

Morton Cottage Residential Home Limited

Morton Cottage Residential Home

Inspection report

Morton Cottage
210-212 Wigton Road
Carlisle
Cumbria
CA2 6JZ

Tel: 01228515757

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10 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 and 10 January 2017 and was unannounced.

At our last inspection of this service in July 2016 we found breaches in nine of the legal regulations including regulations around safe care and treatment, safeguarding, staffing and good governance. The service was rated as Inadequate and was placed in 'special measures'. At our most recent inspection of 10 January 2017, we found that the registered provider had made improvements and progress towards meeting the legal requirements, although there remained breaches of two regulations around staff recruitment and good governance.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Morton Cottage Residential Home is registered to provide care and accommodation for up to 32 mainly older people, some of whom may be living with dementia. Accommodation is provided over two floors in single bedrooms with en-suite facilities. There are further communal facilities such as bathrooms, toilets, sitting rooms and a dining room available.

There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

After our last inspection of this home, the registered manager sent us an action plan describing how things would be improved. The action plan included actions to be taken, timescales to show when the improvements would be in place by and who was responsible for the improvements.

At this inspection we found that the provider had taken action to make significant improvements to the standard of care and safety at Morton Cottage Residential Home.

On the day of our visit the home was clean, tidy and there were no unpleasant odours. The housekeepers and care staff spoke to us about the changes and developments that had taken place to promote good hygiene and reduce the risks of cross infection.

Some areas of the home had been redecorated and new furnishings were in place. Dark corridors had been enhanced by new and more effective lighting. However, adaptations and environmental improvements to

help support people living with dementia were limited.

We have made a recommendation that the service seek advice and guidance in relation to environmental adaptations to help meet the specialist needs of people living with dementia.

We found that staffing levels and staff deployment had improved, although the registered provider did not yet have a system in place to ensure this was consistently maintained as people's needs changed.

We observed some good interactions and friendly exchanges between staff, visitors and people who used the service. Staff supported people with their mobility and care needs in a safe manner and also ensured that privacy and dignity was not compromised.

We saw that meaningful activities had started to be introduced at the service. The registered provider was able to show us that a programme of activities and entertainments was being drawn up but this was in the early stages of development. During our visit we noticed that there were few items in the communal areas of the home, for example books, magazines or jigsaws that would have provided some alternative and independent activities for people using this service.

We have made a recommendation that the service seek advice and guidance from a reputable source, and based on current best practice, in relation to creating a stimulating environment to help meet the specialist needs of people living with dementia.

Changes had been made to improve the ways in which people were supported with eating and drinking. People who used the service had access to dieticians and speech and language therapists when needed.

A new care planning system had been installed at the home. Staff had received training on the use of this system and we found that people's care plans, risk assessments and other records had been reviewed and updated, to meet their individual needs. These records had been written in a person centred way and the information recorded had been checked with the person directly or with one of their close relatives where appropriate.

The people we spoke to during our inspection thought that the service had made significant improvements since our last visit. People commented on the improved staffing levels and cleanliness of the home. One person said; "It's improved a lot lately, the home is much brighter and cleaner and there seems to be more people about."

Visitors told us that staff kept them up to date with any concerns there might be regarding their relatives. They also told us that they were being encouraged to take part in the development and reviews of their relative's care plans. Many of the people who used the service were not able to tell us about their experiences at Morton Cottage, but we did not see any signs of people feeling uncomfortable around staff.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A new system had been installed at the home to help improve the way in which people's medicines were managed. Our pharmacist inspector reviewed this system and the associated records. They found that most medicines were managed safely. However, there were still some concerns around the management of topical ointments and lotions. We have made a recommendation about the use of and recording of prescribed creams and ointments.

The staff training programme had been reviewed and staff told us that they had recently attended many different training courses and refresher training. One member of staff told us; "There has been so much training to reinforce what you should be doing."

We reviewed the staff recruitment practices that were in place at Morton Cottage. Although most checks had been carried out appropriately there remained some gaps that could have compromised the safety of people using this service. We found that staff were supported and regularly supervised in their work. This included staff meetings and direct observations of their practice to help ensure they carried out their role safely.

The service had made significant improvements to the systems in place to help monitor and improve the quality and safety of the service. Regular equipment checks had been carried out, the medicines were frequently audited and the registered provider carried out daily visual checks of the environment, cleanliness and staff competencies. Some work had been carried out around the management of environmental risks and risks to the health and wellbeing of people who used the service. However, there was further work needed, particularly around falls risk assessment and management.

