



Inspection Report on

Morgana Court and Lodge

**MORGANA COURT
PORTHCAWL ROAD SOUTH CORNELLY
BRIDGEND
CF33 4RE**

Date Inspection Completed

21 November 2019

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Description of the service

Morgana Court and Lodge are located in the village of South Cornelly which is on the outskirts of Porthcawl. It is a large home made up of two buildings (the Lodge and the Court). The Lodge provides accommodation for 18 people and the Court provides residential and nursing care to 45 people.

The home benefits from good road and bus links. There is also ample car parking available to the front of the property. The provider of the home is Silvercrest Care Homes Limited and the Responsible Individual (RI) is Mr Bikram Choudhary. There is a manager in post who is appropriately qualified and registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People benefit from a service that promotes their well-being. Individuals within the home have some opportunities to take part in activities of interest. People are treated with warmth and kindness by friendly staff and appear well cared for and happy. Personal plans and risk assessment are in place but require further development to ensure they reflect individual needs. Medication administration and processes are effectively managed. We found the environment to be well maintained and homely. The management team takes an active role in the daily operation and visits regularly to ensure they have strategic oversight of the home.

2. Improvements

This is the first full inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

A new manager is in post who is dedicated to make improvements to ensure people's health and well-being is promoted.

3. Requirements and recommendations

Section five of this report sets out the action the service provider needs to take to ensure the service meets the legal requirements and recommendations to improve the quality of care and support provided to people in the care home. These include:

- Care planning documentation.
- Staff training.
- Welsh language active offer.

1. Well-being

Our findings

People have some control over their day to day life. Care and support is not always provided in consultation with the person receiving a service, individual plans lacked sufficient person centred detail to promote independence and choice. However, people were able to personalise their surroundings and were encouraged to make some decisions around the structure of their day. Regular resident's meetings were held to ensure people's voices were heard. RI visits and quality care reviews were undertaken, although some improvements were required to ensure they were in line with regulations. Policies were comprehensive and legal rights were recognised and supported. The evidence found indicates people are not always supported by staff who encourage choice and autonomy.

People's physical and emotional needs are being met at Morgana Court and lodge. Staff have a clear understanding of the needs of the people they care for and do so in a caring and friendly manner. Staff levels were sufficient to meet the needs of people living at the home, but needed to be kept under review. Contact was maintained with a variety of health and social care professionals to ensure people remained as well as possible. Nutritional needs were met effectively and dietary preferences were taken into consideration. Daily activities supported a sense of belonging and ensured people were positively occupied some of the time. Overall, the service has systems in place to ensure well-being is maintained and supported.

Individuals are safe and as far as possible, protected from abuse. The service had good processes in place to ensure staff were suitably recruited. Administration systems were well organised and policies and procedures were in place. Staff received safeguarding training and understood how to report matters of a safeguarding nature. Effective audit tools were in place to support good managerial oversight and ensure best possible outcomes for individuals using the service. Therefore, we conclude people are appropriately safeguarded from harm.

The service offers a mostly safe and suitable environment. People were supported to live in a pleasant and homely environment which was decorated and maintained to a good standard. The home offered sufficient space to allow people a degree of privacy. Bedrooms were personalised to individual tastes and the standard of cleanliness within the home was good. The home undertook appropriate security checks, fire safety measures and an ongoing programme of maintenance and repairs. We noted that consideration was required in regard to the configuration of the bedroom and bathroom doors within individual bedrooms. Therefore, we can conclude that overall people's well-being is enhanced by having access to a pleasant space to live.

2. Care and Support

Our findings

Meal times are on the whole a positive experience and people's nutritional needs are being met. We saw meals were attractively presented and people we spoke with were complimentary about the standard of food they received. Comments included "*food is excellent,*" and "*The meals are good, we always get a choice*". We saw there was a four week menu, which was also available in the hallway. It showed a varied meal plan, with choices at every mealtime. Menu options were discussed during residents meetings to ensure people were happy with the quality and choice of food they received. On the whole, we found staff interacted with people in a sensitive manner, engaging in conversation and offering reassurance. There was a calm atmosphere with gentle music playing in the background. Therefore we can conclude people's dietary needs are understood and catered for and they benefit from a positive mealtime experience.

