

# Review of compliance

Inverhome Limited Morton Grange	
<b>Region:</b>	East Midlands
<b>Location address:</b>	Stretton Road Morton Alfreton Derbyshire DE55 6HD
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	Morton Grange Nursing Home is located approximately 8 miles south of Chesterfield, on the outskirts of the village of Morton. The home provides nursing and personal care for up to 66 people, men and women.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Morton Grange was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

There were 61 people using the service at the time of our inspection visit. We spoke with five people to gain their views of the service. We also spoke with three relatives of people in the home.

Some people in the home had limited communication abilities and so we could not interview them to find out their views. To help us to understand the experiences people have, we used our Short Observational Framework for Inspection (SOFI) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

The people we spoke with who use the service told us they were very satisfied with the care they received. They told us that staff were helpful, respectful and "preserve our dignity". One person said "It's wonderful here" and "they look after me". Another person said "I'm happy here. There's always something going on".

We observed that people had generally positive interactions with staff. We saw people smile when staff spoke to them. We saw staff asking people and checking their understanding before carrying out any actions, such as using a hoist to move people from chair to wheelchair. We observed that staff sometimes did not wait long enough for the person to respond to their question.

### What we found about the standards we reviewed and how well Morton Grange was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People were treated with consideration and respect. They, or those acting on their behalf, were provided with appropriate information and support in relation to their care and treatment. People were involved appropriately in making decisions about their care.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

There were suitable systems and arrangements in place to ensure people experienced effective, safe and appropriate care.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

There were suitable arrangements to ensure that people were protected from abuse, or the risk of abuse, and their rights were respected and upheld.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff were properly supported to deliver safe and appropriate care to meet the needs of people using the service.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People were protected against the risks of unsafe or inappropriate care by the effective operation of quality assurance and monitoring systems in the service.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People told us that staff were helpful, respectful and "preserve our dignity". We observed that staff were friendly and cheerful and people responded to them in a positive way. We saw that staff maintained people's dignity, for example by offering timely and sensitive assistance for people who needed help to get to the toilet.

Two people using the service and three relatives told us they were involved in planning and reviewing care. The relatives said that the manager or nurses always contacted them to discuss any proposed changes in the person's care or treatment.

People using the service and the relatives we spoke with were all positive about the accessibility of the manager and senior staff. One relative told us the manager "always makes time to talk to me when I visit".

#### Other evidence

We saw a booklet about the home and the manager told us each person had a copy of this in their bedroom. We saw the home's monthly newsletter was available for people to have a copy or to look at a laminated version. There was a range of information displayed throughout the home to help people to make choices in their daily lives. This included information about activities and social events and advice literature about

people's rights.

We found that people were regularly given the opportunity to comment on the service provided through satisfaction surveys. The responses were analysed and the results published in the monthly newsletter.

We saw that people were asked about their wishes regarding end of life care and this was recorded in their care files. We saw an advance decision made by one person was kept in their care file and had been shared, with their agreement, with other agencies to ensure their wishes were known.

**Our judgement**

People were treated with consideration and respect. They, or those acting on their behalf, were provided with appropriate information and support in relation to their care and treatment. People were involved appropriately in making decisions about their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

The people we spoke with who use the service told us they were very satisfied with the care they received. One person said "It's wonderful here" and "they look after me". Another person said "I'm happy here. There's always something going on".

People using the service, or their relatives, told us they had been involved in planning and reviewing their care.

The relatives we spoke with were pleased with the care provided. One relative said the person had "settled well" since being admitted to the home. Another relative said the person "always looks well cared for". They said the person often smiled in response when staff spoke to them.

People told us they enjoyed the range of activities offered, particularly the trips out to local towns and the regular social evenings. We observed people taking part in activities during our visit. Photographs of past trips, events and activities were displayed throughout the home.

##### Other evidence

We looked at the care records of six people using the service. All had comprehensive and detailed assessments carried out by the manager before the person was admitted to Morton Grange. This was to determine their needs and ensure they could be met by the service. Each person had a care plan developed from the assessment of their needs. The care plans included details of their personal preferences regarding daily

routines, food and drink, and social activities. The care plans had all been signed by the person or their representative to indicate their involvement and agreement. The care plans had all been reviewed monthly up to date.

We found that risks were identified and appropriately managed. Risk assessments were reviewed monthly. Where there were changes in the person's needs this was updated in the risk assessment and the care plan. For example, one person's needs regarding moving and handling had changed and they were using a different piece of equipment. This was noted in the relevant risk assessment and care plan. This person told us that staff followed their care plan, using the correct equipment to assist with their mobility.

We spoke with a visiting nurse clinician from the local GP surgery. The nurse clinician told us they worked closely with the manager and the nurses to ensure that people's healthcare needs were recognised and met. This arrangement had been in place for approximately three years. The nurse clinician said it had made a positive difference to people's healthcare. They told us that there was a good relationship and good communication between the home and the GP surgery.

