



# Inspection Report on

**Morel Court**

**Raisdale Road  
Penarth  
CF64 5BN**

**Date Inspection Completed**

*27/07/2023*

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## About Morel Court

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Methodist Homes
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	01 October 2020 <a href="#">Click or tap here to enter text.</a>
Does this service promote Welsh language and culture?	This service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and cultural needs of people who use or may use the service.

### Summary

Morel Court Care Home can accommodate 36 residents with residential and personal care needs. This inspection was unannounced. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. There is an application for a new responsible individual (RI) for the service in process.

The managers are visible and engaged in the day to day running of the service. Systems are in place to ensure the quality of care and support are provided. Care documentation reflects the care and health needs of people living at the home which is in the process of changing to an electronic system.

People receive good care and support from a friendly staff team. There are sufficient care staff to provide care and assistance with arrangements in place to cover any staffing shortfalls. People live in a pleasant environment which is suitable for their needs, with a scheduled refurbishment plan in place. Activities and support in accordance with people's interests and wishes are available on a daily basis.

The home environment is secure. People are consulted about the care and support they receive. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home.

## Well-being

People are safeguarded and protected from harm. Care staff are trained in safeguarding of adults at risk of abuse and have policies and procedures to guide them. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. There is a safe recruitment process. The service makes safeguarding referrals when required and notifies Care Inspectorate Wales (CIW) of any notifiable events in a timely manner.

People have extremely positive relationships with staff and are supported to achieve their personal outcomes daily. Care and support is personalised to enable people to achieve their personal outcomes. People told us they are happy living at Morel Court and enjoy positive relationships with staff. Comments included *"It is lovely living here, there's lots to do every day"* and *"staff are kind and very good to us, the food is very good"*. Care staff are very happy and enthusiastic about working at the service. Comments included *"I have been here many years and feel really supported by the managers here"* and *"I love my job; we are a really good team"*.

The service is suitable for the needs of the residents living at the home and management ensure it is a safe place for people to live, work and visit. Management oversees the training and supervision needs of care staff. Team meetings take place specific to each workers role. The service is in the process of registering a new RI and management demonstrate appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose.

People are supported to have control over their day-to-day life. People follow their own routines each day with support and encouragement from the staff team. The care staff we spoke with are familiar with people's individual preferences and these are reflected in the care documentation. People told us they are listened to, and their views and opinions respected,

People are safe and receive extremely good care and support. Their wishes and aspirations are considered and care staff demonstrate a friendly approach. Care documentation supports the delivery of care and support. We identified some areas for in documentation required review however, we were told the new electronic system is due to be implemented within the next few weeks. People are encouraged to have visitors to the home and supported to stay in touch with important contacts.

Measures are in place to promote high standards of practice throughout the home. Management shows good oversight of incidents, accidents, complaints and safeguarding matters. A statement of purpose is present which accurately reflects the service.



## Care and Support

Care staff interact with residents in a friendly and respectful manner. People's choices are extremely well promoted. For example, regarding meal options, how people are encouraged to spend their time during the day with a range of meaningful activities available seven days a week. Care staff have good knowledge of people's wishes, needs and how to respond to them. People we spoke with are happy with the care and support provided. We spoke with one resident who told us. *"I'm very lucky living here, I've been in hospital and I'm really glad to be home"*.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicate they feel safe and secure around the care staff who support them. People told us they felt safe and secure living at the service. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records we saw evidence staff have received up to date safeguarding training.

People have timely access to health and other services to maintain their ongoing health and well-being. Information within people's care files evidence referrals and contact with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management. Care and support are designed through involvement with people and tailored to achieve personal outcomes and wishes. We identified further consistency in the care documentation could be made. However, the manager told us this would be captured with the new electronic system. The service has systems in place for safe medication management. People receive their medication as prescribed. We looked at the medication administration records (MARs) and saw they are appropriately completed. Fridge and room temperatures are recorded daily by staff and we saw the medication room to be clean and well organised.

People are able to participate in an excellent range of social activities within the home. This includes, a daily quiz, singing, memorabilia, recent special anniversary celebrations. We were told about the recent 'filming' at the home for animal rescue and were told about the adopted resident cat which gives a 'homely' feel and which residents enjoy chatting about. The activities staff told us residents get to enjoy regular outings of their choice which included trips to Cardiff market, shopping trips, day trips to the seaside as well as a recent celebration at the home which every resident thoroughly enjoyed. People told us about the special day and showed us the photographs of the event telling us *"we love a good party here"*.

## Environment

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy time with others or spend quiet time. Bedrooms are personalised with items of people's choice and personal belongings. There is a large, pleasant dining area and garden areas which gives the home a pleasant feel and where people enjoy spending time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry.

People are protected from environmental health and safety risks. There are four floors to the home, each accessible via a passenger lift. The home offers suitable accommodation for the residents and management has shown a commitment to developing and improving it for their benefit. People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection.

People are cared for in a clean and homely environment. However, there are signs of general wear and tear in different areas of the home, which are in need of some attention. The manager told us of the ongoing schedule of works due to be carried out which included all bedroom doors due to be replaced, the entrance to the home refurbished and redecoration throughout with arrangements for the work to be completed. Call bell checks are routinely carried out but we found several call bells missing in communal areas throughout the home. The manager told us these will be replaced immediately.

Management oversees the home's health and safety requirements. From our walk-around we noted window openings that may potentially pose a risk to residents are secure. Staff carry out regular safety checks and we saw each person had an up-to-date emergency evacuation plan (PEEP) in place. There is a fire risk assessment and care staff have training in fire safety and manual handling with all current training up to date. Environmental audits to ensure areas are clean and safe are carried out and all shortfalls addressed immediately.

We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were stored securely in lockable areas.

## Leadership and Management

People and staff have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

There is evidence of suitable oversight and governance. There is an application in process for a new RI and we saw regular visits to the home are carried out with engagement with individuals, care staff and residents. They demonstrate quarterly oversight of resources and we saw the recent quality-of-care review. Systems and processes help promote the smooth running of the home. Management oversees incidents, complaints and accidents. The home carries out internal audits to monitor standards and practice. We found regular auditing ensured residents health or any deterioration has been recognised and acted upon. Daily handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw they are up to date and reviewed.

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process. We looked at three staff recruitment files and saw they contained all the pre-employment checks required in respect of any person working in regulated services. The service managers have a visible presence in the home and described by staff as "*very supportive*" and "*approachable*", *always available for us*". Staff told us they feel able to discuss any concerns they may have with the service manager or deputy manager. care Staff told us they feel supported and have access to team meetings, have regular supervision and appraisals. This ensures staff receive feedback on their performance and support to identify areas for training and development in order to support them in their role. Care staff have access to an ongoing training programme and benefit from an 'in-house' manual handling trainer.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and informs people how to raise any concerns formally. Residents can be confident that the home is operated with their best interests at the forefront of care provision.



### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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