Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Morningside

4 Newton Road, Penrith, CA11 9FA

Tel: 01768890768

Date of Inspection: 24 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Community Integrated Care
Registered Manager	Mr. Jeremy Lee Pearson
Overview of the service	Morningside is a small bungalow set in its own grounds in a residential area a short walk from the amenities of Penrith. It provides support for up to five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us that they were satisfied with the service they received. They said that:

"Yes they support us."

"They speak to us nicely."

"I'm alright."

We found that the home was clean and maintained good standards of hygiene. The staff were knowledgeable about the people they supported and had good relationships with them. There were effective systems in place to monitor the quality of service provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We measured this outcome by observing interactions between staff and people who use the service. We also looked at the written records of each individual person who used the service.

We saw that people were treated with dignity and respect at the home. The home had a dignity charter on display in the office. The charter had been created by people who used the service and staff and outlined how people should be treated in a dignified way. There was also a service user charter which gave guidance on the promotion of independence. We saw that both these charters formed the basis of how people were supported at the home. This meant that people were supported in promoting their independence.

We saw that each individual had their own bedroom. All of the bedrooms had washing facilities and there was a bathroom and a shower room. People had their bedrooms decorated to their taste and had their own personal effects. This meant that people using the service treated it as their own home and were able to express their own tastes.

We saw that the people living in the home had a choice of how they spent their day. There was a weekly planner on display that reminded everyone what activities were available and where they were taking place. People could also make their own suggestions about what they wanted to do. Written support plans for each person reflected this. One person told us that:

"We go down the town when we want."

Some of the people who lived at the home found it difficult to communicate verbally. We saw that the written support plans contained suggestions and ideas about how to help people communicate. For example there were pictorial menu's available rather than written ones. This helped staff to ensure that peoples' rights to make choices were respected.

We noted that the support plans were presented both in writing, colours and pictures. We saw reviews of care had taken place monthly. The reviews involved staff and people who used the service. They took into account the peoples wishes, likes, dislikes and needs.

This assured us that all that was reasonably practicable was being done to involve people in decision making about their care.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We measured this outcome by observing interactions between staff and people who use the service. We also looked at the written records of each individual person.

We spoke to the people who used the service. They told us that they felt well supported by staff at the home. One person told us that:

"I'm alright, they speak to us nicely."

"They support us."

We spoke to staff who explained that they often took people for trips out to the local shops and used this opportunity to help them with their shopping and budgeting. According to the written records people regularly went shopping, to cafes and swimming. Some people attended a local day centre which was situated a short walk away. Others attended local groups such as amateur dramatics. We noted that a local bowling club had invited the people who used the service to a coffee morning. This level of community involvement reflected relevant research and guidance.

We looked at written support plans. We saw that the support plans used different methods to display information which helped people to understand them. For example some of the writing was in different colours and pictures had been used.The support plans were clear and based on comprehensive assessments which had been carried out with the people who used the service. The assessments identified people's likes and dislikes. The people who used the service could exhibit challenging behaviours. Detailed support plans were in place that outlined how to deal with challenging or inappropriate behaviour. We observed a member of staff giving advice to someone about diet. The member of staff followed the written support plan correctly. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Each support plan contained a risk assessment which showed staff what problems might arise and what strategies they could use to prevent problems arising. For example the staff would often try to distract people if they were becoming upset. We observed staff doing this successfully during our inspection. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.
People were cared for in a clean, hygienic environment.

Reasons for our judgement

As part of our inspection we looked in each room of the home. We saw that each room was clean. The staff explained that they cleaned the home regularly. We saw a cleaning rota that confirmed this. We looked in people's written care plans and saw that some of the people who used the service required support to keep their environment clean and tidy. We saw that staff had devised strategies to support people to do this wherever possible.

We saw that there were posters on display throughout the home outlining good hand washing techniques. Appropriate hand cleaner was available as was personal protective equipment such as disposable aprons. We observed staff wearing personal protective equipment to assist people with their personal care.

We looked at the cleaning equipment that was available to staff. We saw that they were well stocked with appropriate cleaning chemicals and that these were stored safely. The home had different coloured mops and buckets. Each colour represented a different type of spillage. This meant for example that the same mop used to clean the toilets would not be the same mop used to clean the kitchen floor.

We saw that a regular infection control and cleanliness audit was undertaken as part of a wider health and safety checklist. This audit ensured that staff had, and were using, the correct equipment appropriately. This meant that there were effective systems in place to reduce the risk and spread of infection.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at records for three of the staff who worked at the home. We saw that the dates that staff had attended training were recorded electronically. The electronic system would indicate who had not done their training and the manager was then able to ensure that the staff member went on the appropriate course. We confirmed that staff were up to date with their mandatory training by looking at print outs from the electronic system and by looking in staff members individual records. We noted that staff also held certificates for all the training they had completed.
We spoke to the staff who were on duty. They told us that they did a mix of face to face training and e-learning. We noted that training included brief examinations and tests which ensured that staff understood what they had been taught. A member of staff told us that they were currently undertaking a diploma in healthcare course. We saw that others were undertaking similar courses. This meant that staff received appropriate professional development.

Staff told us that they received regular supervision. Supervision was a meeting between a staff member and a senior member of staff, in this case the manager, where they were able to discuss what had been going well at work and what might need to improve. Staff told us that they felt well supported by their manager and found supervision helpful. We confirmed this by looking at individual supervision records and the managers supervision schedule.

We noted that appraisals were carried out on an annual basis. Appraisals are a meeting between a staff member and their manager in which their performance is discussed. We saw appraisal records which confirmed that all the staff in the home had received their appraisal.

We spoke with staff about this standard. They told us that training, supervision and appraisal was not an issue at the home. They said that:

"We are well trained and supported."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The home had well established systems in place for checking quality. Their quality audits ranged from checking the temperature of the fridge to monitoring the water in the home to reduce the risk of legionella bacteria forming.
The manager performed audits on medication to ensure that medicines were being administered correctly and that they were accurately accounted for.

A health and safety checklist was completed on a weekly basis. The checklist covered a wide range of issues including fire safety, first aid, cleanliness and hygiene and food safety. There was a section in the checklist which outlined actions that had been taken when problems were identified.

We saw that the manager was expected to complete a monthly report for the organisation's quality standards team. This report included health related information about people using the service, for example weight loss was recorded as were any infections or hospital admissions. This enabled the organisation to measure the home against other homes to ensure it was performing to an acceptable standard.

We noted that the home was inspected by a senior manager from the organisation every two months. The inspection was based on Care Quality Commission essential standards of quality and safety and included a support plan audit, an audit of how people were involved with their care and observations of the staff at work. This meant that senior managers were assured that staff at the home were working towards compliance with Care Quality Commission outcomes.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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