

# Enter and View Report

*Morris Care Centre  
Unannounced Visit  
26 July 2023*



**Engaging  
Communities**  
Solutions

## What is Enter and View

Part of Healthwatch Telford and Wrekin's remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Telford and Wrekin Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Telford and Wrekin's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

## Contents:

	Page
1. Provider details	4
2. Acknowledgments	4
3. Disclaimer	4
4. Authorised Representatives	4
5. Who we share the report with	4
6. Healthwatch Telford and Wrekin details	4
7. Healthwatch principles	5
8. Purpose of the visit	6
9. What we did	6
10. Findings:	
a) Environment	7
b) Essential services	8
c) Access	9
d) Safe, dignified and quality services	9
e) Information	10
f) Choice	10
g) Being listened to	11
h) Being involved	11
11. Current Challenges	11
12. Recommendations	12
13. Provider feedback	13

## Provider details

Name and Address of Service: *Morris Care Home*

Manager: *Carol Jones*

Service type: *Nursing Home*

## Acknowledgments

Healthwatch Telford and Wrekin would like to thank all the staff/patients for their co-operation during our visit.

## Disclaimer

Please note that this report is related to findings and observations made during our visit made on *26 July 2023*. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## Authorised Representatives

Tracy Cresswell

Jan Suckling

Denice Morgan

Matt Lever

## Who we share the report with

This report and its findings will be shared with provider, Local authority quality team (depending on the visit), Shropshire Telford and Wrekin ICS, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

## Healthwatch Telford and Wrekin details

### Address:

Meeting Point House

Southwater Square


Telford

TF4 3HS

Website: <https://www.healthwatchtelfordandwrekin.co.uk/>

Phone: 01952 739540

Social media:  Facebook.com/HealthwatchTW

 @healthwatchT-W

## Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## Purpose of the visit to look at access

This visit was unannounced, due to the nature of the feedback we had received around lack of care and medication concerns from various sources.



*Morris Care Centre, Holyhead Road, Telford*

## What we did

On arrival the grounds looked well-tended and there was plenty of car parking available for visitors. The entrance was easy to find and accessible, displayed in the entrance porch the homes latest CQC report.

The home was accessed by ringing a doorbell, there were several cameras on multiple walls around the entrance including the one that pointed to the door, we were let in by a member of the reception staff. After explaining who we were and showing our ID badges we were asked to sign in. The entrance and reception area were bright and airy with seating, some of the residents were sitting in there and music was playing. The entrance was easily accessible and welcoming.

We were greeted by the manager; we explained the reason for our visit and who we were, and that we would be talking to the staff, residents, relatives, and herself. The staff split into two groups; the manager explained the layout of the home that was divided into three areas:

- **Wrekin Court**, housed in the former maternity ward, home to 45 beds, specialised in long-term, palliative, and general nursing, and mainly housed older people.
- **Wellington Court**, home to 40 beds, which dealt with more complex nursing such as people with spinal injuries and included more younger people.
- **Ercall Court**, which was their residential and memory unit, in a separate building a few hundred yards away.

The manager has been with Morris Care for 26 months.

The home is a 96 bedded care centre which is split across the 3 areas listed above. However, they currently have 69 residents as they have enacted a self-imposed embargo which has been in place for 4 weeks. They will not be accepting any new admissions until further notice; they are working with the Care Quality Commission (CQC) and the Local Authority (LA).

There are currently 170 staff employed, which are spread across various roles including nursing, nursing assistants, maintenance, housekeeping, catering, management and training and development.

The nurses work on a 2-week rolling rota doing 12 hour shifts 8am to 8pm and 8pm to 8am; this enables staff to plan their personal lives in advance.

There is one qualified nurse and a nursing assistant working on Wrekin Court during the day, however there is no nursing assistant on the night shifts.

There are two qualified nurses and a nursing assistant working on Wellington Court during the day. However, there is no nursing assistant on the night shifts.

There are 17 carers working across all three areas during the days, however on the night shift this is reduced to 8 carers across all three areas.

Agency staff are used as little as possible, however when they do use agency staff they use a central booking service.

## Findings:

### Environment

#### External

On arrival to the Care Centre, the signage was not clear from the road, the name of the home was in small writing under the main sign.

There were plenty of parking spaces for visitors, and the grounds were maintained. Just outside of the entrance there were benches for residents and visitors to use.

