Abbeyfield Society (The)

Morriss House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected this service on 22 April 2016. The inspection was unannounced. Morriss House was a care home registered for a maximum of 25 adults some of whom had mental health needs.

At the time of our inspection there were 25 adults living at the service, one of whom was living there on a temporary basis. The service was located in a large semi-detached house, on three floors with access to a back garden. We previously inspected the service on 19 November 2013 and the service was found to be meeting the regulations inspected.

Morriss House had a registered manager at the service. 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.

During the inspection people were calm and there was a relaxed atmosphere at the service. People using the service informed us that they were happy with the care and services provided. We saw staff were caring, kind and compassionate and treated people with dignity and respect.

Staff were aware of people's needs as their needs were carefully documented within detailed care plans. Staff responded quickly to people's change in needs if they were physically or mentally unwell.

Care records were individualised, contained people's personal histories and reflected their choices, likes and dislikes, and arrangements were in place to ensure that these were responded to. Care plans provided detailed information on people's health needs which were closely monitored. Risk assessments had been carried out and updated regularly. These contained guidance for staff on protecting people.

People were supported to maintain good health through regular access to healthcare professionals, such as GPs and the local community mental health team. People spoke highly of the food and people's cultural and religious needs were facilitated by staff.

People had their medicines managed safely and received their medicines as prescribed. Storage and management of medicines was safe with clear processes in place.

Staff had been provided with training to enable them to care effectively for people and this was confirmed by people who lived at the service. Staff felt supported and there was evidence of supervision taking place although this was not taking place as regularly as stipulated in the supervision policy. Plans were in place for more frequent supervision. Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

There were enough staff to meet people's needs, and we could see that staffing had been recently increased to meet the needs of people living at the service. The service was committed to offering a good service to people at the end of their life.

Although the management of people's money was safe there were plans to change the system to ensure it was more personalised.

People told us the management was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate.

There was a stair lift to access upstairs and a lift to access all floors. There were accessible bathing facilities at the service and an accessible shower room for people with mobility problems.

We found the premises were clean and tidy, and measures were in place for infection control. The decor was dated but there were plans to decorate the communal areas in 2016/17. There was a record of essential services being checked. There was clear documentation relating to complaints and incidents. Audits were taking place to ensure the service maintained standards of care for people living there. Checks of essential services such as gas, electricity and fire equipment had taken place to ensure the building was safe.

Although most staff had been carefully recruited we found one member of staff had only one appropriate reference.

We have made a recommendation in relation to staff recruitment.
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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. We found one member of staff only had one relevant reference. The other had been provided by their next of kin.

Risk assessments were up to date and contained detailed information.

Medicines were safely stored and managed.

Is the service effective?

Good

The service was effective. Staff received suitable training to ensure they had the skills to look after people safely.

People told us they enjoyed the food and the menu was varied.

People had access to good health care and the service offered a service to people at the end of their life.

Is the service caring?

Good

The service was caring. People and relatives told us the staff were very kind, caring and patient. We also witnessed this on the day of the inspection.

People were involved in the planning of their care.

People's cultural and spiritual needs were met by the service.

Is the service responsive?

Good

The service was responsive. People told us they enjoyed the activities at the service.

We saw care records were person centred and up to date.

Complaints were dealt with promptly and appropriately.

Is the service well-led?

Good

The service was well led. The registered manager and head of care worked effectively together to provide good leadership.

There was evidence of audits taking place and remedial action taken as a result.

Staff told us they felt much supported and staff meetings and meetings for people who lived at the service took place regularly. This meant staff and people living at the service felt involved in the way it was run.

Morriss House

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.

The inspection took place on 22 April 2016 and was unannounced. It was undertaken by two 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.

Before the inspection we reviewed information we held about the service. This included information provided by the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with nine people individually who lived at the service. We also spoke with five members of staff including the registered manager, the head of care and the main chef. We also spoke with three health and social care professionals following the inspection and three relatives.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We looked at four care records related to people's individual care needs, and four staff recruitment files including supervision and staff training records. We looked at the records associated with the management of medicines, falls, complaints, incidents and safeguarding. We also reviewed documentation related to essential services such as gas, electricity and the maintenance of equipment and the management of people's money which the service looked after.