We have made a recommendation that the service seeks advice and guidance from a reputable source about the management of accidents, particularly in relation to falls assessment and prevention.

We found breaches of regulation in relation to staff recruitment and good governance.

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 not always safe.

Staff had received training to help them carry out risk assessments effectively. Risk assessments had been reviewed and updated where necessary. There remained some gaps in the way falls were monitored and managed.

Systems were in place for the management of medicines so that people received their medicines safely. Arrangements were in place for recording the administration of medicines however, some further improvements were needed in the guidance and records for topical medicines.

Gaps in the recruitment process meant that appropriate and robust checks had not always been made on prospective staff. This placed people who used this service at risk from harm or abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had been provided with new training courses and refresher courses. This helped to make sure staff worked safely and in line with current good practice procedures.

We saw areas of the home that had been re-decorated and upgraded with new furnishings. The registered provider had a maintenance plan for the day to day upkeep of the premises but there were no long term plans or projects in place.

Staff training records showed that some, but not all staff, had received training with regards to the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us that they were happy with the service and that their relatives appeared well cared for.

Good ●

We noticed that people who used the service were dressed appropriately and appeared well groomed.

Staff had been deployed more effectively. They were able to spend quality time with the people they supported. We heard friendly but respectful banter and joking between staff and people using the service.

Is the service responsive?

The service was not always responsive.

People who used this service all had up to date and individualised care plans that reflected their care and support needs.

Social and leisure activities were available to some of the people who used this service. However, there was limited access to stimulating and interesting activities for people living with dementia.

The provider had a system in place to enable people to raise concerns or complaints with them. People at the service knew who to speak to if they needed to complain. At the time of our inspection no one had raised an issue about this service.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Visitors to the home told us that they thought the home was "improving".

The registered manager had started to carry out checks and audits at the home to help identify where improvements were needed and could be made.

There were some areas for improvement that the checks and audits had not identified. This meant that the service was not always ready to meet and adapt to the changing needs of people who lived at Morton Cottage.

Requires Improvement ●

Morton Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 10 January 2017 and was unannounced.

The inspection was undertaken by one adult social care inspector, a pharmacist inspector 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We spoke to commissioners from the local authority, and to health and social care professionals who visited the home.

During the inspection we spoke with three people who lived at Morton Cottage, four relatives, the owner of the home, the registered manager, five care workers, the housekeeper and the cook. Most of the people who used this service were not able to share their views and experiences of the service because of their health issues or complex needs.

We undertook general observations in communal areas and during mealtimes. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at the care records of three people, the recruitment records for two new members of staff including induction records and staff training records. We also reviewed the staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance

records and quality assurance audits.

The pharmacist inspector reviewed the medicine records of 10 of the people who lived at Morton Cottage and looked in detail at the medicine information recorded in the care plans of three people.

Is the service safe?

Our findings

During our visit to the service, the relatives we spoke to made the following comments about Morton Cottage;

One person said; "There seems to be enough staff now, it's only when the new ones start that it is not so good. However, I have never seen anything to worry me."

Another person commented; "It's (the home) improved a lot lately, much brighter and cleaner and there seems more people (staff) about." We were also told by a visitor; "It seems there are enough staff about and my relative seems happy with it."

One of the housekeepers told us; "There is a walk round the home at the end of every day by the manager and it all gets checked (the standard of hygiene). We have a proper cupboard for cleaning materials and to wash stuff down. We have new paperwork (cleaning schedules). It's hard to get to grips with all the paperwork but it is coming, I think it (the home) has improved and we have a lot of new things now, furnishings and that, and it all makes cleaning easier."

At our last inspection of Morton Cottage we made a recommendation that the registered provider considered current guidance in relation to the safe recruitment of staff. At this inspection we reviewed the recruitment records of two recently appointed members of staff. We found that job application forms had been completed, people had attended for interview and pre-employment checks, including criminal record checks had been completed. However, one person had not provided detailed information about their employment history and the registered provider had not fully checked out this person's conduct with their previous employers.

This was a breach of Regulation 19, Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used this service were placed at risk of receiving care and support from unsuitable care staff because the registered provider did not have robust recruitment procedures in place.

