GCH (Alan Morkill House) Limited

Alan Morkill House

Inspection report

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28 March 2019

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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

About the service: Alan Morkill House is residential care home that was providing personal care to 49 people aged 65 and over at the time of the inspection, including people living with dementia.

People's experience of using this service:

Feedback from people using the service and their relatives reflected the significant improvements the home has made since the last inspection.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Staff were kind and compassionate, and we saw evidence of good caring relationships between people and staff. There was a good atmosphere at the home. A relative told us, "The staff here are fantastic, very keen, very enthusiastic, very caring."

People's needs and wishes were assessed and documented, and care plans were reviewed regularly. Staff knew the people they cared for and understood their communication needs.

People were provided with a nutritious diet. Support with eating was provided in a caring and dignified way.

People were supported to have choice and control in their lives and were supported in the least restrictive way possible. The principles of the Mental Capacity Act 2005 were followed.

The home was clean, recently decorated, and well maintained.

People were supported by staff who were safely recruited and trained.

People and their relatives spoke very highly of the registered manager who had successfully led the improvements to the home. Staff spoke highly of the home as a workplace.

More information is in the full version of the report.

Rating at last inspection: At the last inspection the home was rated Requires Improvement. At this

inspection the rating has improved to Good.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Alan Morkill House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by three inspectors and one Expert by Experience with experience of residential services and as a family carer. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Alan Morkill House is a 'care home'. 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. The home accommodates a maximum of 49 people, including people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced on the first day and we informed the registered manager of our intention to return for a second and third day.

What we did:

Before we inspected we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authority. We assessed the information in the Provider Information Return (PIR). This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

The inspection site visit started on 26 March and ended on 28 March. During this visit we spoke with eight people using the service and three relatives. We looked at nine people's care records, records of accidents, incidents and complaints. We looked at audits and quality assurance reports and checked the employment records of seven members of staff. We observed mealtimes and activities. As well as the management team, we spoke to 12 further members of staff including care staff, the activities co-ordinator, the maintenance supervisor and the chef.

Following the inspection we spoke by telephone with a further six relatives.

Good

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe and relatives we spoke with agreed that their family members were protected from abuse. One relative said, "We have no concerns." Another said, "I know they are safe and cared for."
- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. They were all confident that any concerns would be dealt with properly and promptly.
- Suitable policies and procedures were in place, and staff were adhering to them.

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed monthly. Staff were familiar with the assessments and were able to talk confidently with us about the risks faced by the people they supported and how these were managed to keep people safe.
- Equipment was checked regularly to make sure it was in good working order and stored safely.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly. Staff told us they were familiar with these. There were designated Fire Marshalls and their names were clearly displayed on each floor. Staff we spoke with in this role had been suitably trained and felt confident in the tasks required.

Staffing and recruitment

- People and their relatives told us they thought there was enough staff. A staffing and dependency tool was in use to ensure that staffing levels were adequate to meet people's individual needs.
- Call bells were answered promptly according to the records. People and their relatives confirmed they

were answered in good time.
● Some staff told us they thought there was generally enough staff but when staff were absent at short notice this impacted the care provided in the morning until a replacement could be found.
● Safe recruitment policies and procedures were in place. All of the staff files we saw were complete.

Using medicines safely

● People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. People we spoke with confirmed they received their medicines as expected.
● Staff were trained in the safe administration of medicine and this was refreshed regularly.
● Medicine administration records (MAR) were completed correctly each time a person was supported.
● Monthly medicines audits were completed and any concerns identified were followed up.

Preventing and controlling infection

● The environment was visibly clean and there were no unpleasant odours.
● We observed the housekeeping staff attending to their duties with care throughout the day. Routines were in place to ensure the home was kept clean throughout.
● There was a plentiful supply of personal protective equipment (PPE) and staff told us there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.
● The kitchen had a rating of five (the highest possible score) from the Food Standards Agency. The kitchen was clean and food was stored correctly.

Learning lessons when things go wrong

● Then registered manager was committed to learning from accidents and incidents. Comprehensive records of these, as well as near-misses, were being kept and these were being analysed to identify any themes or specific areas of concern.
● Staff knew how to report when things went wrong and reported that they did not feel "blamed" but felt engaged in making things work better as part of the general culture of improvement.

Good

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs and preferences were assessed and documented before admission and reviewed regularly. A relative told us, "It was a difficult time, but they were very good."
● Staff told us they took the time to read people's care plans regularly and as soon as possible after they were updated, to ensure they understood people's needs.
● We saw that information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.

Staff support: induction, training, skills and experience

● People were supported by staff who were well-trained. The induction included completion of the Care Certificate, which is a nationally recognised induction standard for care workers.
● Following their induction period, further training and qualifications were available to staff. Staff told us they enjoyed the training and found it useful.
● Some staff we spoke with had gaps in their theoretical knowledge around safeguarding and medicines. Since the inspection, the registered manager has reviewed these areas with staff.
● Staff benefitted from regular monthly supervision and annual appraisal, and told us these made them feel supported and helped them understand their role. We saw that detailed records were kept.

