



## Inspection Report on

**Morgana Court and Lodge**

**Morgana Court  
Porthcawl Road  
South Cornelly  
Bridgend  
CF33 4RE**

## **Date Inspection Completed**

04/11/2022

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## 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	<a href="#">[Manual Insert]</a> 2.2.2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive support from nurses and care workers who are kind, committed and familiar to them. There are positive relationships between residents and staff who understand the needs of the people they care for. Personal plans set out people's care and support needs. However, improvements are required to ensure all daily checks are recorded, and people are involved in the review process. A good variety of freshly cooked meals are served, and people are being stimulated in a range of in-house activities. People are cared for in a warm, clean and comfortable environment that meets their needs. Nurses and care workers generally feel supported, but the provider must ensure that staff have the required level of formal supervision and training. Safe recruitment checks are completed and care staff complete a thorough induction programme. However, Disclosure and Barring Service (DBS) checks must be completed in a timelier way. Policies and procedures maintain the safety and well-being of people who live at the service. The management team are committed to the ongoing development and improvement of the service. The manager of the service has been in post for six months. The responsible individual (RI) has an oversight of the service and quality monitoring audits are completed.

## Well-being

People can be confident that their physical and emotional needs are being met. Staff provide care with warmth, kindness and have a clear understanding of the support needs of people. Care documentation within the service is informative and up to date. Care plans are person centred, detailed and clear to follow. Care staff and nurses have a very good knowledge of people and are therefore able to notice any changes quickly and respond promptly. People are supported to access external health care and advice and put this into practice. People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. Healthy and nutritious meals take in to consideration people's dietary needs. People living in the home and their relatives told us they are very happy with the care provided at Morgana Court and Lodge.

There is good oversight of the service. Routine visits by the service's responsible individual (RI) take place and regulatory reports are completed at the appropriate time. Some improvements are required to ensure care staff receive quarterly supervision and regular training. Further improvements are required to ensure all staff have a valid Disclosure and Barring Service (DBS) checks.

There are systems in place to protect people living in the home. Access to the home is for authorised persons only. Visitors are asked to sign when they enter and leave the property. The home is clean throughout and staff practice good infection control as required. Staff understand their safeguarding responsibilities and feel confident in raising concerns with management. Staff access policies and procedures for clear guidance on the protection of vulnerable adults.

People live in suitable accommodation, which supports and encourages their well-being. People's own rooms provide space for them to spend time on their own, if they wish do so. Individual's rooms are personalised, suitably furnished, and encourage their independence. The environment is safe, free from hazards and well maintained. Safety checks are completed when required and there is a fire risk assessment in place. Alarm testing and fire drills are completed and people have personal emergency evacuation plans in place. Management audits are completed in a variety of areas to monitor any possible issues or risks and respond accordingly. Refurbishment of the Lodge has taken place and is now open.

## Care and Support

Nurses and care workers know the people they support well and interact and engage with them in a warm and friendly manner. Although there have been some changes in the staff team, some people working at the home have been there for many years. We found there to be a busy and chatty environment, with all staff engaging in conversation with people and encouraging them to interact with each other. There are wellbeing co-ordinators in the home who set up activities for people who spend their time communally in the lounge. They also go to people who need to, or choose to, stay in their rooms, for individual chats and activities.

Personal plans are centred on the needs of people as individuals. Plans give personal detail and instructions according to people's needs. Plans and assessments are updated monthly. However, we found little evidence that people and their representatives are involved in the review process. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Risk assessments are in use to ensure people are cared for safely, these are updated monthly. Healthcare professional visits and appointments are documented and any resulting instructions acknowledged. People at high risk of falls are risk assessed and have safety equipment such as low beds and falls mats in use. However, food and fluid charts are not always correctly completed. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Staff confirmed that care records are easily available, and they are informed of any changes. We spoke with a visiting professional who told us they have no concerns and "*communication is really good*" and "*advice is always followed.*"

The service has systems in place for the management of medication. Medication stock is stored appropriately, and staff carry out the relevant temperature checks daily. At present people's medication is stored in locked cupboards. We found no gaps in the medication administration records (MAR). Controlled medication is also appropriately stored and recorded. There is a medication policy in place containing guidance on the administration of 'as required' medication (PRN). People have access to healthcare and other services to maintain their health and well-being.

