

Morton Gardens Limited

Morton Gardens LTD

Inspection report

139 Demesne Road
Wallington
Surrey
SM6 8EW

Tel: 02086479503

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Morton Gardens Ltd is a supported living service. It provides personal care to people living in a supported living setting with shared communal facilities and staff on site all time. At the time of the inspection three people were using the service who were also receiving personal care. People live in a detached house in a residential street and the service is run from a separate location which is registered with CQC. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service and what we found

The registered manager had not ensured people were always supported to have maximum choice and control of their lives and staff may not have supported people in the least restrictive ways possible and in their best interests. The registered manager was experienced, having owned and led this service for several decades under different providers with different directors. They understood their role and responsibilities overall, as did staff, although their knowledge of the Mental Capacity Act 2005 (MCA) could be improved. In addition, while there were good quality assurance processes in place to oversee the care people received, these were not always used effectively and had not identified the issues relating to the application of MCA, that we found during the inspection.

People received the right support in relation to risks, such as those relating to eating and drinking. There were enough staff to support people safely and most staff had worked in the service for many years so people benefited from consistency of care. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the registered manager had good oversight of this with checks and audits.

Staff felt well supported by management and received the training and supervision they needed to meet people's needs. People were supported to maintain their mental and physical health and advice from health and social care professionals was followed. People received food and drink they enjoyed, and staff monitored people's weights to identify any concerns promptly.

People were comfortable with the staff who supported them, and staff knew people's needs well. Staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences which the registered manager knew from working with them for many years. Care plans were person-centred and contained reliable information for staff to follow. Relatives

and visitors were encouraged to raise any concerns or complaints. The registered manager engaged and consulted staff through team meetings and supervision and with relatives through regular contact.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This was the first comprehensive inspection since the service registered with us March 2020.

Why we inspected

This inspection was prompted because services which are operational require an inspection at least after the first year following registration with us.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

The overall rating for the service is requires improvement. We have identified a breach in relation to the need for consent. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit when our monitoring systems indicate the need to do so. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Morton Gardens LTD

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection. We also needed to seek consent from people using the service for us to visit the supported living setting. The registered manager confirmed people lacked capacity to consent so made the decision for us to visit the scheme as this was in people's best interests through consulting with others involved in their care.

The inspection activity started on 5 November 2021 by visiting the supported living scheme. We met with the three people using the service, the registered manager and two support workers. We then made phone calls to two relatives and inspection activity ended on 19 November 2021.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any

statutory notifications received. The provider submitted a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection

During the inspection

We were unable to gather verbal feedback from people using the service. Therefore, we carried out observations to help us understand their experience of receiving care. We spoke with the registered manager, deputy manager, two support workers and we reviewed a range of records. These included care and staff records and records relating to the management of the service.

After the inspection

We spoke with two relatives of people using the service about their experiences of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The registered manager identified and assessed risks to people, such as those relating to eating and drinking and put clear guidance in place for staff to follow to reduce the risks. Staff understood how to help people manage risks well.
- Staff recorded accidents and incidents. The registered manager reviewed what happened so lessons were learnt to reduce the risk of reoccurrence and to check the person received the necessary support.

Using medicines safely

- People's medicines were managed safely. The registered manager assessed risks relating to medicines management and put guidance in place for staff to follow, approved by the GP, including for over the counter and 'as required' medicines..
- Staff received training in medicines administration with annual competency assessments to check they were able to handle medicines safely.
- We found stocks of medicines and medicines records were as expected which meant people received their medicines as prescribed.

Staffing and recruitment

- There were enough staff to support people safely and the registered manager and deputy were involved in daily care tasks.
- Staff recruitment was robust. The registered manager carried out recruitment checks including those relating to criminal records, references, fitness to work and identification.

Systems and processes to safeguard people from the risk of abuse

- We observed people were comfortable in the presence of staff and those able to, approached staff freely for assistance.
- The registered manager and staff understood their responsibilities in relation to safeguarding. Systems were in place to protect people from the risk of abuse including regular training so staff could recognise abuse and take the right action to protect people.

Preventing and controlling infection

- We observed staff followed safe infection control procedures such as personal protective equipment (PPE) usage. Staff had received training in PPE usage and infection control with a focus on COVID-19 to reduce the risk of the spread of infections.
- The registered manager carried out regular checks of infection control practices to ensure staff followed

current guidance and had access to a regular supply of PPE.

- The registered manager assessed risks related to COVID-19 for staff and people using the service to ensure risks remained as low as possible.
- Staff also received training in food hygiene and handled food safely which meant the risk of people becoming ill due to food borne illnesses was lowered.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's legal rights were not always protected and they were not supported to have maximum choice and control of their lives because staff did not always follow the principles of the MCA or national guidance.
- Despite having had training on the MCA, staff did not always conduct capacity assessments where it was believed people lacked capacity to make some specific decisions. These decisions included those relating to medicines and day to day finances.
- The provider had not followed best interest processes in line with the MCA and arranged best interests meetings in relation to these decisions. The purpose of such meetings is for relatives, staff and any professionals involved in the person's care to decide whether the decisions are in people's best interests. This meant that some decisions about people's care and treatment were made by staff when people may have been able to make those decisions for themselves or without fully following the process to make best interests' decisions on behalf of the people.