People cannot feel confident they have an accurate and up to date plan for how their care is to be provided in order to meet their needs. We inspected seven files of people living at the home. We found that there were inconsistencies within the care files. Some, but not all had pre admission assessments but lacked historical information. We found personal plans contained some detail and person centred information. Personal plans covered areas such as personal care, diet and nutrition, oral care and mobility. However, we recommended that people's first language and communication needs were recorded. We found there was little evidence that people or their advocates had been involved in their care planning or review. Food and fluid charts had not always been fully completed correctly and daily notes were task orientated and did not include emotional well-being. We informed the provider that they were not meeting legal requirements. Overall people are treated with dignity and respect, however, choice and person centred care was not always provided.

People are not always provided with opportunities to engage in suitable activities. Care workers told us they would like to spend more time sitting talking to people, or doing individual activities. Both care workers and nurses appeared rushed throughout the inspection, and at times appeared very task based. In discussion with both the manager and a number of staff it was evident the home was going through a cultural change in fully incorporating a person centred approach. This was especially important in working with people living with dementia who require regular interaction and stimulation. One person living in the home told us "*there's not much going on*" but a relative told us "*they do lots and involve X in everything*". Although we saw an organised activity programme we found care staff were too busy to engage in activities with residents. We did find the activity coordinator had some very good ideas and worked enthusiastically to provide some stimulating activities. The home employs a 'hostess', her role is to undertake the morning and afternoon tea and coffee rounds. They are also responsible for supporting people to medical appointments. On the two days of inspection they were away from the home with people at hospital appointments. Both the manager and operations director agreed that improvements were needed in providing a stimulating environment. They told us they were working on changing the culture. This was through further staff support and training. In addition they were advertising for an additional activity coordinator. At the time of the inspection this position was still vacant. Therefore we conclude that people have some

opportunities to participate in activities within the home. However, further work is required in ensuring a person-centred approach is fully incorporated into the service.

People are supported to remain healthy and medication is administered and stored effectively. We examined seven files and saw that timely referrals were made to health and social care professionals including GP's, dieticians, opticians, physiotherapists and social workers. We examined medication administration records (MAR's) and found charts were routinely completed and controlled medication was appropriately stored and accurately recorded. Temperature checks were also carried out on a daily basis. Staff told us and from the records examined they had undertaken medication training. There was a current and detailed medication policy available for staff to consult. There are systems and processes in place which help minimise risks associated with medication.

3. Environment

Our findings

People live in a home where they feel generally safe and secure. The home is divided into two parts the court and the lodge. We were shown around the home and saw both the internal and external areas were well maintained. We noted the home was attractively decorated and had a pleasant look. We found no malodours throughout the property and the general level of cleanliness and hygiene appeared very good. We found the layout of bedroom ensuite bathrooms could pose a problem with regard to access should a person fall in the doorway. We discussed this with the manager who had already identified this issue as a potential problem. We saw people were able to personalise their rooms with photos and keepsakes which promoted a feeling of belonging. Corridors were decorated with activity boards and vintage photographs. There were larger communal areas and also smaller quieter areas where people could sit. We did however, find that mobility equipment was inappropriately stored in communal areas. People were seen using the communal areas to undertake activities, listen to music and watch television. People also had access to pleasant garden areas. One person living at the home told us *"I feel safe here"*. A relative said *"we are happy that X is safe, we don't feel that we have to visit everyday"*. Therefore, we can be confident that people live in a comfortable homely environment, however, to ensure safety, adjustments must be made to bedroom ensuite doors.

