Mr & Mrs Philip J Jefferies

Morovahview Residential Home

Inspection report

1 Bar View Lane
Hayle
Cornwall
TR27 4AJ

Tel: 01736753772

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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

This unannounced comprehensive inspection took place on the 11 June 2018. The last comprehensive inspection took place on the 14 and 20 June 2016. The service was meeting the requirements of the regulations at that time.

The service provides care for up to sixteen people. At the time of the inspection thirteen people were receiving care at Morovahview. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Morovahview is situated close to the centre of Hayle. It is a detached property in a residential area of the town. There are two floors with the upper being reached by stairs and a stair lift. All room are single. There are two shared bathrooms and shared toilets. Shared living areas include one lounge with adjoining conservatory, a dining room and patio seating area. There were a range of aids and adaptations to support people with limited mobility.

The Care Quality Commission (CQC) had received an application from the current manager to register with the commission in order to meet the requirements of its registration to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The atmosphere in the service on the day of the inspection was relaxed, friendly and calm. Staff responded promptly when people asked for help and support was provided at a relaxed pace. Throughout our inspection we observed staff providing support with respect and kindness. People told us they felt safe and comfortable living at Morovahview Care Home. Comments included, "It's the best move I made. Love living here because I get all the care I need from lovely staff," "If I need staff they answer my call bell very quickly. I feel very safe" and "I have everything I need here and it makes me feel safe and as if I belong here."

Detailed care planning and review meant that people's risks were being managed effectively to ensure they were safe. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. In particular risks in relation to people's skin care and nutrition were being effectively monitored. Records reported on changes in people's level of risk and how those risks were going to be managed.

Care records were personalised to the individual and detailed how people wished to be supported. They provided clear information to enable staff to provide appropriate and effective care and support.

The service had sufficient staffing levels in place to provide the level of support people required. The manager also supported staff when necessary. Some staff told us they felt another staff member at the busiest times in the morning and evening would mean they were not as rushed. We shared this with the manager. They told us they constantly reviewed staffing levels against the needs of people using the service and that the current levels had been assessed as suitable to meet people's individual needs. There was no evidence that call bells were delayed in response, or that a higher number of accidents and incidents were occurring at specific times of the day or night to demonstrate staffing levels were not adequate. People told us and we observed staff were responsive and available when they needed them.

Staff were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed and there were systems in place to provide new staff with appropriate induction training. Existing staff received regular training, supervision and annual performance appraisals.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and audit accidents and incidents. Action was taken to mitigate those risks from occurring again. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

The service was well maintained. It was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. Capacity assessments had been carried out. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. There were no restrictions authorised at the time of the inspection.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

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

The manager had recently introduced a comprehensive system to assess and monitor the quality of the service. This included consistent regular audits of all care and support as well as operational issues. The manager set up systems to engage with people as well as external professionals. People's views were positive about how the service operated. Staff told us, "There have been some changes but the manager talks with us all the time" and "We [staff] feel there could be more staff to help at the busiest times but we are talking with the manager about it."

People were able to take part in activities supported by staff and external entertainers. These included, singing sessions, music entertainers, bingo, pamper sessions and visiting therapeutic animals from a local farm.

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 remains Good.	**Good**
Is the service effective? The service remains Good..	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Morovahview Residential Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Before the inspection we reviewed all the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

The inspection was undertaken by one adult social care inspector. We spoke with a range of people about the service; this included seven people who lived at Morovahview and two visiting relatives, four staff members and the manager. We also spoke with a visiting professional during the inspection.

We looked at care records of three people who lived at the service, training and recruitment records of two staff members. We also looked at records relating to the management of the service.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with 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.

Good

Is the service safe?

Our findings

We asked people who lived at Morovahview if they felt safe living and receiving care there. Comments received included, "Just knowing there is someone there if I need them makes me feel very safe," "The staff are very good and so patient. They are always around if you need them." A visiting relative said, "I know I have peace of mind about [relatives] care here. I walk away and know they are safe. That gives me peace of mind."