At the previous inspection of this service we found that the registered provider was not meeting Regulation 12, Safe Care and Treatment. Medicines had not been managed safely, risks, accidents and incidents had not been managed appropriately and infection prevention and control was not being maintained to an appropriate standard. At this inspection we found that improvements had been made to all these areas of previous concern.

We reviewed risk assessments relating to the care and support needs of three people who used this service. We found that the risk assessments identified and recorded potential and actual risks to people's health and wellbeing. Risk assessments included the risks of falling, risks when using mobility equipment and the risks associated with people who may at times become anxious or distressed. Where risks had been identified they had been recorded in people's care notes together with actions that should be taken by staff to mitigate any risks. The risk assessments had been reviewed and updated as necessary. Senior staff told us that they had received training to help them carry out risk assessments effectively and accurately.

We checked the accident and incident records that had been maintained by the service. Since our last inspection, we noticed that the records showed a significant reduction in skin tears caused during moving and handling procedures. When people had experienced a fall the incident had been recorded, some contained in depth statements about the events. However, accidents had not always been fully evaluated and appropriate actions not always taken to help reduce further risks to people living and working at Morton Cottage. We discussed these matters with the owner during our inspection of the service because further action needed to be taken.

We recommend that the service seeks advice and guidance from a reputable source about the management of accidents, particularly in relation to falls assessment and prevention.

We observed that staff used good moving and handling practices. We saw that equipment was properly used, foot rests on wheelchairs were in use and staff provided good explanations to the people they were supporting. Staff had received training with regards to supporting people with their mobility and health and safety training. We saw from staff meeting minutes that health and safety matters were included regularly on the agenda for discussion.

The pharmacist inspector looked at the way medicines were administered and managed at the home. They observed medicines being administered to people safely by staff that had been trained to do so. The registered manager had completed competency assessments for staff administering medicines to help ensure they supported people safely with their medicines.

The service had recently introduced a new system for recording medicine administration and medicines had been supplied by a new pharmacy. The home had a new medicine policy appropriate to the medicine system and that was in line with current guidance. Medication kept at the home had been stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medicines.

Appropriate arrangements were in place for the recording and management of oral medicines, variable dose medicines (depending on regular blood tests), medicines that staff administered as a patch and medicines that had been prescribed to be given 'only when needed.' Staff had completed medicines administration records correctly, after people had been given their medicines. When people had not taken their medicines, for example if they refused or did not require them, then a clear reason was recorded.

Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs had been appropriately stored and signed for when administered.

One person had medicines administered covertly. This is when medicines are given in food or drink to people unable to give their consent or refuse treatment. We saw that the GP had authorised covert administration and guidance had been sought from the pharmacist to make sure that these medicines were safe to administer in this way.

Several people were prescribed creams and ointments. Care staff applied many of these when people first got up or went to bed. At our last inspection, there was no guidance in place to inform staff where they should be applied or the frequency of application and records had not been fully completed. This meant there was a risk that staff did not have enough information about what creams were prescribed and how to apply them. At this visit we found that a new system had been introduced that included a body map that described to staff where and how these preparations should be applied. We saw examples of these records; however, some were still not fully completed.

We recommend that the service considers current guidance on the use of and recording of prescribed creams and ointments and take action to update their practice accordingly.

We looked at the way the home managed the risks associated with infection prevention and control. We looked around all areas of the home, including the kitchen and laundry. We found that the general environment was clean and there were no unpleasant odours. We found that improvements had been made to the ways in which infection control and prevention were managed.

New cleaning schedules had been introduced and the registered provider regularly checked that these were being followed. Liquid soap, paper towels, gloves, aprons and hand gel were available throughout the home and we observed that staff used these items appropriately. The registered provider had reviewed and updated the infection prevention and control policies and procedures to ensure they reflected current good practice guidance.

At the previous inspection of this service we found that the registered provider was not meeting Regulation 13, Safeguarding people from abuse and improper treatment.

During this inspection we checked that the registered provider had made improvements. We found that the provider had reviewed and updated their protocols in relation to keeping people safe from harm or abuse (safeguarding). Staff had received training on this matter and when we spoke to them they were able to describe the signs of abuse and the systems in place to help them report any concerns or allegations. The local authority safeguarding manager had visited the home and carried out a question and answer session to help staff understand the local safeguarding processes. We checked the information we held about this service. We found that the registered provider had notified us and the local authority appropriately about any concerns that arose.

