

Healthwatch Cheshire West Enter and View Report	
Enter and View Visit to	Morningside, 52 Swanlow Lane, Winsford, CW7 1JE
Date	24 th March 2015
Authorised Representatives	Richard Berry, Caroline Jones
Staff Present	Jennie Redrup and staff
Background	<p>Owned by Medingate Limited, Morningside is an elegant Edwardian residence dating from 1905. The home includes residential care and specialist care that include Alzheimer's and Parkinson's disease, stroke, and visual impairment. In addition to long term residential care, respite, day and convalescent care is offered and provided.</p> <p>Accommodation at the home comprises 31 single rooms with WC and wash basin. Two of the rooms have additional shower room.</p> <p>At the time of our visit the home was fully occupied.</p>
Overall Impression	<p>This was one of a home that provided a welcoming, calm, efficient, caring, friendly environment.</p> <p>Morningside to the visitor appears clean and is decorated to a reasonable standard in neutral colours. No odours were evident to representatives.</p> <p>Things that appear to be done well at the home include a centralised record keeping system, staff training, activities co-ordination and care planning - all evidenced by Representatives.</p>
Any ideas or suggestions for improving service?	<ul style="list-style-type: none"> • Complaints procedure to be clearly displayed under complaints/compliments box in main reception. • Display Local Authority hygiene rating • Sanitizer stations to be filled and sanitation diagrams to be provided in each area. • Rear garden fence panel to be repaired prior to residents using the gardens. • Maintenance Issues - Repair key pad access on front door and ensure that current plan for window replacement is completed; Improve light in ground floor bathroom; Install access gate on first floor. • Bathroom on first floor to be converted to wet room (we were advised this is imminent). • Extend laundry area. • Install induction loop system in main communal area.

Environment

Residents appeared contented with their 'lived' environment; however, Representatives feel that the homely, caring, comfortable environment would benefit from the introduction of more visually stimulating decorations in communal areas.

In the reception area the following information was displayed: fire plan, CQC registration, public liability certificate, Visitors' book and complaints/compliments box. The Local Authority hygiene rating (4) was not clearly displayed.

There is a daily activities plan displayed in the main communal area but no evidence of a weekly plan clearly displayed.

Three lounges and two dining areas viewed by Representatives were adequately set out. The ground floor lounge overlooked extensive lawned/shrubbery garden areas. One fence panel had collapsed and needed replacing to secure the garden. There was also a patio area for residents' use.

The bedrooms were individualised with residents' furniture, pictures etc and doors had personalised name plates. All were decorated to an acceptable standard for a building of this age (1905).

Two bathrooms and one shower room were viewed. The bathroom on the first floor was unused due to both a leak and inappropriate equipment. Representatives understand that the leak has been repaired and the intention is to convert the bathroom to a wet room.

The ground floor bathroom requires an upgrade in lighting due to no windows/poor ambient light. This room was clean, well equipped but both the soap and hand sanitizers were empty. A new internal laundry service has been recently introduced. Authorised Representatives questioned functionality due to restricted space. We were advised that consideration will be given to extending this area.

Residents' Views - Regular three to four monthly meetings are held with residents (evidenced). Satisfaction surveys are carried out every six months with residents, relatives and professionals (evidenced).

Health and Wellbeing

Staff were welcoming and friendly towards Representatives. The Manager told us that she operates an open door policy.

Good team working was evidenced. Authorised Representatives evidenced records relating to shift team handovers.

Staff have access to the current Manager out of hours if necessary.

We were informed that drug rounds are undertaken four times daily and administered by Senior Care Assistants trained by the local pharmacist using the 'Buttercup Training Programme.'

From the secure medication trolley, we evidenced staff administering residents' medication with consideration and dignity.

Night shift Care Assistants are allowed to prescribe non-prescription medication - two signatures are necessary in this event.

Staffing - Total staff equate to 37 individuals employed.

- Day time - Cover is three carers + one senior care assistant (SCA).
- Late afternoon/evening - two carers + one SCA.
- Night cover - two Carers.

Two housekeepers, one laundry worker and a part time maintenance person are employed.

Representatives were informed that staff at the home undergo a standard induction including safeguarding, fire training, handling, infection control and food hygiene - mostly provided by CWAC. We were further informed that staff are encouraged to undertake additional NVQ 2 (+) training. At the time of our visit eight staff are working towards NVQ 2 and one NVQ 3. The Manager is working towards NVQ 4 in health, social care and management.

We talked to 5 members of staff who reported that they were well treated, happy in their work,

and well trained. They felt they had every opportunity to undertake additional training.

Care planning - We evidenced a sample of two care plans of residents - these were up to date, well populated and personalised. We were told that care plans are updated at least once a month on a planned system. All information is kept for six years - files archived in the basement. Representatives understand that the Manager undertakes the initial care plan, after which it is passed to the relevant SCA.

All residents are weighed monthly - more frequently if required via the personal care plans. If necessary their food and fluid intake are monitored.

Other Health and Wellbeing services at the home include a visiting chiropodist, a visiting optician. GP (and residents are able to stay with their own GP if possible). A dentist is available on demand. District nurse visits as and when necessary.

The DOLS lead is the current Manager - Authorised Representatives evidenced a practical approach to the implementation of the guidelines in that two applications had been presented for residents unable to make informed decisions. These had been submitted under "urgent" category and processed quickly.

From a positive safeguarding perspective, Authorised Representatives were informed that if an accident occurred during the night shift which required a visit to A&E, a procedure was in place whereby initially a family member would be contacted, followed by the Manager to accompany the resident.

Visits of potential residents are encouraged prior to decision making and as part of the pre-admission process.

Authorised Representatives were concerned that no key pad access was evident on the first floor and that the key pad on the front door has not been working for two months - especially as the site is on a busy main road.

Food - A Chef and Assistant are employed. The Local Authority has judged a 4 star rating on hygiene. Dietary requirements are cared for in personal care plans. We evidenced a daily menu, not weekly. Meals provided - breakfast, lunch, tea, light supper. Residents are able to request individual items of food not necessarily on the menu for that day. Fresh food is provided via ASDA and a local butcher. All food is cooked fresh on site. Residents can eat in the dining room or their own room. We spoke in depth to seven residents who confirmed they liked the quality and variety of food provided.

Activities and Community Links

Two Activities Co-ordinators each work around 15 hours per week. Residents also go out in taxis to local places of interest. On the day previous to our visit, residents went to a local garden centre.

Other activities include bingo, dominoes, arts and craft, 'sing along' and monthly social events at the local church.

Feedback

We spoke to 3 relatives - all of whom had positive comments in relation to the standards of care of their loved ones. We were told that, ***"Whilst this isn't the poshest home we visited, it is very caring and that is the important element of decision making. We feel able to visit any time and are kept informed always of any problems or issues."***

Feedback from Provider of Service

There were no requests prior to the visit. When Richard and Caroline visited Morningside I wasn't aware that they were coming. I actually received the letter informing me of unannounced visits the following day

It is always nice to have confirmed that family and residents are happy with the care and support they are receiving. That they also think we have good relationships and that they can contact us anytime.

Richard and Caroline were very nice and they interacted with residents, their families and the staff making them feel at ease.

There were no difficulties or negative aspects with the visit. - Jennie Redrup 04/04/15