People benefit from the home's commitment to maintain good infection control practices and ensure systems and equipment are regularly serviced. We found bathrooms were kept clean and tidy with no evidence of communal toiletries being used. Personal protective equipment was readily available for use by staff including gloves and aprons and hand washing facilities. Cleaning substances hazardous to health were safely locked away in store rooms and window restrictors had been fitted to maintain people's safety. We spoke with the home's maintenance person who advised that repairs were coordinated via a central centre and that these were undertaken quickly. We were provided with a maintenance file that included a range of certificates, this included water, gas, electricity and fire safety certificates. These were all up to date and evidenced regular servicing had been undertaken by external professionals. We saw checks of fire equipment took place regularly. People living at the home each had a personal evacuation plan specific to their individual support needs and fire drills were undertaken routinely. Therefore, we can be sure that people live in a property that is safe and well maintained.

The need for confidentiality is anticipated and respected. Care records were safely stored and employee personnel records were kept securely in the manager's office. Deprivation of Liberty Safeguards (DoLS) records were easily referenced in the care records. In addition, people were safe from unauthorised visitors entering the building. Visitors had to ring the bell to access the Lodge and the Court. All visitors had to complete the visitor's book when entering and leaving. People's privacy and personal information is well protected.

4. Leadership and Management

Our findings

People can access information to help them understand the care, support and opportunities available to them. This is because we saw a Statement of Purpose and service user guide available within the home. These documents described what the home provides. We saw there were robust company policies and procedures for staff to follow. We looked at a selection of policies and noted that they had been reviewed. The staff handbook was available and also contained pertinent policies, however, it was not dated and therefore we were unable to confirm it remained current. We observed staff working in a way that upheld the ethos of the provider as we observed staff interact with people in a respectful, friendly and patient way. The values and vision of the service are clear.

The service generally has a clear quality assurance process. The RI regularly visited the service as part of their responsibilities under RISCA. Records of these visits must evidence discussions with people using the service, their family members and professionals involved in their care. The manager said these visits were positive and provided further opportunity to monitor service delivery. However, we noted that a quality assurance report had not been completed 6 monthly as required. We informed the provider they were not meeting legal requirements. We were shown a number of systems designed to assess the quality of support people received. These included, infection control, domestic and catering audits. Records confirmed that the RI visited the home regularly and were formally recorded quarterly. Overall, we can conclude the provider has good oversight of the services as a whole but more formal recording is required by the RI.

Procedures are in place to ensure staff are recruited safely. We found that fitness of staff was determined initially through the recruitment process. Eight staff files were sampled as part of the inspection. We found these were in good order and contained the necessary checks to ensure that staff recruited were suitable and safe to undertake their role. We were provided with an overview of the induction process, and were shown training records held by the manager. Those records evidenced that the induction was thorough. However, we saw gaps in mandatory and more specialist training. It had been previously recommended that staff undertake person centred care training, this is yet to happen. We informed the provider they were not meeting legal requirements. The evidence found indicates staff are recruited in a safe and robust manner but improvements are required to ensure all staff are suitably trained.

There has been a lack of consistent management at Morganna Court and Lodge over the past couple of years. There is a new manager who had been in post for approximately four months. Of the staff we spoke with, the majority stated that they were approachable and willing to listen. We were told, *"I get on with her fine"*, *"she is amazing, has very high standards"* and *"the manager is approachable but can be outspoken"*. Other comments made stated that the manager was not approachable, staff did not feel supported or listened to. We found that in general staff morale was low, this appeared to be caused by staffing shortages. People living in the home and staff we spoke with all stated that an extra member of staff on each shift would be beneficial. We recommended that staffing levels were kept under review. The manager told us that there was an ongoing recruitment drive. Staff also told us that some changes that they believe may be introduced had also caused

upset amongst staff this included rota changes and the introduction of nursing assistants. We discussed this with the manager and RI who confirmed before any changes there would be a consultation period. People's care will be enhanced by a more consistent and motivated staff team.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance from this inspection

During this inspection, we identified areas where Morgana Court and Lodge is not meeting the legal requirements and this is resulting in potential risk and poor outcomes for people using the service. Therefore, we have issued a non-compliance notice in relation to the following:

Regulation 15(1) – The service provider must prepare a personal plan that sets out the individuals care and support needs and how they will be met.