During this inspection of the service, we observed there to be a sufficient number of staff on duty in order to meet the needs of the current numbers of people using this service. Both staff and visitors to the service told us that they were happy with the staffing levels. We noted that staff had been appropriately deployed and people did not have to wait long for assistance if they needed it. We reviewed the staffing rosters and saw that staffing levels had been consistently maintained.

Is the service effective?

Our findings

During our inspection of this service we spoke to the staff on duty at Morton Cottage. We particularly asked them about the training and support they had received from the registered manager.

One care worker told us; "We have had lots of training this year. For example we have completed safeguarding, mental capacity, moving and handling, food hygiene, basic first aid, dementia awareness, applying support stockings, diversity and equality, infection control, fire procedures. Some of the training has been given to us by the district nursing team. I have found it all very interesting, very helpful." Another care worker spoke about their training and supervision. They told us; "We have all done loads (training) this year. I especially enjoyed the safeguarding training. We have also had supervision with the manager, this happens every two months, I have found that very helpful too." A third care worker said "I wasn't here at the last inspection. I know it was poor but I think it has improved loads. The home is a lot cleaner now and there has been so much training to reinforce what you should be doing. I have found that there are plenty of staff too."

At our last inspection of this service we found that staff at the home did not have the skills and knowledge to support people safely. At this time we observed some poor practices from staff at Morton Cottage.

During this inspection we reviewed the staff training records. We found that training updates had been provided but also that gaps remained in some staff training records. However, we also saw that further training courses had been arranged by the registered manager to help address this.

We saw that new staff had been provided with induction training that met the nationally recognised Skills for Care expectations. Where new staff had completed training with previous employers we noted that the registered manager had checked this and obtained copies of training certificates. We saw that staff had participated in a variety of training which had been provided in various ways; for example e-learning, distance learning and hands on attendance at a training course.

We observed staff in the communal areas of the home. We saw that they supported people in a safe and respectful manner. Staff demonstrated that they put their training into practice.

We reviewed a sample of staff supervision records and staff meeting records. The records confirmed what staff had told us and that regular supervisions took place and included direct observations of staff practice. We saw that the registered manager discussed training and development with staff during supervision meetings and where necessary any performance issues had also been managed within supervision meetings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection of Morton Cottage, we found that the provider and staff had a lack of understanding with regards the MCA. Policies and procedures at the service were out of date and that people had received treatment without their consent or knowledge.

We reviewed the ways in which the provider had addressed the shortfalls found at our inspection of July 2016. The registered provider had reviewed and updated the policies and procedures with regards to the MCA, DoLS and obtaining consent to care and treatment. Staff had received some training and instruction about the MCA 2005 and DoLS. We heard staff providing explanations about these important matters to relatives during our visit.

The registered manager had submitted DoLS applications for consideration by the local authority to deprive some people of their liberty, where appropriate. The outcomes of the applications were not known at the time of our visit.

At our last inspection of this service we had found that people had not been supported effectively with eating and drinking. This had been particularly noticeable at breakfast time. At this inspection we saw that the registered manager had reviewed the routines at breakfast time. A member of staff was on duty in the dining room to make sure people had a drink and their breakfast without any delay or waiting. This was a much more person centred way of managing this mealtime.

We checked the nutritional records of people who used this service. We found that people had nutritional assessments in place. There was no one at the home needing to have their nutritional intake monitored at the time of our inspection. However, we saw that records had been maintained of people's body weight and that where concerns had been identified; the dietician or GP had been consulted with, advice provided, and followed by staff at the service. We found that there were two people at the home requiring food supplements. Information about these products had been documented including information about when and how these supplements should be used.

At our last inspection of this service, nutritional records had been poorly managed. Additionally, we observed people needing help with eating and drinking were not supported appropriately and did not experience pleasant or dignified mealtimes.

However, during this inspection we observed that throughout the day people had access to drinks and snacks from one of the drinks stations or tea trolley. Hot and cold drinks were available and biscuits, which were provided in wrapped individual packets. We did not see any fruit snacks but one person did ask for and was given a banana with their morning tea. We observed staff spending time with people encouraging them to eat and drink. Staff could provide us with explanations about people's eating and drinking habits and the support they required.