Supporting people to eat and drink enough to maintain a balanced diet

● People told us they were enjoying their food. One person told us, "The food is okay, as long as it's cooked right." We received mixed feedback from relatives around the food. One described it as "awful". Another relative told us, "It's a hundred times better than my [family member's] last place."

● People's nutritional needs were assessed and documented in their care plan. People's weights were monitored and action taken if there were concerns about weight loss or gain. People who had newly identified needs or those whose needs had changed were referred appropriately to relevant health care professionals. A relative told us, "My [family member] was previously malnourished, but since they have been in the home, the dietitian has been involved and their weight has increased and stabilised."
● Several people required special diets or support with eating. This included people with diabetes and those who needed high calorie diets. The staff were familiar with these needs and we saw records confirming appropriate foods were being served. A detailed record of each person's dietary needs was sent weekly to the chef and updated in between if required. The chef had a good understanding of how to meet their requirements.
● Staff supported people to eat in a sensitive way. We observed staff seeking consent, ensuring people were comfortable and had enough to eat.
● We were concerned that some people who required support eating or cutting up their food did not get this in a timely manner as the staff were very busy.
● People were asked for their meal choices in advance but when served were given a choice between two assembled plates of food. Preferences were lost due to choice being offered in this way. There was a lack of visible menus so people's choice was effectively limited to the plates being offered. We discussed our concerns with the management team, who stated they were planning to review the best ways to promote choice and display the menu. We will check this at our next inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Relatives told us that their family members were referred to professionals such as the GP and district nurses when needed. We saw evidence of this and routine visits from other professionals such as the chiropodist and optician.
● Some concerns were raised by relatives around communication when their family member had an appointment. Concerns were raised about the availability of staff to escort people, and that appointments were not kept. However, one relative also told us, "This is something I think they have got better at."
● Staff understood that good information was vital for people's health and wellbeing. Care staff told us they worked closely with the senior staff to provide consistent care. There was a daily handover where people's changing needs were discussed. Staff told us they found this useful. One said, "Daily reports are very important, so if you don't get the chance to speak to people in person it's there."

Adapting service, design, decoration to meet people's needs

● Each floor of the home had a distinctive wallpaper in the main corridor and people's doors were painted in bright colours which had been chosen by them. People's bedrooms were personalised and reflected people's preferences and choices. This helped people find their own way around and feel at home.
● There was clear, pictorial signage in colours chosen to make them clear and easy to read.
● There was a large bay window in each corridor with two comfortable chairs and books to read. The registered manager and the provider had plans to further improve the environment. The activities co-ordinator was working with an external agency to further enrich the experience of people who spent time walking in the corridors.
● There was a garden with plenty of places to sit and chickens in a pen.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Staff we spoke to had a good working knowledge of the MCA and how it affected the people they supported. One staff member told us, "Everybody has mental capacity until proven otherwise." Another said, "We help them in their best interests and not our own."
● When people could not make a decision, a mental capacity assessment was completed. The best interests process was followed and documented. People were supported in the least restrictive way possible.
● DoLS applications were being made appropriately. Most had been approved; some were in process, awaiting approval from the local authority. Pending applications were noted and followed up appropriately.
● The home was following best practice regarding the use of bed rails. There was a general policy of not using them unless otherwise unavoidable. Risk assessments were completed and low-profile beds were used. One person had been assessed as needing bed rails and their assessment was detailed and complete.

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● Staff were kind and supported people in a caring way. A relative told us, "[Care worker] looks after my mum like their own mum." Another told us, "I am very pleased with the quality of care. They are so patient and are angels with the residents." A third relative said, "The staff here are fantastic, very keen, very enthusiastic, very caring."
● Relatives told us that people's outcomes were good. They described how their family members were being supported and how this improved their wellbeing. A relative told us, "They have done everything right, and [family member] is very happy here." Another relative named particular members of staff and said, "They are always going over and beyond. I'd give them awards."
● People with communication needs were well supported. Staff we spoke with were able to describe people's communication needs and these had been documented in their care plans and reviewed regularly. We saw staff use different support and communication styles with different people, including a very warm and caring interaction between a person who could not communicate verbally and a member of staff who clearly understood what the person needed and responded appropriately.
● The atmosphere of the home was warm and friendly. We saw many instances of people and staff enjoying each other's company, chatting and laughing. The staff obviously knew people well and most were able to tell us in some detail about the people they supported.
● People's diverse needs were respected and noted in their care plans. This included information about their cultural and spiritual needs. Staff were aware of these and gave us good examples of support they had given. Several people were supported to regularly attend places of worship and were accompanied by suitable staff.
● People's sexuality had been considered appropriately in their care plans. People were supported by staff to maintain relationships and friendships that were important to them. Staff clearly demonstrated an ability to work in an inclusive, non-judgemental and sensitive manner, which enabled people to receive individual and meaningful support. The provider ensured that staff were given appropriate guidance and training to meet people's diverse needs, and enhance the day to day quality of their lives.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

● People were supported to make routine decisions about their day to day needs and activities and staff gave us examples of how they did this. A staff member said, "I always give a choice… we would offer options from the wardrobe, sometimes the choices of clothes are a bit out there but I think that's pretty cool and we always go with what they want."
● Staff only supported people when it was assessed to be necessary and promoted choice even for people who were not able to make complex decisions. A person told us, "They help me and I do what I can." A relative told us, "They use discretion and get the balance right."
● Staff knew the importance of consent, and we observed several instances of staff seeking it from people before they provided support.
● A residents' meeting took place on the first day of our visit. We saw minutes confirming these took place every month. People were engaged in the meeting in accordance with their communication needs and understanding.
● Some people were at risk of self-neglect. This had been assessed and documented, and staff described appropriate ways in which they encouraged people to choose to accept their support.
● Staff described how they promoted people's privacy and dignity when supporting with personal care, and this was confirmed by relatives.