The garden leading from the conservatory situated in Wellington Court was not as well maintained as the entrance.

In Wellington Court there are several rooms located around the courtyard garden, which all had access to the garden. It was observed that there were raised planters in, however some of the plants could do with being replaced.

### Internal

On arrival the reception area of the home had a relaxing feel to it, being bright and airy, there were no unpleasant smells and for a nursing home, it did not feel clinical. However, when walking through the home we did detect a strong odour in this area as well as in Wrekin Court.

The furnishings in the communal areas were in good condition. There was information displayed in the reception area about the home and events taking place. It was observed that hand sanitiser was dotted around the home, and although the one by the entrance of the building was not working properly, there were hand sanitiser bottles on the table where you sign in.

The home has a lift that covers the main building. To access Wellington Court there is a ramp and a chair lift. There were handrails throughout the corridors. The corridors were wide to accommodate all wheelchair users within the home.

There were various pictures in the corridors and communal areas. We observed that there were several photos of the manager around the building, but we did not see photos of any of the staff or their roles. There were several staff wearing different colour uniforms, but other than the nurses we were unsure of the roles of the other staff.

It was observed that the last staff member who won a mention was dated April.

It was observed that love2care cards were displayed with comments about the home and the care received, however there were no dates on them, so we were unsure how recent they were.

### Essential Services

The manager explained that referrals were usually made by friends and family who would explain the resident's needs. A pre-assessment would be completed if care could be offered within the home. They had resumed meeting with the residents in person as the paper-based pre-assessment could often miss information.

When devising a care plan the manager explained that they would always engage with both the individual and their families for a person-centred approach; they would begin by identifying "must-haves", then desirables.

The manager explained that they ran a 'resident of the day' event, which involved reviewing the resident's care plan with them. They would involve the chef, who will ask the residents for their likes and dislikes - the manager gave an example of a resident who "could have killed for a rump steak", so the chef ensured that this was actioned for the resident, and housekeeping would also be involved. Due to



the size of the home, there would typically be more than one 'resident of the day' on any given day.

They use electronic care planning, which the manager explained was much easier. It featured live recording, and there were not mountains of papers with unclear handwriting and notes to sift through. They currently used the iCare system but are beginning to transition to the PCS care management system - the manager explained that it would be much easier system, fully GUI-based, and was more user-friendly. Ercall Court was switching this week, and they expected to have fully switched by 12 August, although iCare will remain live as a backup.

The staff use the phones which contains all the details of all the residents, if there is something that they feel is not documented they will speak to senior staff before caring for the residents.

The home has a hairdressing salon for the residents to use.

A number of residents expressed that "they were very happy here", "needs are catered for", and a relative expressed that they were happy with the home.

### Access

The manager expressed that they have had issues getting GPs from Wellington Medical Practice to visit the practice; everything is done via Facetime, including end of life. A GP had not visited the home since the manager has been in post. The manager expressed that they taken many steps to improve the situation without any success, and the CQC has been made aware. The manager expressed that this was putting extra pressure onto the nurses who were left to deal with the issues, leaving them vulnerable and affecting the quality of life for the residents.

### Safe, dignified and quality services.

Several of the residents that were engaged with felt safe and their dignity was maintained, however one resident expressed "I worry about being safe as my room is too big".

It was observed that several wheelchairs were stored in the conservatory; when asking the staff, we were informed that they belonged to the residents and were stored in the conservatory due to there limited space within the residents' rooms. The staff members explained that if any equipment needed replacing or fixing, they did this by taking a photo and sending it to the maintenance team.

All staff receive mandatory training, and the manager explained that they have an amazing development department. Training is delivered via an eLearning system and face to face. Staff had received memory training which was enjoyed by all.

Staff also receive Oliver McGowan training; however, they do not receive Basic Sign Language (BSL) as they have no residents that are BSL users. The manager explained that before accepting a resident that required BSL they would engage with the family to see if they could facilitate the communication needs in the

interim whilst they got staff trained, if this was practical. If it wasn't, they would not be able to accommodate the resident.

The manager expressed that the home had multi-cultural staff that spoke several languages, which matched the multi-cultural residents.

The staff expressed that they would like to spend more time with the residents, however due to staffing levels this was not always practical. A relative expressed that “staff were sometimes busy and that residents had to wait for attention, as the home had several residents with high needs”.