Most people were supported to the tables in the dining room. The process of the lunchtime meal was long and people who had been amongst the first to arrive at the dining room became restless before their meal had been served. This was because nearly everyone needed help to get to the dining room and some people took a long time to eat their meal. However, staff managed this as best they could and provided discreet

support to people needing it. We spoke with the owner of the home about this matter during our inspection as this situation required a review in order to try and make the mealtime more pleasurable. The owner of the service assured us that they would look at ways in which to improve the mealtime experience.

Some people had chosen to eat their meals in their own rooms and although food was covered, trays had not been used. This raised the risks of hot foods being spilled and potentially causing harm.

Staff wore appropriate protective clothing during the meal service and food was kept in a 'hot lock' to help maintain a safe temperature. The wipe clean tables were set with cutlery, condiments and crockery and people were asked individually what they wanted to eat from the options on the menu.

We observed that some adaptive cutlery and crockery was in use but these had not been used routinely where people needed a little more support with maintaining independence. Additionally, we did not see any colour co-ordinated crockery that would be helpful for people living with dementia.

The food looked appetising and the people who used the service obviously enjoyed it. One person said; "I did enjoy it all, very nice." Another person was overheard to say; "Who made this meal" and staff replied; "The cook, did you like it?" "Oh yes I did it was lovely, I want to tell her that," was their response.

We found that the home was clean and there were no lingering odours. Many of the chairs and soft furnishings were new and parts of the home had been recently painted. Light fittings had been replaced and gave good clear lighting to dark areas such as corridors. Bathrooms and toilets had appropriate equipment and adaptations in place to help people access these facilities as independently as possible.

There were maintenance plans in place to help make sure mobility equipment was regularly serviced and kept in safe working order.

Although some general improvements to the premises had been made since our last inspection, we found that adaptations and environmental improvements to help support people living with dementia were limited.

We recommend that the service seek advice and guidance from a reputable source, and based on current best practice, in relation to environmental adaptations to help meet the specialist needs of people living with dementia.

Is the service caring?

Our findings

One of the visitors we spoke to said; "I can come in when I like. I am happy that my (relative) is well looked after." Another visitor told us; "It has improved a lot here. My (relative) clothes never used to be hung up, well they are now. That jacket they are wearing now, it used to be always grubby but it is nice and clean now. Also, as soon as I come in they put the hearing aids in. My (relative) won't wear them otherwise. I bring a Guinness for her and we have that together, her sister comes (from away) and they make her a sandwich and they have a Baileys together. I come when I want and I am happy she is well looked after. It is a lot better than it was."

Most of the people who used this service were living with dementia and verbal communication was not always possible. We did not observe any signs of people feeling uncomfortable around staff. One person told us directly; "I am very happy here."

At our last inspection of Morton Cottage, we observed that people had not always been supported appropriately with their appearance and personal care needs.

However, at this inspection we observed that improvements had been made. We saw that people who used the service had been supported with their personal hygiene, hair care and were appropriately dressed in matching sets of clothes. Ladies had their handbags. Everyone had on socks/stockings with slippers or shoes.

We noticed good interactions between staff and the people who used the service. There was some friendly banter and joking. Staff spoke to people respectfully and we saw care being delivered in a dignified manner with staff mindful of respecting people's privacy. Personal care tasks were carried out discreetly and with sensitivity. One person, who liked to sit by the front door, was offered a blanket as the hall was getting cool as it was a windy but mild day.

At our last inspection of this home, we noticed that people who used the service were frequently left unsupervised and without any means of summoning staff. People had to wait for staff to help them.

At this inspection we found that staff had been deployed more effectively. The registered manager had carried out spot checks on staff care practices. General observations of service user's wellbeing had been carried out too. People who used the service were able to summon staff assistance. Call bells were working and people had access to them, including whilst in the communal areas. The home appeared calm throughout our inspection visits and we did not observe any people becoming anxious or distressed.

Staff had been provided with training with regards to equality and diversity and some of them had also completed "Dignity in Care" training. We observed staff putting this training into practice. Staff protected service user's dignity when supporting them with moving and handling interventions. Explanations were provided and staff acted in a calm and professional manner.

Information posters and leaflets about various health and social care services were available in the entrance hallway. This information was accessible to people who used the service and their relatives.

There had previously been no planned or co-ordinated means of supporting people to be involved with the service and their care.

At this inspection we saw that the registered manager had started to have regular meetings with people who used the service and their relatives. We looked at the records from some of the meetings that had recently taken place. People who used the service had been asked about their satisfaction with the staff caring for and supporting them. No complaints or concerns had been raised or noted.