In addition, we identified areas where the service provider is not meeting legal requirements but a notice has not been issued as there was no immediate or significant impact for people living at the home:

Regulation 36(2) (d) and (e) - The service provider must ensure that any person working at the service receives core and specialist training appropriate to the work to be performed.

Regulation 80(4) – The RI must complete a 6 monthly report following a review of the quality of care.

Regulation 44(9)(c) – Premises must have toilets, bathrooms and showers which are located so as to enable all persons to access them easily and safely.

5.3 Recommendations for improvement

We made the following good practice recommendations:

- Staffing levels to be kept under review with the dependency tool being analysed to inform levels.
- To ensure the home fully complies with the “active offer” of the Welsh language as required under the Welsh Governments Strategy “More than just words 2016-2019”.

- To develop a culture whereby all staff working within the home are responsible for developing stimulating and engaging activities for people living at the home.
- To provide person centred care training to all staff.
- To provide more appropriate storage for mobility aids.
- Review staff handbook.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made one unannounced visit to the home on 20 November 2019 between 8.30am and 5.15pm. We made a further announced visit on 21 November 2019 between 8.15am and 1.20pm. We considered all four domains of the inspection framework i.e. the well-being of the people living in the home, the quality of care and support, the environment and the leadership and management.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- A tour of the home.
- Discussions with 12 staff and management.
- Discussions with eight people using the service.
- Scrutiny of eight staff files.
- Scrutiny of seven care files of people living in the home.
- Scrutiny of other documentation, as detailed within this report
- We reviewed information about the service held by CIW
- We looked at a sample of policies, and auditing documents.
- We looked at a sample of minutes from staff meetings and residents' meetings.
- We looked at the homes statement of purpose.

We did a full feedback of the findings of the inspection to the RI and manager on the day of the inspection.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Silvercrest Care Homes LTD
Responsible Individual	Bikram Choudhary
Registered maximum number of places	63
Date of previous Care Inspectorate Wales inspection	09/10/2018
Dates of this Inspection visit	20/11/2019 and 21/11/19
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	

Date Published 13/01/2020



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

Morgana Court and Lodge

MORGANA COURT
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CF33 4RE

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Care and Support	Our Ref: NONCO-00008768-FGJC
Non-compliance identified at this inspection	
Timescale for completion	21/02/20
Description of non-compliance/Action to be taken	Regulation number
The provider is not compliant with regulation 15(1) as there were significant gaps in care plans.	
Evidence	
<p>- The registered person is not compliant with regulation 15(1).</p> <p>- This is because we found significant gaps in care planning.</p> <p>- we found:</p> <p>Resident A - food chart dated 20.11.19 had not been fully completed, no amounts times or staff signatures.</p> <p>Resident B - food chart dated 20.11.19 were not fully completed.</p> <p>Care file 4, 5 and 6 had no pre admission assessment</p> <p>File 4 and 5 had no photo.</p> <p>File 1, 2 and 6 had no end of life care plan.</p> <p>Peoples preferences on what time they liked to go to bed and get up were not recorded.</p> <p>People had no choice on when they bathed, a bathing rota was in place.</p> <p>No evidence of people or their advocates involvement in care planning.</p> <p>No evidence of night checks.</p> <p>Daily notes were task orientated and did not include wellbeing.</p> <p>No oral hygiene care plan in place.</p> <p>Language preference not included in care plans.</p> <p>- The impact on people using the service is</p> <ul style="list-style-type: none"> • People's care and support needs have not been clearly identified. • People cannot be sure that staff have a clear understanding of their needs. • People cannot be sure that the care and support provided by staff on a day to day basis best meets their needs. 	