

New Milton Care Limited

Mornington Court

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mornington Court is a residential care home providing accommodation and personal care to up to 57 people. The home is purpose build and arranged over three floors. The top floor was closed at the time of the inspection as the home was doing a phased opening. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found

People received safe care. Staff had received training in safeguarding and knew how to report safeguarding concerns and keep people safe from harm. The provider had a robust recruitment process in place which ensured only staff who were suitable to work in social care were recruited. There were sufficient numbers of staff deployed to meet people's needs and keep them safe. People received their medicines as prescribed from staff who had been trained and were competent to do so. There were effective systems in place to manage the cleanliness and infection prevent and control within the home. Staff had received training and followed infection control guidance, including Covid 19 guidance. Accidents, incidents and near misses were analysed and lessons learned.

People received effective care. Care plan's were person-centred, detailed and regularly reviewed. Staff had the skills and knowledge to meet people's needs and were well supported. People's nutritional needs were met. Staff ensured they asked people for consent and people had choice and control of their lives. People were supported to access healthcare when required.

Staff were kind and caring. Staff were highly motivated, spoke about people with compassion and ensured they knew what was important to them. People's privacy, dignity and independence was always promoted and respected. People were involved in decisions about their care.

People received responsive care. Staff knew people well and ensured people received person-centred care. People's communication needs were assessed and met. The provider responded to complaints appropriately and had a robust procedure. Activities were person-centred and planned based on people's preferences and personal history.

The service was managed well. There was a positive culture in the home and people, their relatives and staff spoke very highly of the registered manager. Robust quality assurance processes were in place and any shortfalls actioned promptly and used as an opportunity for learning. The service worked well with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 06 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mornington Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors and an Expert by Experience. 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

Mornington Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information held about the service including notifications received by the CQC. Notifications tell CQC about important events which have happened in the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing care and support. We spoke with seven people living in the home and six relatives. We also spoke with the registered manager, a care and quality manager, deputy manager, a care team leader, three care workers, activities co-ordinator, head of housekeeping, head of maintenance and a chef. We reviewed a range of records including care records and medication records. We reviewed staff files in relation to recruitment and training. We also looked at a range of records relating to the management of the service including policies and procedures and audits.

After the inspection

We requested further information and continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems and processes were in place to protect people from abuse.
- Staff received safeguarding training and knew how to report allegations of abuse. One staff member said, "I would go to management, if it wasn't actioned I could go higher to the directors, [quality manager], CQC, police". Staff said they were confident that concerns raised would be acted on by the management team.
- The provider had a robust whistleblowing policy which advised staff of external agencies they could contact if concerns weren't acted on.
- Records showed safeguarding incidents were investigated and confirmed appropriate action had been taken.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to identify people's individual risks, such as; skin breakdown, malnutrition, falls and choking. This provided clear guidance to staff and ensured staff knew how to support people safely.
- Systems were in place to monitor the safety of equipment and the premises. For example, hoists were checked and serviced regularly.
- There were a range of environmental risk assessments completed by the provider and external contractors to ensure the safety of the premises. For example, legionella and fire risk assessments were completed and when actions were identified they were addressed promptly by the provider.

Staffing and recruitment

- People, relatives and staff told us there were enough staff. One relative said, "The staffing levels are incredible, and the speed of response is beyond question". We observed a relaxed atmosphere in the home and staff did not appear rushed.
- The home was not fully occupied as the provider wanted to open each floor in a phased way to ensure they could meet people's needs. People were only admitted to the service as staff were recruited to support them, meaning one floor remained unoccupied when we inspected.
- Robust recruitment procedures were in place. Recruitment records contained all checks required by Schedule 3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff members who administered medicines were trained and assessed as competent to support people with their medicines.
- Staff supported people to remain independent and manage their own medicines where it was safe to do so. Risk assessments were completed to provide guidance to staff in how to help people mitigate any risks associated with this.
- When people were prescribed 'as required' (PRN) medicines, such as pain relief, there were protocols in place to guide staff and records were completed to ensure these were not overused.