We noted that people were encouraged to remain independent. However, there were some areas that would have benefitted from further improvements, such as dementia friendly signage, adapted crockery and cutlery.

At the time of our inspection, there were no people requiring special care because they were coming to the end of their life. We observed that end of life wishes were being discussed with people who used this service or their relatives, where appropriate. This information was being updated as part of the care plan review process. There were protocols in place to support people coming to the end of their lives, including close liaison with community services such as district nurses and GPs.

Is the service responsive?

Our findings

Most of the people who used this service had limited verbal communication skills. We were not able to speak to people directly about their care needs assessments and care plans. However, we spoke to relatives who were visiting the home about care planning. We reviewed the care plans of three people who used the service and we carried out observations of staff providing care and support to people living at Morton Cottage.

One relative told us; "I am in today to do the care plan review, with (relative) if they want to be involved. I have all the power of attorney so I am able to do this on behalf of my relative. They (staff) do call me if there is anything wrong and they are quick to call the GP, very quick in fact." Another relative said: "I do all the care plans and reviews for (relative). They (relative) can't do any of it their self now."

Visitors to the home told us that they were able to visit as they wanted. We saw staff greeting relatives by name and offering them a drink on their arrival.

Following our last inspection of this service we had concerns about the individuality, quality and accuracy of people's care plans. At that inspection we found that people had been placed at risk of receiving care or treatment that did not meet their needs. The registered manager submitted an action plan which stated that care plans would be updated using a new electronic system and that staff would have training to help them use this system appropriately.

During this inspection we found that everyone living at Morton Cottage had an electronic care plan in place. We also saw that copies had been printed off so that information was always available to staff.

We found that the three care plans we looked at had been reviewed, were up to date and had been written in a person centred way. The care plans reflected individual preferences and expectations. The topics of person centred care and activities had been discussed with people who used this service and at staff meetings to help make sure people understood the process and were given the opportunity to ask questions or raise concerns.

We saw that management plans to help support people with anxiety or challenging behaviours had started to be developed. The registered manager had liaised with the community mental health team with regards to this aspect of the care planning process.

We spoke to some of the staff about care planning and activities at the service. One of the senior care workers showed us how the new care planning system worked. We were able to observe staff carrying out a review of one person's care plan with their relative. The person had been asked if they wanted to participate in the review but they had declined and left it to their relative.

The member of staff carrying out the review asked appropriate questions about this person's care needs, expectations and wishes with regards the level of support needed. The member of staff also gathered information about leisure and social activities that the person might be interested in to help make sure the

care plan was individualised to that person's particular requirements. We observed that the member of staff provided clear explanations and answered any questions raised at the review. This demonstrated that the service was no longer in breach of the regulations in relation to person centred care.

During our inspection of the service, the expert by experience observed a very good example of person centred care. One member of staff was offering a person (with limited English) a choice of puddings at lunchtime. The member of staff spoke the choices into their smartphone, which translated the options to the person's native language. The smartphone then translated the reply back into English. The member of staff told us; "This has been a real help (name) is losing their English skills now."

At our last inspection of the service we found that people were not supported to be involved with meaningful activities within the home or the wider community.

At this inspection, the owner of the home showed us that an activities programme was starting to be developed and that several external entertainers and therapists were already booked to attend Morton Cottage.

We spoke to staff about activities at the home and looked at the activities that had been provided or were planned for the future. We observed some of the people who used this service taking part in organised activities or just sitting with their visitors, dozing or watching the television.

One member of staff told us; "We have a lady who comes to do movement to music once a month, everybody enjoys that, we had singers in before Christmas and the school children came in to sing carols. That went down really well." Another member of staff added; "We don't do all of the big organised stuff very often now as most of the people who live here aren't able to join in so much anymore. We do a lot of one to one activities now."

A staff member said: "We try and learn about everyone's past and talk to them about it, some don't get any visitors now or rarely, so we do our best to remind them about their past and what they used to like to do."

The home had introduced a daily news sheet called the 'Daily Sparkle' which listed events that had happened on this date in the past. This was used as a stimulating conversational tool. A member of staff arrived in the afternoon to organise a flower arranging session and 'Sherry' afternoon. We saw people and some of their relatives joining in this activity.