We also looked around the premises including the garden area.

Requires Improvement

Is the service safe?

Our findings

The people at the service told us they all felt safe. One person told us "I'm 102 and I'm as safe as anywhere. It's a nice happy place, a nice crowd." Another person told us "Safe as I will ever be."

Staff were able to tell us the different types of abuse and how they protect people from harm. There were safeguarding policies and procedures in place and people knew how to report concerns and how to 'whistle blow' if concerns were not taken seriously by the provider. There was only one safeguarding concern in the last 12 months. We could see from records that action had been taken following this concern to minimise the risk of it re-occurring.

Risk assessments were detailed and up to date and gave staff direction in how to manage risks safely. They covered a wide range of areas of risk including, falls, tissue viability and moving and handling risks.

We met with the main chef for the service who showed us around the kitchen. The service had been awarded five stars for food hygiene in February 2016. There were separate fridges for meat and other products. All food was sealed, labelled and stored hygienically.

We saw the service was cleaned throughout the day by housekeeping staff. The chef could show us daily records of the cleaning schedule for the kitchen with a monthly summary of all areas cleaned. The registered manager told us she carried out an audit of health and safety and infection control procedures six monthly. We could see from the documentation that this was taking place; however, some of the paperwork was not fully updated each six months. The registered manager undertook to record the review more accurately.

The communal areas although clean were in need of replacement carpet as it was worn and the paintwork needed redecorating. The registered manager has told us there was a budget to renovate the communal areas in 2016/17.

Medicines and controlled drugs were stored in a separate locked room, and temperatures were taken and recorded daily. Staff used a fan if the temperature in the room increased above a safe level for medicine storage. We checked the procedures and records for the storage and administration of medicines. We noted the medicine administration records (MARs) were clearly documented. Senior carers were specifically trained to administer medicines.

We looked at the management of people's money. There were separate records for each person's money but the combined funds were held in one communal bank account. Whilst there was no concern that there was money missing the current system was not personalised. The registered manager told us she planned to change the system. Following the inspection we were made aware via an e mail from the registered manager the system had been changed and individual's money was now held separately.

We looked at incident and accident records. There were collated records of falls as well as individual information recorded on people's care records. We could see that these had been dealt with promptly.

Through discussion with the registered manager, we could see not all actions that had been taken following an accident had been recorded. For example we could not tell whether a sensor mat or other preventative action had been considered to prevent further falls. Records had noted if the GP had been called. The registered manager undertook to record all actions taken on the monthly records.

We discussed staffing levels with people living at the service and the registered manager. We also looked at the rota. People told us "There are enough staff so we don't feel as if we are bothering them." There were four care staff and one senior providing care from 8am-9pm. Overnight there were two waking staff providing cover. We discussed staffing levels with the registered manager. She told us she had recently increased staffing. The activities co-ordinator was now being paid to provide additional caring support for three hours in the morning to accommodate people's different breakfast times. The registered manager had also increased staffing at night time by providing an additional sleeping in staff member. This staff member stayed up until approximately 11pm to support people going to bed at different times. They were then available if needed by the other two staff if an incident occurred in the night. The registered manager and head of care also helped out at mealtimes and the head of care worked a range of shifts to carry out quality assurance checks. The registered manager ensured that staff worked a range of day and night shifts so night staff were not isolated from the remainder of the staff team.

We looked at recruitment records. Whilst three of the four staff files had two references, evidence of identity and Disclosure and Barring Service DBS checks in place, to ensure staff were considered safe to work with vulnerable people, we found one staff member had obtained a personal reference from her next of kin. The recruitment policy of the service stipulated two business related references. Following the inspection the registered manager sought an additional reference for this person.

We recommend that the provider ensures staff references are from relevant personnel.

Good

Is the service effective?

Our findings

We could see from the training records and from a discussion with the registered manager that the majority of key training was up to date or would be completed by the end of May 2016. Mandatory training included moving and handling, safeguarding, mental capacity, deprivation of liberty safeguards and medicines training for senior care staff. The registered manager was qualified to be able to undertake some training herself.