Staff expressed that they received support from their peers and colleagues, however they were unable to express when they received one to one supervision.

It was observed whilst in the communal area that only one resident had a call bell which was situated on the table; when asking the other residents, they did not have a bell if they needed to summon assistance. This was raised with the manager at the end of our visit.

## Information

Throughout the home there are posters displayed on all activities provided throughout the month, these included various activities such as puzzles, singing, general knowledge quizzes, walking, gardening etc. It was observed that several residents were doing jigsaws. However, this was not accessible for all residents as the writing was small or the location, they were placed was not accessible for those in wheelchairs.

All residents were given a welcome pack which is left within their room; this was produced in English, but the manager expressed that this can be translated into other languages on request. Within the welcome pack it includes how residents / relatives can make complaints.

Events are communicated to families electronically as well as being displayed throughout the home.

It was observed that several staff did not wear name badges, and the ones that did the badges were not clear to read.

It was observed that there were no pictorial signs for bathrooms, communal areas.

## Choice

The residents we engaged with expressed that they did not always have a choice. One resident expressed “Got to go to bed, have no choice”, with another one expressing that they “don't like the food”. Due to the location of the home, not all residents are able to retain their own GP.

## Being Listened to

The manager expressed that they held quarterly meetings for relatives and residents, however the residents often get together, and these meetings could unofficially take place every few weeks.

The manager explained that they used an electronic system to record compliments / complaints. Residents / relatives can speak to any member of staff including the manager to share any compliments or concerns. If they receive a complaint, they send an acknowledgement within 48 hours and undertake an investigation and will respond within 28 days.

The Authorised Representative asked how they share their lessons learnt from the compliments / complaints, and the manager told us that there was a “you said, we did” in the main reception. However, this was not observed by the Authorised Representatives, although there were results from a survey that had been conducted on display.

## Being involved

It was observed during the visit residents were taking part in the book club. We engaged with some of the residents who shared that they read a paragraph and then discuss it, “really enjoy this activity”. They also shared that they enjoy the choir that takes place on a Thursday. However, one resident expressed that they are “not able to join activities”.

We observed residents doing jigsaws in the dining room. One resident had a table with a jigsaw on it in front of them, however the resident was unable to do the jigsaw themselves, and we did not observe any staff assisting.

The manager explained that they have re-established their links with the local nursery. The children visit once a week and both the residents and children enjoy the visits, with lots of laughter and strong bonds being formed.

## Current Challenges for the home

The manager expressed that the voluntary embargo is their main challenge, as they have had issues with medicine management particularly around stocking; improvements have been made but the manager wants to be 100% safe before the embargo is lifted.

The staff expressed that staffing was the current challenge for the home for both days and nights.

## Recommendations

- Consider introducing Basic Sign Language (BSL) level 1 for all staff.
- Ensure that all visitors, relatives, and residents know who the staff are by the staff always wearing a name badge and having photos of each staff member and their roles on a notice board. Name badges to be in the format of “My name is” yellow badges.
- Consider the upkeep of all the garden areas is maintained so residents are able to enjoy them.
- Consider ensuring that all communal areas and facilities have pictorial signs on them.
- Consider having a “you said, we did” board for all residents and relatives to see what has changed from compliments, complaints etc, ensuring it is in a position that is easily visible.
- Ensure all the hand sanitisers are full and working.
- Consider having dates on the love2care cards to indicate how recent the reviews are.
- Consider storing the residents’ wheelchairs somewhere other than the conservatory.
- Consider ensuring staff are aware of their supervision, who completes it and how often.
- Consider ensuring staff have more time to spend time with the residents.
- Ensure that all residents are able to call for assistance when required, especially when they are in the communal areas.
- Consider engaging with all the residents around their likes and dislikes, especially around food, as the menus are planned in advance.
- Consider engaging with residents around the time they would like to go to bed.
- Ensure all residents are able to join in the activities if they want to.

