

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

## Morton Grange

Stretton Road, Morton, Alfreton, DE55 6HD

Tel: 01246866888

Date of Inspection: 12 February 2013

Date of Publication: March 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Inverhome Limited
Registered Manager	Mrs. Shancimol Mathew
Overview of the service	Morton Grange is located on Stretton Road in Morton, Derbyshire. The home provides nursing and personal care for up to sixty six people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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At the time of our inspection there were sixty five people living at the home. The home was divided into two main buildings. One building provided accommodation, nursing and residential care for twenty five people. A second, two storey building provided nursing care and support for twenty people on each floor.

We spoke to the relatives of two people living at the home. One relative told us that 'they provide very good care here, it is really excellent. They look after her very well.' Another relative said 'they are very good at listening to what people say. The communication is fantastic and the care is good.'

We also spoke with three people who were living at the home and two visiting members of professional healthcare organisations. One person told us that they had 'no complaints. I am happy as I am having my hair permed today.' Another person said 'it's wonderful here. I am very happy with the care. We have a minibus to take us on outings. We go to Mansfield, Chesterfield, Twycross Zoo and to the seaside. They sometimes take us out to Mcdonalds for breakfast.' The third person said that they were 'happy here, and the food is wonderful.'

One of the two visiting professional people told us that 'they provide a very good standard of care here. They are excellent with pressure area care and wound management. The staff are very caring with the people living here and are extremely proactive.'

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

The manager told us about the processes in place to ensure that people living at the home could give their consent to their care and treatment.

We reviewed the policies and procedures in place and found that the provider had comprehensive policies detailing peoples rights in relation to consent. These policies included mental capacity, peoples rights, dignity and privacy. They also described how care should be planned in conjunction with the person living at the home and their relatives. We reviewed the care plans of four people and found that they or their relatives had participated in developing the individual plans of care and that each plan had been signed by the person or their relative. We saw evidence of mental capacity assessments that had been made in conjunction with the person's relatives, general practitioner and the registered manager. These documents had been fully signed and reviewed appropriately.

The manager also told us about people's likes and dislikes are assessed and supported, and their wishes respected. We found individualised information in place for each person which the person and their relatives had assisted the staff in developing. These documents covered issues such as food and menu preferences, what time the person likes to get up or go to bed and what interests and hobbies they had. We also saw evidence that the staff had supported each person's individual preferences and that activities such as completing jigsaw puzzles, or gardening had been supported.

We found that people and their relatives had been given a service users handbook which provided detailed information about all aspects of care at the home and explained how people are supported to maintain their independence and make choices.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spoke to the relatives of two people living at the home. One relative told us that 'they provide very good care here, it is really excellent. They look after her very well.' Another relative said 'they are very good at listening to what people say. The communication is fantastic and the care is good.'

We also spoke with three people who were living at the home and two visiting members of professional healthcare organisations. One person told us that they had 'no complaints. I am happy as I am having my hair permed today.' Another person said 'it's wonderful here. I am very happy with the care. We have a minibus to take us on outings. We go to Mansfield, Chesterfield, Twycross Zoo and to the seaside. They sometimes take us out to Mcdonalds for breakfast.' The third person said that they were 'happy here, and the food is wonderful.'

One of the two visiting professional people told us that 'they provide a very good standard of care here. They are excellent with pressure area care and wound management. The staff are very caring with the people living here and are extremely proactive.'

We discussed with the manager, the procedures in place for the assessment and review of the care needs of people living at the home. We were told that prior to people coming to live at the home the manager had gone out to visit them at the place where they were living. The person also had the opportunity to visit the home before they made their decision about whether to come to live there. The manager undertook an initial assessment of the person's care needs in conjunction with the person, their relatives and/or any carers. Once the person had come to live at the home their plan of care was further developed to meet their individual needs.

We reviewed the policies and procedures in place which underpin the assessment, development and review of care. We found comprehensive policies in place to support the assessment and delivery of care and to ensure that people's privacy, dignity, rights and choices were upheld.

We reviewed the care records of four people. We found individualised care plans in place, including the personal life and social history of the person living at the home. The records contained comprehensive individualised risk assessments for each person, including falls

assessments, nutritional assessments and moving and handling assessment. The care plans had been reviewed monthly as per the provider's policy. We found that each person or a relative had signed to agree the plan of care in place. Each person had completed, with assistance if required, an assessment of their likes and dislikes including their food choices, what time they wanted their meals, when they liked to get up or go to bed and what activities they liked to participate in. Where the person was unable to communicate, one of their relatives had developed the plan with the staff.