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People were supported by staff who had a good knowledge of their care and support needs. They had detailed knowledge about the background and history of the people they supported. They understood the importance of getting to know people. One said, "You have to go to where they are."
● This detailed knowledge was not always reflected in people's care plans. The personal history sections were not always completed in detail and had generic questions which might not adequately capture people's achievements. The home had reviewed this before our inspection and the activities co-ordinator was developing a new way of recording people's social history.
● The home had a programme of internal activities and external agencies were involved in providing special activities for people. We observed a vintage cinema activity in which people watched a film they had previously made, re-enacting scenes from a classic musical. People enjoyed this activity immensely. One person told us, "They do things that I like."
● The activities co-ordinator had regular, designated time to spend with people who stayed in their rooms to engage them in their interests. They gave us several examples of this, such as looking at books of portraits with someone who liked art. This helped to prevent social isolation.
● During our visit we saw posters advertising the Mothers' Day event that Sunday. Relatives we spoke with later had attended this. One said, "I really love the way [the activities co-ordinator] set it up, like a coffee shop, we could sit together and even people whose families weren't there were able to be there and enjoy the food and music." Another said, "They had put care and attention into it, more than just duty."
● Two relatives we spoke with raised concerns that at weekends and between activities their family members were bored. One said, "There just needs to be more variety at weekends." The home management had received similar feedback during their own quality monitoring and the activities co-ordinator was now working every other weekend. There were identified "activity champions" in the care staff. We observed one of these leading an activity on the co-ordinator's day off.
● There was an Accessible Information Standards (AIS) policy in place and management were aware of it. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

● The registered manager promptly dealt with complaints and detailed records were kept in line with the home's policies and procedures.
● Relatives told us that they knew how to raise concerns and complaints. They told us when they did that these were dealt with appropriately and that the registered manager communicated with them. They told us this was an area in which the home had improved.
● Several relatives raised particular concerns about the laundry and their relatives' clothes going missing. These issues had also been identified by the home's own quality processes and they showed us their planned actions around this, some of which had already been implemented.

End of life care and support

● People's future end of life care had been discussed and recorded in their care plans, however these were not consistently filled in and some were blank. We discussed this with the management team and they told us this was currently under review.
● Staff we spoke with were familiar with the end of life care plans. Some staff had been trained in end of life care.

Good

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The registered manager was dedicated to providing good, person-centred care and had engaged the staff in this vision. A relative told us, "I am impressed with everything [registered manager] has put into place." Another told us, "He knows the residents… he spends a few minutes with all of them, it takes up quite a large chunk of his day."
● Staff all spoke positively about the relationships between management, staff and people and many chose the "family atmosphere" as the home's great strength. One staff member said, "Everyone gets on. We try and help each other, whatever it is."
● The registered manager had promptly notified the Care Quality Commission of significant events as required. We saw further examples of his open and candid manner in communications kept in the complaints records.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The home was well-led by the registered manager and the management team. Staff felt supported and were able to progress. Staff told us they felt the registered manager and his team were approachable. One staff member said, "I've never not been able to speak to him."
● The service had a clear organisational structure and staff were clear about their roles and responsibilities. They enjoyed their work. One staff member told us, "It's challenging at times but I love it. Every day is different."
● Staff we spoke with were engaged in the improvements that had been made and looking forward to

further progress. A staff member told us, "After a couple of months you really started to see the changes." Another told us "[registered manager] has put us on the right track. I can see the differences."
● Relatives told us they were impressed with how much the home had improved under the current management. A relative told us, "It's a testament to [registered manager]."
● The management team had quality management systems in place to ensure continuous learning and improvement. We saw detailed records as well as action plans which were reviewed and updated regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People and their relatives praised the registered manager for his involvement and approachability and knew the management team well. A relative told us, "I really like [the registered manager], he works hard, asks how you are, and listens intently to what we say."
● A relative told us that they were particularly pleased with the support they had been given by the registered manager working in partnership with the GP to ensure their family member's needs were being met appropriately.
● A planned relatives' meeting was held during our visit and attended by three relatives who were comfortable giving honest feedback to the management team. Two further relatives told us they were aware these meetings were happening but could not attend due to distance or other commitments – one of these felt involved in other ways, the other did not.
● There were regular meetings for staff and we saw the minutes of these. Staff told us they were useful and informative.
● The home had established links with the local community. This included with local places of worship and a local school. Community events had been held and more were planned.