## Provider feedback

### Recommendations

- 1. Consider introducing Basic Sign Language (BSL) level 1 for all staff.**
  - We are currently focusing on the training needed to meet our current resident needs, and as discussed with our manager we currently do not have any resident that requires BSL but would address this if the situation changes.
- 2. Ensure that all visitors, relatives, and residents know who the staff are by the staff always wearing a name badge and having photos of each staff member and their roles on a notice board. Name badges to be in the format of “My name is” yellow badges.**
  - We were aware that some staff did not have name badges and they had been ordered prior to your visit, however we have completed a full review and ordered for all that were currently without a company badge and we will continue to monitor compliance in this matter.
- 3. Consider the upkeep of all the garden areas is maintained so residents are able to enjoy them.**
  - Although this garden is also maintained by our regular gardener, we accept the planters could do with being refreshed and have addressed this with them to make this a focus on their next visit.
- 4. Consider ensuring that all communal areas and facilities have pictorial signs on them.**
  - We currently do not provide pictorial signs within Wrekin and Wellington areas however we will be reviewing this for some areas over the next few weeks.
- 5. Consider having a “you said, we did” board for all residents and relatives to see what has changed from compliments, complaints etc, ensuring it is in a position that is easily visible.**
  - We keep our residents informed following their participation in the annual survey and feedback to them in a meeting to discuss any shortfalls and good practice, and feedback from complaints is given directly to the resident concerned, where there is commonality amongst complaints, we will feed this back to both residents and staff at their meetings. We display in the lobby our feedback from our surveys for all to see what has been identified and our actions taken. On completion of this year’s survey we will also display within our reception area and within the home for residents to freely access within the home.

6. **Ensure all the hand sanitisers are full and working.**
  - We cover reception with three points where hand sanitiser can be accessed therefore when one is out of order and reported we will replace the same day, but still leaving 2 access points for residents, staff, and visitors to utilise. We have additional supplies to supplement other areas of the home immediately where current supply is disrupted. We will remind our housekeepers that these need to be checked and topped up as required during their daily checks.
7. **Consider having dates on the love2care cards to indicate how recent the reviews are.**
  - All cards on display were for the current month only as they are taken down for judging once the month is finished.
8. **Consider storing the residents' wheelchairs somewhere other than the conservatory.**
  - We appreciate that storage is frequently an issue within care homes, and we are looking for alternative space for storage that is easily accessible to our residents.
9. **Consider ensuring staff are aware of their supervision, who completes it and how often.**
  - Supervisions are every 3 months and appraisals once per year, we keep a matrix to track who has recently undertaken a variety of group supervision sessions, and our bursars distribute a list each month of those staff who are due their supervisions and forward this to their supervisors for action. We are also re-distributing information to reiterate who is responsible for delivering their supervision. We will continue to drive and monitor completion in a timely manner.
10. **Consider ensuring staff have more time to spend time with the residents.**
  - We agree this is a busy home and note that our staffing levels are currently above the norm for care homes, this is in part due to have not reduced our staffing to match the exact reduction in resident numbers over the past months. It is worth noting that our call bell response time throughout the home indicate minimal waits over 5 minutes, for example on 10.08.2023 there were 3 responses over 5 minutes out of 136 calls with the average response being 1 minute 29 seconds.
11. **Ensure that all residents are able to call for assistance when required, especially when they are in the communal areas.**
  - Residents have their own call bells in their room and every effort is made to ensure they are within reach at the point the staff leave the room. We have residents that choose not to use their call bells but prefer to call out which is documented in their care plans. Communal areas are monitored by staff who are interacting with residents and will respond as required.

Where residents are either unable to reach or use call bells this is detailed in their care plan.

**12. Consider engaging with all the residents around their likes and dislikes, especially around food, as the menus are planned in advance.**

- Residents Dietary sheet is completed on admission, and reviewed as required or monthly, a copy of which is sent to the kitchen to inform the Chef what IDDSI levels the residents require. Our chef also meets and greets all new residents to discuss individual dietary needs as well as likes and dislikes and how we can meet their individual needs. The issue of food is also raised regularly at the residents meeting with residents and is generally positive and with any issues raised with the Head Chef to establish where we can improve service. The Chef also meets with the residents as part of residents of the day

**13. Consider engaging with residents around the time they would like to go to bed.**

- In respect of going to bed the care plans indicate both a time of preference for going to bed and in getting up, we will monitor to ensure this is practically applied.

**14. Ensure all residents are able to join in the activities if they want to.**

- All new residents are met with our SLC who explores each resident's like and preferences which is entered into their activities care plans, and from this information we can tailor activities. We currently have a new Social Life Coordinator starting with us in the next couple of weeks which will have an additional impact on the delivery of activities to our residents.