We saw that people were referred promptly to their GP when necessary. For example, we saw that one person had been seen by the GP when staff noticed symptoms of an infection. People were seen by other healthcare professionals as required, such as the speech and language therapist and physiotherapist.

We saw that reasonable adjustments had been made to reflect people's needs, values and diversity. For example, one person had one-to-one staffing to ensure their specific needs were met, and people had the opportunity to attend a regular church service in the home. People were offered activities that reflected their interests and preferences, such as bird watching, gardening, shopping trips, and regular social evenings in the home.

### **Our judgement**

There were suitable systems and arrangements in place to ensure people experienced effective, safe and appropriate care.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

Three people we spoke with told us they would go to the manager or the nurses if they had any concerns or were unhappy about anything. They were confident that appropriate action would be taken to address any issues.

The relatives we spoke with said people were safe at Morton Grange. They said they had never seen anything to cause them concern. They said they would go to the manager with any concerns. One relative said the manager would "sort it out, no problem". Relatives said the manager always made time if they wanted to talk to her.

##### Other evidence

There were no current safeguarding issues at the home. One incident was reported as a safeguarding issue in 2011. We found that appropriate action was taken by the provider in response to this issue.

The provider's safeguarding vulnerable adults policy had clear guidance for staff about the action to take if abuse was alleged or suspected. Information about adult abuse and safeguarding for people using the service, and their relatives, was displayed in the home.

We found that all staff had received training in the previous 12 months about safeguarding vulnerable adults. Staff we spoke with were aware of the safeguarding policy and could describe the procedures to follow if abuse was suspected or alleged.

We spoke with the manager and the qualified nurses about how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were implemented within the service. The nurses we spoke with said they had received relevant information and guidance about MCA and DoLS. The manager and the nurses told us that they considered the best interests of the patient when making decisions about care and treatment. We saw evidence of this in two of the care records we looked at.

**Our judgement**

There were suitable arrangements to ensure that people were protected from abuse, or the risk of abuse, and their rights were respected and upheld.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People using the service and their relatives told us that staff were approachable and would deal with any requests or complaints as they arose. Relatives said that staff were "kind" and "very good, very patient".

We observed that staff showed an awareness of people's individual preferences and were competent in meeting their needs. For example, one person started to become distressed in the busy lounge so staff moved them to a quiet area and sat talking with them until they were calmer. We also saw staff using appropriate techniques to assist people to move around the home.

##### Other evidence

New staff had an induction that met Skills for Care standards. Staff told us they had a period of shadowing more experienced staff before they were allowed to work unsupervised.

We saw the staff training matrix. This showed that all staff were up to date with mandatory training, such as fire safety and moving and handling. Care assistants and nurses had received other training relevant to the needs of people using the service. This included training about nutrition and about end of life care. Nurses were supported to maintain their professional qualifications through relevant study and training.

We looked at staff supervision records. Each staff member had an individual record which was up to date. The record included a plan for development including areas for improvement and areas of strength. There was evidence of reward for improvement

and taking on extra responsibilities. All improvement and development plans were agreed by staff and management. There was evidence of issues raised between supervisions by both staff and management and of these being appropriately addressed.

**Our judgement**

Staff were properly supported to deliver safe and appropriate care to meet the needs of people using the service.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People using the service and their relatives told us they were given the opportunity to give their views on the service through surveys, care reviews and informal feedback. We saw positive responses and comments on completed surveys.

##### Other evidence

The quality assurance system included surveys every six months to gain the views of people using the service, their relatives and staff. The survey responses were analysed and the results published in the monthly newsletter.

We saw assessments by the management team of how the service was complying with the relevant regulations of the Health and Social Care Act 2008. Where the assessment showed any deficit in compliance, this was discussed at the weekly management meeting. The action required to achieve or maintain compliance was then planned with timescales for completion.

The visiting nurse clinician we spoke with said they felt their views were listened to by the manager. They told us the manager and nurses responded positively to suggestions for improvements.

Staff told us they had regular staff meetings. They said they felt able to raise their views and ideas at the meetings. They told us that staff meetings were repeated at different times to enable staff working day and night shifts to attend.

We saw that complaints and concerns were recorded with details of the action taken and the outcome. The records showed that complaints were dealt with promptly and appropriately, and that people were satisfied with the outcome. We saw records of accidents and incidents. The manager told us that she checked these records and reported on any accident trends or serious incidents at the weekly management meeting. There was no formal system for analysing and reviewing accidents, incidents, errors and near misses. The information from this type of analysis could be used to reduce the risks to people using the service and to prevent re-occurrence of adverse events.

**Our judgement**

People were protected against the risks of unsafe or inappropriate care by the effective operation of quality assurance and monitoring systems in the service.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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