Preventing and controlling infection

- The home had a team of housekeeping staff led by a head house-keeper. Cleaning routines were well managed and very effective. The premises were extremely clean and there were no malodours.
- Robust cleaning records were completed daily and evidenced that all cleaning tasks had been completed. This included additional cleaning of high touch points. Weekly and monthly cleaning schedules were in place for deeper cleans. All records were audited by the head housekeeper to check for completion and spot checks were carried out on a regular basis.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no visiting restrictions in place for family and friends. This was in line with the government guidance for Covid 19 at the time of our inspection. Visiting professionals were asked for evidence of a negative lateral flow test as per government guidance to mitigate the risk of infection.
- If there was a future outbreak at the home, staff would revert back to supporting people with video and phone calls, if necessary, during isolation periods.

Learning lessons when things go wrong

- The provider had a robust system in place for reporting accidents, incident and near misses. Actions, outcomes and how these would be communicated to the staff team were recorded. These were audited weekly by the management team and sent to the provider's quality team.
- There was a handover meeting with all departments every morning where any accidents, incidents, near misses and lessons learned were discussed.

Is the service effective?

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Pre-admission assessments of people's care and support needs were completed with people and their relatives to ensure the service could meet these.
- Care plans were person-centred, detailed and regularly reviewed and updated when required. This meant staff had access to accurate and up to date information to enable them to support people in line with their needs and preferences.
- The provider used an electronic care system that meant staff had quick and easy access to care plans. The system also alerted staff if people had not been supported with individual needs such as personal care.
- Staff used nationally recognised tools to assess people's needs, for example to identify and assess any risk of skin breakdown or malnutrition.

Staff support: induction, training, skills and experience

- Staff participated in an induction including training relevant to their roles. Staff were encouraged and supported to access additional training to help them with personal development. For example, some staff were supported to complete leadership diplomas.
- Staff who were new to care, or had experience in care but did not hold relevant qualifications, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt supported and received regular supervisions that they found beneficial.

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

- People's nutritional needs were assessed. When people had specific requirements, such as thickened fluids, guidance was available for staff on how to safely prepare these.
- Snacks and drinks were available for people to have as and when they pleased.
- Meals looked appetising and choices were provided in line with people's preferences, likes and dislikes. One person really enjoyed eating a specific vegetable and felt they were not getting enough of it during the week. They were supported to go up to the main kitchen and helped the kitchen staff prepare some to keep in the freezer to have whenever they would like.
- We received positive feedback about the food provided. One person said, "The food is excellent, they come round and show you and you can choose. [I have] Never had to turn anything down". A relative told us, "They have a very good chef and [family member] gets really good choices. I know she gets enough fluids, and she has water in a jug in her room which is topped up during the day. The staff monitor this to make sure she is getting enough."

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

- The service worked with the care homes team from the local GP surgery. One professional said, "We've got a really good relationship, they listen to evidence based practice and are very responsive".
- People were supported to access regular health appointments, such as opticians and chiropodists. Staff reported any concerns about people's health and relevant appointments were made promptly. One relative said, "They have an amazing situation. Every week on a Tuesday they have a healthcare team that comes in. It will be either a community nurse or a doctor. There is really good communication."

