

Inspection Report on

Morgana Court and Lodge

Morgana Court Porthcawl Road South Cornelly Bridgend CF33 4RE

Date Inspection Completed

25/11/2024



About Morgana Court and Lodge

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	Silvercrest Care Homes LTD
Registered places	63
Language of the service	English
Previous Care Inspectorate Wales inspection	[25/11/2024]
Does this service promote Welsh	This service is working towards providing an 'Active
language and culture?	Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living at Morgana Court and Lodge are happy with the care and support they receive from care workers. Medication is stored and administered safely. Risk assessments help to identify and manage areas of concern. Care documentation is reviewed regularly to ensure it remains current. People told us they are happy living at the home. People's relatives also provided complimentary feedback regarding the service their loved ones receive.

Care workers are trained to meet the needs of the people they support and feel supported by the management. The Responsible Individual (RI) has oversight of the service and quality assurance monitoring takes place. Relevant policies and procedures are in place and updated when necessary. The environment is clean and well-presented. Regular audits and an ongoing maintenance programme ensure the environment is safe. Bedrooms are personalised and well presented.

At this inspection we identified an area for improvement in relation to standards of care and support. We found people are not always receiving support in a timely manner, and care recording information is not always accurate.

Well-being

People are listened to and have influence over the care they receive. People have a voice and are treated with dignity and respect. People can choose where and how to spend their day. Visiting arrangements for family and friends are flexible. People told us their families and friends can visit when they choose. Nutritional needs are considered and met well. People benefit from a balanced diet and varied menu. The management team and RI gather regular feedback to ensure the care provided meets expectations.

There are daily activities people can participate in if they choose to do so. Activities are person-centred and consider the health conditions and needs of individuals in the home. There is a monthly timetable to tell people what activities are happening and when. People are supported to maintain and improve their health and well-being through access to specialist care and advice when they need it. Care staff promote people's physical and mental health. They liaise with external health professionals and arrange appointments when needed.

People live in an environment that supports them to meet their needs. There are sufficient communal areas available. Suitable mobility aids are in place to help people where needed. A clean, comfortable environment helps support people's well-being. The home is well maintained.

Care and Support

Improvements are required to ensure care and support is provided in a safe dignified manner. We looked at a selection of documentation and found daily monitoring charts are not always completed in a timely manner. Repositioning charts are not always completed within the time frame stated. We saw lengthy response times to call bells which will impact on people. These require improvements. We discussed these issues with the management and have issued an area for improvement. We expect the provider to take action.

Assessments are completed prior to people coming into the home. This ensures the service is able to meet individual needs and support people to achieve personal outcomes. There is an electronic care planning system in place providing support plans for all aspects of the individuals' physical, mental and emotional well-being. Regular reviews take place, but work is needed to ensure that people or their advocates are involved in the review of the plans. We saw people have access to a range of activities they enjoy which promote inclusion and social interaction. On the day of inspection, we saw care workers providing a range of activity choices in a relaxed environment. We saw positive interactions between care workers and people.

People we spoke to provided positive feedback regarding care workers. One person said, "the staff are absolutely excellent, they never rush me, I do things at my pace" another person said, "the staff are very nice, they always do their best". Positive feedback was also received from people's relatives, one relative said, "the staff are absolutely brilliant, all very helpful", another relative said "I'm very pleased, the nursing staff are excellent, and the care staff are also very good".

Deprivation of Liberty Safeguards (DoLS) authorisations are in place for people who lack mental capacity to make decisions regarding their care and support. These authorisations ensure the care and support provided, which may deprive people of their liberty, is legal. We looked at a number of medication administration recording charts and found some medication recording errors which has been addressed with the management team. Medication audits are in place. Medication is securely stored and can only be accessed by authorised personnel. People receive their medication as directed. Care workers receive relevant training and follow a medication policy promoting safe practice.

Environment

People receive care and support in an environment which is adapted to suit their needs. All bedrooms have ensuite toilet facilities, bedrooms are individualised to people's tastes, containing photos and decorations which make the environment feel homely and familiar. There are a range of lounge areas, where people can choose to spend their time. Communal areas are well presented, clean and comfortable. On the day of inspection, we observed people enjoying and undertaking activities in communal areas. They appeared happy and enjoying participating in activities. The home is clean and tidy throughout, care workers follow daily cleaning schedules to maintain good levels of cleanliness and hygiene. The home has a garden which provides a safe space for people where people can relax or participate in activities.

Substances hazardous to health are stored securely and there are no obvious trip hazards. The service has been awarded a score of five by the Food Standard Agency this suggesting hygiene standards are very good. A sufficient supply of personal protective equipment is in place. People's personal information, together with employee personnel records, are stored safely, and are only available to authorised members of the staff team.

Ongoing checks and maintenance ensure the environment remains safe. We saw records of routine utilities and equipment testing. Fire safety tests and drills are completed regularly. Personal emergency evacuation plans (PEEP's) provide guidance on how people should be safely evacuated in the event of an emergency. A maintenance worker is employed to carry out routine health and safety checks and general repairs. Substances hazardous to health are stored securely and there are no obvious trip hazards. Repairs to the property are completed in a timely manner. People are safe from unauthorised visitors entering the building. All visitors have to ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving.

Leadership and Management

Care workers feel supported within their roles and are trained to meet the needs of the people they support. Care workers we spoke with said they enjoy working at the service and provided complimentary feedback regarding the manager. Some told us "the manager is very good, very supportive", "she is a great manager, she listens and communicates well". We saw supervision and appraisal records which show care workers receive the required levels of formal support, which corresponds with the positive feedback we received. Overall, staff recruitment files contain the required information and checks to ensure they hold the necessary skills and are of good character. Care workers are registered with Social Care Wales (SCW), the workforce regulator.

Records show staff have a good induction and training. Care workers told us they receive sufficient training to carry out their duties effectively and safely. Training information shows care workers are compliant with their training requirements. There is a clear staffing structure in place. All staff we spoke with understand their roles and responsibilities. There are systems and processes in place to monitor, review and improve the quality of care and support provided. The manager has oversight of the service. Policies and procedures underpin safe practice, are kept under review, and updated when necessary. We saw the RI regularly meets with people and staff to gather feedback to inform improvements. The quality of care provided is reviewed in line with regulation and a report is published on a sixmonthly basis. This report highlights what the service does well and any areas where improvements can be made. Complaints, reportable incidents, and safeguarding matters are recorded and processed in line with policy. Other written information we viewed included the statement of purpose and service user guide. Both documents are reflective of the service provided and contain required information.

	Summary of Non-Compliance
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

	Priority Action Notice(s)	
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

	Area(s) for Improvement	
Regulation	Summary	Status
21	The service provider must ensure that care and support is provided in a way which protects,	New

promotes and maintains the safety and well-being of individuals.
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