We observed the service was being staffed in numbers which were meetings people's individual needs. Call bells were responded to quickly. One person told us, "Whenever I call, staff are there very quickly." The level of support that each person required was assessed and used to determine staffing levels. The staffing rota showed there was a skills mix on each shift so that senior staff worked alongside less experienced care staff. There were housekeeping and catering staff. Some staff told us an additional member of staff would help them in the morning and evenings. We spoke with the manager about this and looked at records to identify if there was a high incidence of accidents or incidents at specific times of the day or night. Records did not show any themes or trends. People told us they felt the manager and staff were visible on a daily basis. One person said, "They [staff] are always around" Staff told us, "It can get busy and we can be rushed. We know we can talk about this with the manager. The manager told us that a recent staffing level assessment identified the service was suitably staffed. The manager was constantly auditing staffing ratios and people's needs. They told us that any change in dependency levels would be responded to in order to meet people's individual health and welfare needs. There was no evidence to demonstrate the service was not adequately staffed for people's safety.

Accidents, incidents and near misses were recorded, tracked and monitored by the manager to summarise what had occurred, outcomes and actions. The reviews included regular audits of all events to identify possible trends or patterns to help minimise the risk of repeat occurrences. The use of individual graphs to show patterns of falls supported the staff to respond to any trends and patterns. For example, if they occurred at specific times of the day or night. In one instance staff had identified specific times when risks were more prevalent for a person and ensured additional welfare checks were being made by staff.

Assessments were in place which identified risks in relation to people's health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as nutrition and hydration, skin, mobility and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed. Records were up to date to show where risk levels had changed. For example, a person's mobility and general health had deteriorated. Staff had reported this and the manager had responded by referring the person to through their general practitioner (GP) for an assessment.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were clear and there were no gaps.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines.

The service held a policy on equality and diversity and provided training on this topic so staff understood the importance of valuing people for who they are. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. There was a strong focus on protecting people's human rights.

People were protected from abuse because staff received training in safeguarding people. They knew how to respond to concerns and who to report them to. Staff were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Records contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Equipment had been serviced and maintained as required. Records were available confirming gas, electric and fire systems were being maintained and were safe to use. Equipment including moving and handling equipment were safe for use and were being regularly serviced.

The environment was clean, tidy and maintained. One staff member said, "We take a pride in making sure the home is always clean." There were designated staff for the cleaning of the premises. Infection control procedures were in place and regular checks were made to ensure cleaning schedules were completed. During the day of inspection we observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. The service used a commercial deep clean system designed to be used in the health and social care sector by providing a disinfection process to eliminate harmful organisms.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet their individual needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "I have every confidence in the staff working here. They know me well and what I need." A relative told us, "Their [staff] approach is very good. They know everybody living here and what they need because everyone has different needs."

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us. This helped us to observe and record the day-to-day activity within the service and helped us to look at the interactions between staff and those who lived at Morovahview. We observed staff continuously engaged with people. For example, some people chose to sit alone or did not engage with those around them. Staff took time to stop and speak with the person to ask if they were comfortable or wanted something. In all instances we found staff interacted with people effectively and those who lived at the service looked comfortable in the presence of staff members. Where a person became agitated staff understood how to engage with them so they became calm and less agitated. It demonstrated staff understood people's needs and how to effectively respond to them.

People's needs and choices were assessed prior to moving into the service. This helped ensure their needs and expectations could be met. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service. The manager had undertaken an initial assessment of a person who was admitted during the inspection. The information was essential to staff so they had an initial understanding of the person's needs. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support.

People's health conditions were well managed and staff supported them to access healthcare services. These services included occupational therapists, GPs, chiropodists, community nurses and opticians. A visiting professional said, "The staff have a very good way of communicating with residents. We have a good working relationship with this home." People's healthcare needs had been monitored and discussed with the person or relatives as part of the care planning process. Two family members told us the manager kept them up to date with their relative's health and if any changes occurred.

