

# Inspire Residential Care Limited

# Morvern Care Centre

## 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

Morvern Care Centre is registered to provide care for up to 60 people. Accommodation is on three floors with three passenger lifts for access between the floors. There are three separate units all with their own communal areas. One unit supported older people. Two units supported people living with dementia. The home is situated close to shops, buses and trams, the beach and the local facilities of Cleveleys.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with nine people who lived at the home and three people visiting their relatives. People who lived at the home told us they felt safe and were happy with their care and liked the staff who looked after them. We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and supported people in their care safely. One person who lived at the home said, "I have been here some time now and it suits me as the staff are excellent."

We saw staff assisting people with mobility problems. They were kind and patient and assisted people safely.

The service had sufficient staffing levels in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People who lived at the home told us staff were responsive to their needs.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. Staff spoken with told us they were happy with the training they received.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

People who lived at the home had access to advocacy services. This ensured their interests were represented by professionals outside of the service to act on their behalf if needed.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Morvern Care Centre

## 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 checked 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 visit took place on 20 June 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a background dealing with older people.

Before our inspection on 20 June 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included nine people who lived at the home, three relatives, the registered manager and ten staff members. Prior to our inspection visit we spoke with the commissioning department at the local authority and contacted Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, the services training matrix, supervision records of three staff, arrangements for meal provision. We reviewed the services recruitment procedures, checked staffing levels and records relating to the management of the home and medication procedures. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

## Is the service safe?

### Our findings

People who lived at the home told us they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "I do feel safe and comfortable here. The staff are very good." And, "I have no worries living here and have complete confidence in the staff."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments. Two of the three care plans we looked at showed risks had been assessed and care planned appropriately. One person had recently experienced deterioration in their mobility. We found their moving and handling assessment hadn't been updated although this was recorded on the care plan. The registered manager addressed this during our inspection visit.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw members of staff were in attendance in the communal areas to provide supervision and support for people who lived at the home and greet their visitors.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed staff members administering medication in two dining rooms during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

## Is the service effective?

### Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. Comments received from people who lived at the home included, "The staff are easy to talk to so I don't think there would be any problem if I was worried about anything. And, "The staff are friendly and well organised. I am happy here." One person visiting the home said, "It's a lovely place [relative] is very happy and content. I would definitely recommend the home to anyone."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including juices, tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties.

We observed lunch in three dining rooms. We saw different portion sizes and choice of meals were provided as requested. Most people were able to eat independently and required no assistance with their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. People spoken with after lunch told us they had enjoyed their meal. One person said, "I enjoy the food and always get an alternative if I don't fancy what is on the menu."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. We saw people who experienced swallowing difficulties had received a visit from a Speech and Language Therapist who was monitoring their condition.

The service had a refurbishment programme in place and we saw several vacant rooms had recently benefitted from redecoration and new furnishings. The registered manager acknowledged a number of rooms required upgrading and told us this work was on going and she hoped to improve standards throughout the home. The home is on three floors and separated into three separate units. There was a lift



that serviced all floors and all rooms that could be accessed by wheelchair users. Each room had a nurse call system to enable people to request support if needed. Adjustable beds were provided for people who received end of life care. Aids and hoists were in place which were capable of meeting the assessed needs of people who lived at the home. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently. For example pictures of toilets on bathroom doors and pictures of beds on bedroom doors.

## Is the service caring?

### Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "The carers are really good to me and I can only say they are excellent." And, "They do care for me very well here and I even enjoy taking part in the activities with their help." One person visiting the home said, "The staff are all great. They are lovely with [relative] and us. They are very caring."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "Staff are polite and respectful towards me."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details on display in the reception area for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

## Is the service responsive?

### Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Three care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were very knowledgeable about the support people in their care required.

The service had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. When we undertook our inspection visit the service had received one formal complaint. This had been investigated by the registered manager and resolved to the satisfaction of the complainant. People who lived at the home told us they were happy and had nothing to complain about.

The service had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from people who lived at the home included, "I think the leadership at the home is very good." And, "I like it here because the atmosphere is calm and everything is well organised." Staff spoken with said they liked the registered manager and felt well supported.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, health and safety issues, medication, nutrition, falls and infection control. Regular checks were also made to ensure water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included staff training and staffing levels.

Relative surveys had recently been completed. We saw people said staff were approachable, friendly and always in attendance when they visited the home. They said they were happy with staffing levels and staff had skills and abilities to support their family member. Comments received included, 'Staff have amazing patience.' And, '[Relative] is as happy as they can be and we are very happy with the care provided.' And, 'You have a great team and the level of care is excellent with many staff going the extra mile.'

People who lived at the home told us staff worked in an efficient and organised manner and the home was well managed. One person said, "The management is great and the home is well organised."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.