The registered manager told us she wanted to support people with training that was nationally recognised, so all the staff working in the kitchen had achieved the Qualifications and Credit Framework (QCF) Level 2 health and social care qualification. One senior carer was completing the QCF Level 3 and the head of care was completing the level QCF Level 5 qualification. The registered manager told us she was working towards all care staff having a QCF Level 2 qualification in working with people with dementia.

We saw that supervision took place but not as frequently as the policy stated, which was every three months. Staff did not identify lack of supervision as a problem. We discussed this with the registered manager who told us she was booking senior carers onto a course so they could undertake supervision of the care staff, so supervision could take place more regularly. Following the inspection we saw evidence the registered manager had undertaken supervision with a number of staff and planned in supervision on a more frequent basis with the whole staff team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. We saw there were DoLS applications for people for whom their liberty was being restricted. Staff understood the need for consent when offering care to people and were aware of the MCA and DoLS.

People were complimentary about the food. Comments included "I've always eaten good food so I can judge if the food is good and it really is" and "I am so content I even enjoy the food!" We saw the food was prepared and presented well, and people told us it tasted good. The menus were changed monthly and we saw from residents' meetings that food was regularly discussed, and people's likes/dislikes noted and catered for.

People told us they received good access to healthcare and we could tell from records that people saw their GP and community mental health team specialists as required. There was a good working relationship with the palliative care team. Three people recently had been supported to remain at the service until they died.

The building was accessible by a lift, and there were communal accessible bathrooms and walk in showers for people to use. The garden had tables and chairs and flowers along the edge and provided a pleasant space to sit out when the weather was good.

Good

Is the service caring?

Our findings

People told us they found the staff very kind, caring and patient. Comments included "We are treated with much kindness also care and respect." and "Staff are lovely, caring and free and sometimes playful which is pleasant. I'm content here, in fact I quite like it!' Another person told us "I'm from the North, yet I am ever so happy here. I never think about being so far from home. It's very clean and friendly I can talk to them [staff] all. We chat together, they are so very kind."

Relatives spoke highly of the service. One relative told us that in her previous paid employment she had visited Morriss House and was always "struck by how caring and kind the staff were" so wanted her family member to move there when they needed care. Another relative told us "All the staff are hugely committed to the people they look after."

We saw that staff were patient and treated people with respect. We saw one lady who was sitting in the living room had an episode of incontinence. Immediately a member of staff came with a hoist and another staff member and carefully lifted her up very gently while making reassuring noises. All this was carried out quietly, even the mopping up. Many of the residents would not have noticed the incident.

Staff told us they knocked on people's doors before entering and were aware of the need to gain consent before providing any type of care. Staff knew the people who lived there well and understood their likes and dislikes. One relative told us their family member would sometimes forget he had had breakfast, but to minimise his anxiety, staff would simply provide a second breakfast to him.

The registered manager told us that whilst there was a chiropody service that visited people with diabetes and other medical conditions that affected their feet, they now undertook general chiropody tasks at the service themselves. They charged a small fee, and used this to buy a foot spa and lotions to pamper people's feet. They had decided to do this as a number of people who were physically independent in the main areas of daily living had struggled to cut their toe nails. This was a way of assisting with grooming in a preventative and pleasant way.

People told us "Own bed times, mostly own choice at mealtimes. For practical reasons most of us usually get up about or around 8am. It's nice to be able to reminisce with the staff although they are often from a different country, they try." People were encouraged to bring their personal effects to furnish their rooms. One person told us they were "Happy as a sand boy in my cheering room packed with treasures from home."

There were paintings on the walls, many of these done by one of the people who lived at the service, who continued to paint whilst living there. There were photos and other homely effects throughout the service.

The staff and people who lived at the service were from a wide range of cultural backgrounds and people's spiritual and cultural needs were met by staff in a number of ways including the food prepared and attendance at places of worship.

We could see from care records that people were involved in their care as their signatures were on care records, and a keyworker system operated so staff knew particular individuals very well. One relative told us their family member could take a long time to eat, but this was never an issue at the service as they were left to eat at their own pace. This relative also told us the calm atmosphere at the service had contributed positively to reducing their family member's anxiety, a condition that had been problematic previously.

The registered manager told us they offered an end of life service and had managed to keep the majority of people at the service unless they died. A health and social care professional confirmed there were good links with the palliative care team. The registered manager told us staff were able and wanted to sit with people during their final hours and she was proud her staff wanted to do this, as many older people did not have family or friends who could be there.