Newly employed staff were required to complete an induction before providing support independently. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction programme covered orientation to the premises and included fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, practical skills, medicines and record keeping. Where new staff were not familiar with working in the care sector they also completed the Care Certificate which is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Staff told us and records showed that they were supported with the level of training and support for their

development needs. Staff said training supported them to deliver care to people. They received regular support and advice from the manager and attended meetings. Staff members told us they were encouraged to develop their knowledge and skills through training. One said, "I have all my training kept up to date."

The service was using a technology system for completing and updating care plans. Staff told us it was a good system which had improved communication at all levels so care and support was more effective. One staff member said, "The system we use [Information technology] is very good because it means we update it as things happen. We don't have to sit down later and think about it." There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Care records detailed whether or not people had the capacity to make specific decisions about their care. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

We observed the support people received during the lunchtime period. The dining room was pleasant. Tables were laid with linen. There were flowers on each table and people could season food to their taste. Chairs had a 'glide' base to support people to be independent when getting up or sitting down at the table. The atmosphere was warm and friendly with staff talking with people as they ate their meals. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. Where people needed assistance with eating and drinking staff provided support appropriate to meet each person's assessed needs. People told us they enjoyed their meals. Comments included, "The meals are just lovely," "I love the choice. They know just what I like." A relative said, "Whenever I visit at mealtimes I can say they all look appetising and everyone seems to enjoy the meals. My [relative] does."

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The design, layout and decoration of the service met people's individual needs. Signage was in place to support people who might have difficulties orientating around the premises.

Good

Is the service caring?

Our findings

People spoke positively about staff and their caring attitude. People and their relatives said that staff treated them with kindness and compassion. We observed staff interacted with people in a caring and respectful manner. Comments included, "I love living here. I am made to feel at home and have all my things around me," "What more can I say? The staff here are so very caring and have our best interests at heart" and "[My relative] has come on leaps and bounds since they have lived here. It was the best move."

Staff had time to sit and chat with people. We observed many positive exchanges between staff and people living at the service. For example taking time to sit with a person and support them with an activity of their choice. Making time to sit with a person who became distressed due to their condition. Staff used prompts and sentences they knew would encourage engagement. For example, "Should we go and do some singing. You like singing don't you. This prompted the person to start singing a song that was dear to them. They smiled and became less anxious." Support was constantly carried out in a kind and sensitive way.

Staff were knowledgeable about the people living at the service and had the skills to meet their needs. We heard one staff member say. "[Person's name] It's a lovely day. I know you like to sit out in this weather. Would you like me to help you out to the patio?" People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. One person said, "[Staff name] knows I like to have a lie down in the afternoon. They always ask if I'm ready and they help me." A relative told us, "The staff have been marvellous for [relatives name] they have taken the time to get to know what [resident] likes and doesn't like. It's been important to me to know that they [staff] take so much care about what they do."

Staff clearly understood that it was important to give people choice. For example, choice in meals and mealtimes. One person wanted to eat a little later and on their own. Staff did not find this a problem. Assessment records identified whether a person preferred staff of a specific gender to care for them.

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. A staff member said, "It's important to respect resident's choices whatever they are because it's all about them."

People said they were involved in their care and decisions about how they wanted to receive support. They told us staff always asked them if it was alright with them before providing any care and support. We observed this throughout the inspection.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However, some people were frail and consultation could only occur with people's representatives such as their relatives, if appropriate.

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's

past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help them feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. We observed staff knocked on bedroom doors and waited for a response before entering.

Good

Is the service responsive?

Our findings

People who lived at Morovahview told us staff were responsive to their care needs and available when they needed them. They told us care they received was focused on them and they were encouraged to make their views known about how they wanted their care and support provided. For example, one person told us they liked to return to their room in the afternoon and staff always asked when they were ready. They said, "They [staff] know my routines and they help me when I need it." People's needs were being responded to throughout the inspection. For example, making sure people were where they wanted to be. Welfare checks were frequently being made to people who preferred to stay in their rooms. Records of those checks were kept and helped the manager in the auditing of care.

Care plans were reflective of people's needs and were being regularly reviewed to ensure they were up to date. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. Care plans were written using a person centred approach. Meaning it was focused on the person's individual needs and goals so the person was central to the care process.