These risks to people were a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would carry out MCA assessments and best interests' meetings as soon as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider. Before providing care to people the registered manager met with them and reviewed any professional reports to check they could meet their needs.

- The registered manager continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care such as their relatives and healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see the healthcare professionals they needed to maintain their health including their GPs and hospital specialists.
- Staff received training in understanding people's health needs and care plans provided sufficient guidance for staff to support people with these. Staff monitored people at risk of malnutrition and followed plans from specialists to maintain their health.
- People received their choice of food and drink. A relative told us their family member gets enough drinks they enjoy. We observed a mealtime and saw people received food of their individual preferences.

Staff support: induction, training, skills and experience

- Staff understood their role and responsibilities and received training on key topics such as learning disabilities, communication and various health and safety topics. The provider supported all staff to complete the care certificate, a nationally recognised qualification showing staff understand what good care looks like.
- Staff received regular supervision with spot checks to check whether they required any further support to meet people's needs. Staff told us they felt very supported by the registered manager and deputy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were comfortable with staff, who were kind and caring. A relative told us, "I get the feeling the staff are fond of [my family member]." We observed staff sat at the same level as the person they were supporting to eat, went at their pace and encouraged them.
- Staff were not rushed and had time to engage with people, providing meaningful care. A relative said, "They talk to her a lot and they understand [my family member] well."
- Staff received training in equality and diversity and understood people's cultural, social and religious needs which were recorded in people's care plans for staff to refer to.

Supporting people to express their views and be involved in making decisions about their care

- Staff gave people choices using simple words people understood as well as showing objects to help people choose. Staff provided care in line with people's preferences, which they understood well, where people were unable to express their needs.
- Each person had a keyworker who checked their care met their needs and they were content with their activities and routines.

Respecting and promoting people's privacy, dignity and independence

- All people at the service had high support needs and relied on staff for most of their day to day activities. However, staff encouraged people to do as much for themselves as they wanted, such as eating independently with staff supervision and choosing their own clothes with guidance from staff.
- People's privacy and dignity was respected by staff. We observed staff were discrete in providing personal care and our discussions showed staff understood how to maintain confidentiality. Staff received training in this topic to help them understand their responsibilities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's individual needs and preferences were understood well by staff who worked closely with them, most for many years.
- People's care plans were person-centred. They detailed people's health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were kept up to date so they remained reliable for staff to follow.
- Care plans reflected people's needs and preferences which staff knew from working with them and through discussions with their family members and health and social care professionals.
- People were encouraged to do activities they enjoyed, and each person had an individual activity programme in place. A relative told us, "They're going out more now for activities out of the home which is what we wanted." Staff supported people to maintain contact with those who were important to them.

Improving care quality in response to complaints or concerns

- The complaints procedure was appropriate and relatives were made aware of this, although no formal complaints had been received in the past year. The registered manager worked with families to resolve informal concerns which had been raised.
- Relatives told us they had confidence the registered manager would investigate any concerns and respond appropriately. One relative said, "I have no grumbles at all!"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS and the registered manager told us key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them for staff to refer to.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the GP, the local hospice and others involved in their care if they needed to provide end of life care.

- Relatives were encouraged to think about how they would like their loved ones to be cared for at the end of their lives and this was recorded in advanced care plans as far as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had a system of audits to check people received a good standard of care. These included checks of all care records, supervision and training. However, these audits had not identified that the requirements of the Mental Capacity Act 2005 was not followed at all times which meant they did not know they needed to improve in this area.
- The registered manager was experienced in managing learning disability services and had owned and managed this service under a different provider alongside a second director for several decades. This directorship recently changed, and the location was re-registered under a different provider. Our discussions and findings showed the registered manager understood their role and responsibilities overall, although their knowledge of the MCA could be improved.
- The registered manager understood their requirement to send us notifications in relation to significant events that had occurred in the service, such as any events which stop the service and any incidents involving the police.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager promoted a positive culture through supporting staff to understand and meet people's needs well and including staff and relatives in the running of the service. A relative told us, "[The registered manager] is very approachable, I can phone her with any issues and she does follow through."
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People and staff told us the registered manager was open and transparent.
- The provider communicated with external health and social care professionals such as specialist nurses, GPs and occupational therapists to ensure people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always ensure care was provided to people with their consent and, if they lacked capacity to consent, to act in accordance with the 2005 Act.</p> <p>Regulation 11(1)(2)(3)</p>