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

- The service was a purpose-built care home with several lounge and dining areas for people to spend time in as they wished. There was a large and exceptionally well-maintained garden with many alcoves and a cabin for people to access as they wished. This provided quiet and private spaces for people.
- People's rooms were decorated to meet their personal preferences and wishes. People could take personal items and memorabilia from home such as photographs and trinkets, which gave them a personal and familiar feel.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood and followed the principles of the MCA. We observed staff ask for consent before supporting people. One relative said, "Yes, they will ask them rather than just doing something without first discussing it with them. I am quite confident about this". One person told us, "Always [ask for consent]. They'd [staff] never just do something without asking".
- Mental capacity assessments were completed if there was a concern about someone's mental capacity and the registered manager applied for DoLS authorisations when required.
- Where people had Lasting Powers of Attorney (LPOA), the registered manager had obtained copies from the relevant attorney to assure themselves they had the legal right to make decisions on behalf of their loved ones.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The registered manager, management team and staff we spoke with were highly motivated and spoke about people in a compassionate way. Staff knew people very well and ensured they learnt about people's lives and what was important to them. Staff went above and beyond to provide exceptionally kind care.
- One person had told a staff member that when in school they learned and enjoyed calligraphy but struggled to use their hand anymore. The service bought some calligraphy exercise books to support building strength in the person's hands. The person now enjoyed using these on a regular basis and their handwriting had improved.
- Another person had always had dogs in their life and missed not having them around, so the service organised for a therapy dog to visit. When a staff member got a new dog, they named it after the person and brought it in to meet them. The person had a framed photograph in their bedroom of them and the dog and received regular photo updates.
- Another person had expressed to a staff member that they were feeling low about not being with their spouse who had recently passed, as they were due to move into the home together. The staff member discussed trying to bring their ashes home and suggested a memorial plaque and rose. The person liked this idea and was supported by staff to source this so they were not overwhelmed during the process. The plaque and rose were brought back and put in their bedroom and staff observed they appeared in brighter spirits, the person phoned family and friends to tell them about the plaque and rose and said they felt peace being near to their spouse.
- Another person had told activities staff that they used to enjoy playing golf at a community centre group that had a golf put. The staff member's husband crafted the person a golf put. The person was pleased with this and proud to show staff and other people living at the service how to play. This also had a positive impact on the person's physical health as their posture improved.
- Two people living at the home celebrated a wedding anniversary and were unable to go out to a restaurant as they usually would due to deteriorating health. The couple used to go to a specific restaurant for special occasions, so the chef looked into the restaurant and recreated the environment and lobster meal for them. One person said "We really appreciate how much effort went into helping us to celebrate".
- People and their relatives spoke very highly about staff, management and the care provided. One person said, "They're superb, I can't believe how good they [staff] are". One relative said, "The staff are truly heavenly, so lovely". Another relative said, "They all get involved with what residents are doing. It is really like a little family unit".
- Staff had equality and diversity training and any specific needs were identified at the pre-admission assessment stage. For example, this explored people's sexuality, gender identity and religion. One person

was supported to visit church, but if for any reason she was unable to attend then the service was live streamed in the cinema room.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt involved in their care and records demonstrated they were involved in care plan reviews. A person said, "We go through it [care plan] together [with staff]". Another person said, "It's more than I ever could have wished for, I'm looked after very well in the way I want". A relative said, "When they assessed [relative], it was all about asking her how she wants to live her life, rather than anything about them".

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted privacy, dignity and independence and this was at the heart of everything they did. Staff had a clear focus on ensuring people were listened to and felt respected. For example, one person didn't want to join in the minibus for outings as they were self-conscious on the minibus and with staff members in uniform. The service got an electric car and a staff member would wear their day to day clothes instead of their uniform. This ensured the person didn't miss out on doing activities outside of the home, in a way that felt dignified for them.

- Another person was temporarily staying at the home for respite and had to stay over the Christmas period. The person wanted their spouse to come for Christmas dinner, however government restrictions at the time meant this wouldn't be possible. Staff supported the person to return home, provided Christmas dinner for the couple and then picked them up. The person and their spouse had not spent a Christmas apart so this was very important to them and they told staff what a good time they had and appreciated the effort put in to help them have that afternoon.

- Another person was assessed as being at high risk of falls and consented to having a pressure mat to alert staff when they were mobilising. The person later told staff they didn't like this as it was causing regular staff checks as the bell was sounding frequently. Staff discussed this with the person who chose to have a falls pendant instead. This ensured the person was safe, while respecting their privacy and independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Care plans were detailed with a focus on people's individuality. For example, all care plans we looked at gave in depth histories of people's lives and what was important to them. A relative told us, "Before she went in [was admitted to the home], there was a whole assessment of what she liked and disliked. They will always ask her what she wants whether it is anything to do with food or getting involved in activities". A staff member said, "Respect each resident, if someone wants to stay in bed they stay in bed, if they want breakfast at midday they have it then. It's very person-centred, I'm so grateful to work in this kind of setting"
- Daily care records indicated that people were receiving care in line with their care plans and staff responded appropriately if there was a change in needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Pre-admission assessments identified people's communication needs. People had communication care plans that were detailed and described any sensory needs and how they preferred staff to communicate with them.
- People could be provided with information in large print or audio if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends. For example, one person who was living with dementia would sometimes forget what they had done in the week. The registered manager created a folder and printed off pictures of activities they had done in the week to help stimulate conversation with their visitors.
- There was a wide programme of events and activities. Activities were person-centred and planned based on people's preferences. These included a Friday prosecco evening where a pianist would come in, gardening, visits to the beach, animal visitors and pampering.
- When people were admitted to the home, an activities coordinator would review their pre-admission