Care plans were written in the first person tense. Staff told us this made it more personal and meaningful. They addressed how people wanted to receive care. For example times they liked to go to bed or get up. If they liked to do certain activities and continue with things they liked to do before moving into the service. People who had previously been supported to attend church services were provided with church services held at the service, due to the frailty of people wanting to continue practicing their faith.

The manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by previous service placements, care commissioners assessments and people's relatives to form the person's initial care plan. An admission was taking place on the day of the inspection. The manager had completed an assessment and met with the person and their previous service to make sure Morovahview was able to meet their needs. The transition was being supported by the previous service manager, staff and another professional. This ensured the admission went as smooth for the person as possible to minimise the level of anxiety.

We looked at what arrangements the service had made to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans confirmed the services assessment procedures and identified information about whether the person had communication needs and how they should be met. For example making sure hearing aid batteries were always working and appointments were up to date for opticians if glasses were required.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in

how their care was delivered.

Throughout the inspection staff consistently offered people choice in their daily activities. For example, staff checked what people wanted to do in terms of daily activities. Two people liked to play a board game. Staff responded to this by arranging chairs and furniture to assist this. People responded positively to staff comments. For example, "Let's go and sit over here where it's quiet. I know you like sitting here," "How about us just sitting and having a chat" and "Are you ready for breakfast now, I'll get you a drink to be getting on with first." This demonstrated the management team and staff used a person-centred approach in response to people's preferred daily routines and activities. Activities available to people included, singing sessions, music entertainers, bingo, pamper sessions and visiting therapeutic animals from a local farm. The service had introduced an external service to deliver 'Music for Health'. Its aim was to use music to unlock memories which other forms of communication cannot. Staff told us it was successful and people with memory issues had benefitted from this activity.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain and told us they were happy with the service they received. The manager told us they aimed to respond to concerns raised immediately to prevent them developing into a formal complaint.

The service aimed to support people to the end of their lives wherever possible and with the support of other health professionals. People had been supported to remain at Morovahview 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.

Good

Is the service well-led?

Our findings

People who lived at Morovahview and relatives told us they were happy with the way in which the service was run. They told us the manager was always available and they had confidence in the staff team. Comments included, "[Manager] is very approachable. I think everyone here is very happy with the way things are run," "I feel I can talk with the manager and any one of the staff if I have any issues at all." A relative said, "This is a well-run home. Always made to feel welcome whenever I visit. Everybody seems to know what they are doing."

The manager had introduced an auditing system which was designed to make sure all operational issues were checked either, daily, weekly or monthly based on the level of risk and the need to make sure all systems were operating effectively. For example, analysing incidents, such as falls, and where necessary changes had been made to learn from events or seek specialist advice from external professionals.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. The provider visited the service regularly and offered support to the manager. The manager believed it was important to make them available so staff could talk with them, and to be accessible to them. Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Staff had a positive attitude and told us the management team provided strong leadership and led by example. There was a stable staff team and staff morale was good. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management, at daily handover meetings and staff meetings . Recent meeting records showed the manager communicated changes which were being introduced including electronic records being used for care. They also sought the views of staff regarding ideas they might have for the development of the service. Staff told us, "The manager has changed some things but they have shared this with us [staff] and asked for our views" and "I feel really supported through the changes and feel we [staff] can bring anything up for discussion."

The management team had a number of ways to measure and improve the quality of the service for the benefit of the people who lived there. For example, a recent quality assurance survey of people's viewshad been held although the information was not yet analysed. . The manager told us early comments had been positive and people had said they felt safe living at Morovahview. The service used other ways of seeking the views of people using the service, their relatives and visitors, including an external web site. One comment included, "My relative's stay was short but during that time every care and consideration was given to their well-being." Compliments about the service included, "The food is excellent, the atmosphere homely and its clean" and "Morovahview and its staff provide a safe and caring environment. The family have no concerns regarding [relatives] care."

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately. The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 1 April 2015.

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 and district nurses.