We observed staff assisting people at a pace that suited them and treating people with respect.

We spoke with three members of staff during our visit. One member of staff told us that 'I am happy with the standard of care that we are able to give. I have time to care. The management are responsive and supportive.' Another member of staff told us 'I enjoy working here. I have been supported to achieve national vocational qualifications and have undertaken courses in dementia and end of life care. This is a good home, we have a good relationship with relatives and we encourage relatives to be involved in the care.'

The manager explained the emergency procedures to us and we reviewed the business continuity plan in place, which included information on what to do in case of different types of emergency.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We reviewed the provider's documentation and found policies in place to cover the management of medicines from prescription, dispensing, storage and administration. Policy was also in place to cover the process to be followed when disposing of medication. Policies were also in place to cover self administration of medicines and the covert administration of medicines. The manager told us that some people wanted to administer their own medication and if they were assessed as competent their medicines were placed in a locked cabinet in their room according to policy.

We discussed covert medication with the manager. She told us that if a person was refusing to take their medicines it was their choice. But, if the medicines was considered essential for the safety and well being of the person a best interest meeting had taken place where the person's relatives, their general practitioner and members of the care team met to discuss and agree what would be in the best interest of the person. If it was agreed that medicines should be administered covertly, the general practitioner and staff members would complete a form authorising the administration. This form would also be signed by the person's relatives if possible. The decision would then be reviewed and the requirement to administer medicine covertly would be re assessed. Review of patient care records showed that where authorisation had been given to administer medicines covertly, the authorisation forms had been completed by the person's general practitioner and signed by a relative. It also showed that covert orders had been reviewed and reversed once the person's condition had improved.

We reviewed the medicines storage and found that all medication was stored correctly in locked metal cabinets within a dedicated and locked room. Controlled drugs were stored in an authorised controlled drugs cabinet and a drugs fridge was in place. The fridge was locked. We checked the records and saw that the fridge temperature had been recorded daily.

We spoke with staff about medication. Staff told us that all care staff undertook training in the management of medicines and had to be deemed competent before they could handle medicines. We reviewed the training records and saw that all care staff had undertaken training in the management of medicines.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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As part of our inspection we reviewed staff training records, duty rotas and appraisal and supervision records.

We found that all staff had completed all mandatory training. Staff had also completed various training courses relevant to the people they cared for, such as dementia training, end of life training, nutrition, equality and diversity and palliative care.

We spoke with three members of staff during our visit. One member of staff told us that 'I am happy with the standard of care that we are able to give. I have time to care. The management are responsive and supportive.' Another member of staff told us 'I enjoy working here. I have been supported to achieve national vocational qualifications and have undertaken courses in dementia and end of life care. This is a good home, we have a good relationship with relatives and we encourage relatives to be involved in the care.'

The manager told us, and we saw evidence that the home is an EDEXCEL accredited training centre and as such undertakes training courses for the staff. The manager told us that assessors met monthly to discuss candidate's progress and we reviewed the minutes of those meetings.

All had staff undertaken mandatory training before they commenced work. They had then completed a comprehensive skills for care induction programme, usually within the first three months of employment.

We reviewed the file of four members of staff and found that they had all completed mandatory training before they started work and that they had all completed their induction programmes.

We discussed staff turnover with the manager. She told us that the home had engaged some part time overseas staff who had been attending local educational establishments. Due to changes in immigration law, once the employee had completed their educational course, they had to leave the country, hence the higher than average staff turnover. We reviewed the staffing submissions and found evidence to support this.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments people made were responded to appropriately.

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**Reasons for our judgement**

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We reviewed the provider's policy on the handling of complaints and discussed complaints handling with the manager.

We found a comprehensive policy in place detailing the process to be followed when dealing with a complaint. We saw evidence of a handbook that had been given to all people living at the home, and their relatives when they came to live there. The handbook contained details on how to complain. We also found copies of the complaints policy in each person's room.

The manager told us that they had not received any complaints, however they had received a number of reported concerns. We reviewed the concerns records and found that all the issues recorded had been handled appropriately, thoroughly investigated and acted upon and the person reporting the concern had been kept fully informed. Each person reporting a concern had been given the opportunity to make a complaint, but had declined.

Relatives we spoke with during our inspection had mentioned how responsive the manager was and how all issues had been dealt with quickly and efficiently.

Issues raised had been discussed at staff and management meetings

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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