Good

Is the service responsive?

Our findings

We found the care plans were detailed, personalised and up to date. For example, we were able to tell what food people liked, what time they liked to get up at or go to bed. We could see a number of people either went to bed late, or got up again once they had slept for a few hours. People routinely came down and had a cup of tea and a sandwich with the night staff. One person who lived at the service routinely came down in the middle of the night, got his first breakfast of cereal, went back to bed and then had another breakfast when he got up in the morning.

There were care plans in relation to a wide range of needs including night time care needs and nutrition, cognition and personal care needs. Records were reviewed monthly and updated or more regularly if there was an incident or deterioration in health. There was a keyworker system in place. This meant although staff worked with all the people living at the service, they would be particularly knowledgeable regarding a few individuals and would update their care records with personalised information for all staff to be aware.

We looked at the complaints for the last year and could tell these had been dealt with quickly and efficiently. People told us they knew how to complain, but rarely felt the need. One person told us "Yes I would complain if I had to, but usually problems are solved before it comes to that."

There was an activities co-ordinator who was well regarded by the people living at the service. We were told "[Care co-ordinator] surprises us residents with nice things - he is genuine with everyone." People talked warmly about going to the local tennis club and we were told "We all enjoyed watching the tennis and we have a lovely tea whenever we go."

We noted that the community mental health team had suggested one person living at the service take daily walks as this helped minimise her anxiety. This had not been happening on a regular basis but the registered manager told us these walks would increase in frequency as the weather improved.

Other activities included potting up plants for the garden and helping with the garden, board games, music and when the weather was better, going out to the local shops. The hairdresser was a regular and welcome visitor, and we could see lots of people had recently had their hair groomed. We also saw ladies nails were being painted and a great deal of chatting went on.

Staff spoke a range of languages and were from a wide variety of ethnic and cultural backgrounds. The people at the service were from a similarly mixed background. This meant that people could on occasion speak to someone in their chosen language and relate to staff from their country of origin.

Good

Is the service well-led?

Our findings

Morriss House was run by The Abbeyfield Society. The organisation was set up to provide older people with a safe and secure home where they could find friendship and support.

People told us they knew who the registered manager was as she was clearly involved in the day to day running of the service. We saw the registered manager and head of care supporting people at lunchtime and they clearly knew people's likes and dislikes in relation to food and where they wanted to sit and with whom. The registered manager told us she believed it was important to set a good example to staff and valued caring and kindness to people living at the service very highly.

Relatives told us they thought the service was well managed and the registered manager was very accessible. One relative told us "She is great, very approachable, plain speaking and effective." Another relative told us "This home is excellent." All the relatives told us they would recommend the home to other people.

The registered manager worked closely with the head of care at the home and between them carried out the range of management tasks including audits, supervising staff, managing money and additional quality assurance tasks to maintain a good standard of care at the home.

We saw that all care plans were audited on a three monthly basis. Following a safeguarding alert earlier this year it was recommended that Do Not Attempt Resuscitation discussions were held with people and their health professionals. We could see half of these had been completed and there was a plan in place to complete the other half.

We saw one person's medicine and records were audited monthly. However we were shown new documentation for a six monthly audit of medicines The Abbeyfield Society was introducing which covered a wider scope in relation to medicines. For example, it required the person auditing to check the processes for ordering, receipt and disposal of medicines as well as ensuring there are policies and processes in place to safely administer medicines that require additional monitoring like lithium and warfarin, This new policy was due to be implemented in May 2016 and was in addition to the monthly audits.

The staff told us they enjoyed working at the service and that they felt supported by the registered manager and the head of care. We saw that there had been eight staff meetings in the last twelve months. This gave staff an opportunity to be involved in the running of the home. We saw from records that nine meetings with people living at the service had taken place in the same period. People had a chance to discuss activities and menus as well as any other issues they chose.

There were five volunteers working at the home at the time of the inspection. They had been DBS checked and had references taken up. Some were involved in activities at the service such as taking people out, some did reminiscence work and one played classical music.

We saw premises and equipment were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, essential servicing of gas, electricity, water and equipment. Fire safety equipment and other health and safety checks had been completed.