I like the furniture we have."
- People had been involved in decision making in relation to the décor and outside spaces which reflected people's individuality and preferences.

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.

- Everyone living at McMorrow House at the time of the inspection had the capacity to make their own decisions and were supported to do.
- Some people had entered into specific agreements within their support plans for times when their capacity may fluctuate if their mental health deteriorated.
- Some people had community treatment orders in place which they understood and adhered to.

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 and staff shared warm and engaging relationships.
- One person said, "The staff are the best things, its bloody fantastic."
- Staff interacted with people using humour and laughter which was clearly reciprocated. This led to trusting and respectful relationships.
- People's individuality shone through and people were able to 'be themselves.'

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

- People were directing their own care and support with the encouragement and involvement of the staff.
- People were able to express their views and were involved in decision making about their care.
- If there were disagreements about the content of care records the reasons were explained.
- Staff offered people the opportunity to go through their full care records, so they could be fully understood and challenged if appropriate.
- Staff said, "[People] develop friendships with each other and support each other emotionally and about their nutrition and health. It's like brothers living together, they banter together but never really fall out."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy, dignity and independence. People had no restrictions placed upon them and were open and honest with the staff about how they chose to spend their time.
- Staff had recognised that some people's privacy was infringed as their medicines were stored in locked cabinets in their rooms. Plans were in place to change this with the involvement of the people concerned so it increased their dignity and independence.
- All staff saw their role as being one of facilitating and supporting people's independence with the aim that they would move onto more independent living.
- One person said, "I'm pretty independent, I'm not reliant on staff for many things, I've been on holiday on my own, it's just for supported living skills."

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

- Care and support was planned with people's involvement so it met their needs and preferences.
- Triggers that may result in people becoming upset or anxious had been identified. Descriptions of how people expressed anxiety and distress were limited although staff were able to describe changes in people's expressions or mood which would indicate they needed some additional support.

We recommend the provider consider best practice in developing support plans.

- Support plans were individualised and included information on people's history, their current support needs and their hopes and aspirations.
- Strategies for supporting people were clear and considered people's rights to choice and control whilst acknowledging any potential risks.
- Activities were led by people with encouragement and support from the staff team. There was an appreciation that people's happiness and level of activity and engagement had a direct impact on their mental health and wellbeing.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which people had access to.
- One person said, "If I wasn't happy with anything I would tell [registered manager], and if I was unhappy with [registered manager] I would tell [staff member]".
- No complaints had been received since McMorrow House had been registered. The registered manager said, "We have 28 days to investigate any concerns and I would apologise if we had done anything wrong."

End of life care and support

- Advanced care planning and end of life wishes had been discussed and people had chosen who they wanted to have these conversations with. Most people had decided to have these discussions with their family members.
- Staff had not been trained in the provision of end of life care and support and there was no end of life care policy in place. The registered manager said, "Everyone we support is young and healthy so there are no concerns but it's certainly something I will develop."

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

- There was a culture of forming relationships with people which fostered trust and openness.
- There was a focus on people's strengths and working in partnership with people to develop confidence and independence.
- The registered manager said of duty of candour, "It's about openness, honesty, admit to faults and learn, keep family updated. We do a family call on a Friday with an update and a social worker update on a Monday."

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

- The registered manager and staff team were clear about their roles and had a shared ethos of providing high quality care and support for people to enable them to develop and move on to more independent living.
- Relationships were described as being based on, "professional banter." The registered manager said, "We know how to have a laugh and engage with people but keep it professional and within the boundaries. People don't want to see us as the care staff, we are partners in people's care."
- Regular audits were completed which were used to maintain a good quality of service provision. Audits were available for all people and staff to see so it was very transparent if areas for improvement had been identified and what steps had been taken to improve things.

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

- Staff said, "There's excellent team work, all the lads get on, all the staff get on well. People need to be happy, risks need to be minimised, people need to enjoy themselves and progress. We need to build rapport, listen and progress."
- People were given the opportunity at weekly meetings to express their views. The registered manager said, "Uptake isn't high. People tell us what they want on a day to day basis and we work with it."

Continuous learning and improving care

- The registered manager was also the provider of the service. They had identified that in order to develop and progress the service further they needed to appoint a manager who would take over their role. This would then allow them to have full oversight of the service from a more strategic position. The new manager was in their induction period and was developing ideas on how the service could continuously improve.

- An on call system had been introduced, with the involvement of the full staff team, in relation to how this would work to ensure consistent support and guidance.

Working in partnership with others

- Staff worked in partnership with the people living at McMorrow House to engage them in the running of the home and developing community links and friendships.
- There was regular engagement with family members and healthcare professionals.
- The registered manager had recognised the need to become more involved in provider meetings and any adult social care sector meetings to facilitate networking and best practice.