However, we noted that there were little or no items lying around to help provide a stimulating environment for the people who used this service. For example, there were no magazines, books, jigsaws or 'Twiddle blankets'. We pointed this out to the home owner at the time of our inspection. The home owner had recognised this as an issue and assured us that they would review the situation.

We recommend that the service seek advice and guidance from a reputable source, and based on current best practice, in relation to creating a stimulating environment to help meet the specialist needs of people living with dementia.

The service had a complaints process in place and the people we spoke to during our inspection knew who they would raise any concerns with if they needed to. No one raised any concerns or complaints with us during our inspection of the home.

The provider told us that they had not received any complaints since our last inspection visit. We reviewed the information we held about this service. We had not received any concerns or complaints about Morton Cottage.

Is the service well-led?

Our findings

We were told by a visitor; "The home is improving, it's much better than it was, well you know what it was like. It seems there are enough staff about and my relative seems happy with it." Another person also commented; "It's (the home) improved a lot lately."

The social care professionals that we spoke to said that the provider was 'on the road' to making improvements and realised that they needed to improve. They said that the provider 'still had some way to go'. They told us that the provider did not have a dependency tool to help them assess the right staffing levels to meet people's needs but that there was a rolling programme in place to help check records were up to date.

The comments we received from staff were very positive about the management of the home. Comments included; "I find the manager really approachable about anything", "I find it is a happy team to work with, we all get on and it's nice when we can rely on one another."

Following our last inspection of the service, the registered manager gave us an action plan detailing how improvements would be made to the service and by when.

During this inspection of Morton Cottage, we found that quality systems and safety audits had started to be developed and had been implemented to good effect.

However, although there was evidence of auditing and monitoring taking place there were no clear plans for continuous improvement at the home or details of how this would be implemented and monitored in the future. We saw that some work continued in order to monitor falls and accidents but little had been done with the information to try to mitigate any further risk. We found that there were gaps in the staff recruitment process and in the way staffing levels had been determined. This meant that people who used the service were not always protected from the risks of harm.

The home dealt with repairs, refurbishment and maintenance issues as and when they arose. There were no long term plans in place to help ensure the safety and upkeep of the premises. Many of the people who used this service were living with dementia. We found that there were limited environmental adaptations in place to help people remain as independent as possible. Additionally, there was a lack of social stimulation for people living with dementia.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. The registered manager completed monthly audits that had identified some of the same issues we had found during this inspection, particularly around the use of and recording of prescribed creams and ointments. We found that effective action had not been taken to address this matter.

Although there were sufficient numbers of staff on duty at the home on the day of our inspection, the

provider told us that they did not have an assessment system in place to help ensure that the service was always adequately staffed and able to meet people's changing needs.

These issues were a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Gaps in the monitoring systems meant that the provider was not always ready to meet and adapt to the changing needs of people who used this service.

We reviewed a sample of the policies and procedures that were in place at the home. We found that they had been reviewed or renewed completely in line with current best practice, guidance and regulations following our last inspection of the service..

After our inspection of July 2016 the registered manager had reviewed Infection control and prevention systems to help make sure they were effective. New cleaning schedules had been introduced as well as spot checks and audits. General environment (walk round) checks had been completed daily by the registered manager and the findings had impacted positively on the standard and cleanliness of the environment. We found the home to be clean, tidy and there were no unpleasant odours. We observed staff throughout the day and noted that they adopted good hygiene practices.

At our last inspection of the service we found that people who used the service were not always consulted about their views and opinions. During our most recent inspection we saw that people who used the service and their relatives, were able to comment on the service and express their opinions and views. Regular formal meetings had been held, with minutes recorded to help ensure any actions needed would be taken. We saw from the notes of the meetings that the registered provider had been open and honest with the people who lived at Morton Cottage, and their relatives. Outcomes from CQC inspections and inspection reports had been discussed during the meetings as well as the actions the registered manager would take to bring about improvements to the service.

People were able to make comments, compliments about the service, anonymously if they wished. The registered manager had placed comments and suggestions forms in the entrance hall. The provider told us that satisfaction surveys had only recently been sent out to relatives, service users and stakeholders and that none had yet been returned therefore the results were not available.

Following our last inspection of this service, the registered manager had obtained the services and advice from consultancies and peers to help bring about improvements to the service.

We saw that the registered provider displayed their CQC rating in the entrance hall to the home and that there was a registered manager in post at the home.