The service takes reasonable steps to identify and prevent the possibility of abuse. Care workers recognise their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure, and said they were confident to approach the manager and RI if they needed to. There is a current safeguarding policy for all staff to access and follow. When asked if people were safe a relative confirmed "*oh yes definitely*" and "*they are good here.*"

## Environment

There is evidence the service provider is investing in the environment. Extensive work to improve and enlarge the communal areas in the lounge and dining room has been completed. We saw people enjoying the new space. We also saw evidence of ongoing repairs and refurbishment; new flooring is due to be fitted in the corridors. The ground floor clinical room is in the process of moving to a different area within the home. We found it less cluttered than previously seen and is now locked when not in use. The laundry facilities are suitable to meet the needs of people living in the home. Substances hazardous to health are stored safely and communal areas are uncluttered and free from hazards. The kitchen is inspected by the Food Standards Agency and currently holds a rating of 5 (very good).

Confidentiality is maintained throughout the home. People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely in the nurse and residential office's and are only available to authorised staff. Personnel records are securely stored in the receptionist's office.

Actions are taken to reduce risk to people's health and safety. Health and safety audits are completed, and the RI quality monitoring reports consider any issues or concerns with the environment. There is a maintenance person employed, who completes small repairs around the home and does regular fire alarm and equipment checks. On the day of inspection the fire alarm was accidentally activated, leading to a fire drill where the fire brigade attended. Staff acted quickly, professionally and ensured the residents safety and wellbeing. People living at the home have personal emergency evacuation plans detailing the assistance they would need in the event of an emergency. External contractors' complete larger jobs and a rolling schedule of servicing and maintenance of facilities and equipment.

## Leadership and Management

People receive support from staff who are knowledgeable, however the frequency of training requires improvement. Discussions with staff evidence they have a good understanding around safeguarding and feel able to approach management with any concerns. Overall, staff have a good understanding of key policies and told us they feel skilled in carrying out their duties. However, the training matrix we viewed did not evidence all staff have completed core training, which is essential to ensure staff maintain safe practice. While no immediate action is required, this is an area for improvement and we expect the provider to take action. From supervision records we viewed; it was evident that staff do not receive supervision in line with regulatory requirements. This means there is insufficient opportunities for them to reflect on their practice, discuss any issues and ongoing development needs. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Care workers spoken with feel valued in their roles and are complimentary of the new manager. Staff say they feel supported and that morale at the home is improving. They also told us that they are able to talk to management, who are all approachable. Staff told us “I just love it so much, it’s my second home”, “I love the banter with the residents” and “I love my job.”

The statement of purpose and service users guide accurately describes the current arrangements in place. This includes the service’s accommodation, referral and admission process, the type of care and support available and ways in which it is working towards providing a Welsh language service provision. There is regular communication between the manager and RI. We found people; family and professionals give positive feedback about the care provided. We were told “*we were lucky to get her in here*”, “*it’s a very nice place to be if you have to be in a place like this*”, “*everyone is very friendly, they would do anything for you*” and “*they are lovely, every one of them.*”

Overall, a robust recruitment process demonstrates care workers have the appropriate skills, qualifications and good character to undertake their role. Care workers’ recruitment records contain all of the required information including Disclosure and Baring Service (DBS) checks and references from previous employers. However, we found that DBS renewals are not completed in a timely manner. We notified the provider that they are not meeting legal requirements and we will follow this up at the next inspection. When commencing employment, new care workers complete a probationary period where they have an induction and the opportunity to shadow experienced members of the team. This process helps to safeguard people by ensuring new employees are suitable to work with vulnerable people.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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36	The provider is not fully complaint as not all staff have regular supervisions and receive appropriate training.	New
35	Not all staff have a current and valid DBS check	New
59	Not all food and fluid charts are completed as required.	New
16	People or their representatives are not involved in the review of their personal plans	New
35	Staff records were incomplete. Ensure staff personnel records contain all the relevant information and are made available at the service for inspection.	Achieved
44	The clinical room required decluttering to ensure the care and support needs of people are met safely	Achieved
15	The provider is restricting people's right to have visits from friends and family.	Achieved
23	The provider has not consulted with people in regard to visits from family and friends.	Achieved



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