assessment and meet with them within the first 24 hours to discuss any activities they wanted to do.

- Monthly meetings were held with people to discuss what they liked and didn't like, what could be improved and if there was anything that was missing.
- A relative said, "The activities that are provided daily have improved her quality of life. When she was at home, she was very much on her own. Whereas at the home there are various things that are provided. What has impressed me is that her interests have been taken into consideration and provided for".

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy and procedure. We saw one formal complaint which had been investigated and addressed in line with the provider's complaints procedure. A personal visit to the complainant was undertaken to discuss the outcome of the provider's investigation.

End of life care and support

- People had personalised end of life care plans detailing their wishes. This included information such as where they would like to be cared for and who they would like with them. Staff received end of life training with the local hospice which helped them to develop an understanding of the end of life journey and how they could better support people and families during this sensitive time.
- When people were nearing the end of their lives, relatives were invited to stay at the home to be with their loved one. When one person's health was deteriorating during lockdown restrictions, the home invited the choir the person had been a part of for many years to the home to sing to her outside of her window.
- One relative's review said, "I cannot praise the staff enough for the wonderful care they gave my [relative], they could not have been in a better place to spend their last days".

Is the service well-led?

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff all spoke very highly of the registered manager. One person said, "She's [the registered manager] very good, knows what she's doing". A relative said, "I see [the registered manager] the whole time. Her office is by reception and her door is always open, and she is a visible presence. She is the guiding force behind what happens in the Home." Another relative said, "[The registered manager] is excellent and so is her communication. She is always visible if I visit and very engaging. She is also very knowledgeable about [family members] individuality". A staff member said, "I really admire her". Another staff member said, "She's amazing, she's a really inspiring person".
- The registered manager led by example and we saw staff were passionate and truly worked together as a team to achieve positive outcomes for people.
- On the first day of our inspection, the service was having their one year birthday party. There was a joyous atmosphere in the home and one relative told us, "It's always like this, like a family".
- We saw people come and go throughout the home, relaxing in the lounge areas and laughing and joking with staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. Notifications were submitted promptly as required and all relevant people were informed when incidents occurred.

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

- A clear management structure was in place. The registered manager was supported by a deputy manager, team leaders, senior care staff and heads of departments such as maintenance and housekeeping.
- Audits were undertaken on a regular basis to provide assurance about quality and safety. These included a dignity audit, infection control, care plans and medicines audits. Audits included observational aspects, such as spot checks during meal times and medicines rounds, to provide assurances that records correlated with what was happening in practice.
- Any shortfalls found in audits were actioned promptly.

- All members of the staff team said they felt supported by each other, the management team and provider. One staff member said, "We're all a team. Nothing is forced, everyone just does it [works together]". The registered manager said, "I do [feel supported]. There's always someone [from the provider] at the end of the phone to ask questions or send an email to"
- The provider, registered manager and staff team had a clear focus on continuous improvement. Regular staff meetings were held and used as an opportunity to cascade new information and learning from incidents.

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 told us they felt informed and involved. The service sent monthly newsletters to people, their relatives and staff members to keep them informed and also share positive news. The service also held regular meetings with people to discuss any feedback or things they felt could be improved. A relative told us, "The communication has always been really really good"
- The service had positive relationships with local professionals, such as the community team from the local GP surgery and the local opticians. This meant people had access to prompt healthcare when needed. The service also had links with the local schools and hospice and supported people to attend groups.