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Morton Gardens DCA

Inspection report

139, Desmesne Road, Wallington, SM6 8EW

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection and took place on 9 February 2015. At our previous visit in June 2013, we judged that the service was meeting all the regulations that we looked at.

Morton Gardens is a service providing personal care and support for three people with learning disabilities living in supported living accommodation in the Sutton area.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and the associated Regulations about how a service is run.

Relatives of people told us they felt their family member was safe living at Morton Gardens. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards in order to keep people safe from harm or injury.

There were enough properly trained and well supported staff to meet people's needs. Relatives of people told us,

Summary of findings

and we saw that staff had built up good working relationships with people. Staff were familiar with people's individual needs and the choices they had made about the care they wanted to receive.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Relatives told us staff were kind and caring, and our observations and discussions with staff supported this. We saw they treated people with dignity, respect and compassion.

People had a varied and nutritious diet and choice of meals.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made all visitors feel welcome.

People had access to their local community and could choose to participate in a variety of in-house and community based social activities. We also saw staff encouraged and supported people to be as independent as they could and wanted to be.

Care plans were in place which reflected people's specific needs and their individual choices. Relatives of people were involved in developing and regularly reviewing their relations' care plans and we saw people were supported to make decisions about their care and support.

People using the service and their relatives were encouraged to give feedback on the service as there was an effective complaints system in place.

Relatives said they thought the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Staff told us they were clear about their roles and responsibilities. They had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff.

There were enough staff to support the people in their home and meet their individual needs. People were given their prescribed medicines at times they needed them.

The service had effective arrangements for the management of medicines to protect people against the risks associated with the administration of medicines.

Good



Is the service effective?

The service was effective. Staff were suitably trained and supervised and they were knowledgeable about the support people required and about how they wanted their care to be provided.

Relatives of people said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

Good



Is the service caring?

The service was caring. People were treated with compassion and kindness by staff who understood their needs in a caring and positive way.

Staff worked with people and their relatives to understand people's individual needs so that they could be actively involved in their care and support.

Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet. People and their families were included in making decisions about their care and relatives told us they were made welcome when they visited their relatives living at Morton Gardens.

Good



Is the service responsive?

The service was responsive. Care and support was centred on people's individual needs and wishes. Relatives of people were involved in developing and regularly reviewing their relations' care plans. Staff demonstrated a good understanding of people's individual needs and choices.

People, their relatives and friends were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place which staff were familiar with.

Good



Is the service well-led?

The service was well-led. People said they thought the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service.

Good



Summary of findings

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service.

Morton Gardens DCA

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2015 and was unannounced.

This inspection was carried out by a single inspector. We reviewed the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service,

including what the service does well, what they could do better and improvements they plan to make. We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with one person who uses the service, two relatives of people who use the service, the registered manager and two staff members. We observed the provision of care and support to people living in their home. We looked at three people's care records and two staff records and reviewed records related to the management of the service. After the inspection visit we spoke on the telephone with a commissioner from the London Borough of Sutton who commissioned and monitored the care provided to one of the people who used the service.

Is the service safe?

Our findings

Relatives said they felt their relations were safely supported by the service in their home at Morton Gardens. One relative said, "I feel they are well looked after, they are safe and they are happy." Another relative said, "They are well looked after, I visit regularly and I'd know if they weren't cared for and safe." This was also evident from the relaxed, cheerful atmosphere that we experienced in the people's home during our inspection. The relationship between staff and people appeared to be trusting and free from fear. People were smiling when they interacted with staff and we saw that people felt safe with staff.

The service helped people to be protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. They described how they would recognise the signs of potential abuse and what they would do to prevent and report it, if it occurred with the people they supported. The staff who we spoke with listed the various types of abuse they might encounter and knew how they could escalate any concerns they might have.

We looked at records that showed what training staff had received. We saw all staff had completed safeguarding adult's training.

The registered manager showed us a copy of the Pan London safeguarding policy that was available for reference - "Protecting adults at risk; London multi-agency policy and procedures to safeguard adults from abuse". The registered manager was aware how to contact the local authorities safeguarding team if they witnessed or suspected anyone was being harmed or placed at risk of harm. We saw the provider had all the appropriate policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents.

Risks to people were being managed so that people were protected and supported. Care plans we looked at contained individualised risk assessments which identified the hazards people might face. These risk assessments had been drawn up together with the relatives of people and their care managers. We saw written evidence that

supported this and relatives confirmed they had been involved in the process. The risk management plans we saw provided staff with detailed guidance about how to support people to keep them safe.

Staff demonstrated a good understanding of the risk management strategies that were in place to prevent and/or minimise any identified risks for people. For example staff told us that they knew how to best support people when they went into the community for their chosen activities and how to enable people to have as much independence as possible in as safe a way as possible. We saw that these procedures had been agreed at care planning meetings and we saw evidence of this on people's files.

The service had other risk assessments and risk management plans in place to ensure identified risks were minimised so that people were helped to keep safe and staff protected. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw that the checklist had been maintained regularly.

The registered manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams. We saw examples of how the service learned from accidents and incidents and involved people in action plans. These included meeting with staff and relatives to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management actions to put in place that did not compromise the person's rights.

There were enough suitably qualified and experienced staff to keep people safe and to meet their needs. Relatives said they thought there were sufficient staff on duty to meet their needs. One relative said, "Whenever I visit there are enough staff working there." Another person said, "It's not been an issue, I believe there are always enough staff to help people living there." We spoke to staff about the rota and they told us they felt there was sufficient staff cover to meet the needs of the people they supported. The registered manager told us there were always one waking staff member on duty at night and the staff team would always be tailored to the needs of the client group and if the needs of those people increased so would the staff team, proportionally. We examined the staff rotas and this evidenced what we were told by the registered manager.

Is the service safe?

Staff files we inspected showed that recruitment checklists had been used appropriately to document all the stages of the recruitment process and to ensure that the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People's medicines were managed so that they received them safely. We found that there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines

cabinet. We looked at a random sample of medicine administration record (MAR) sheets. We saw that staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at. People received their medicines as prescribed.

Staff told us that they had received medicines training and their competence and knowledge of the policies and procedures to do with the safe administration of medicines was assessed by the registered manager before they were able to administer medicines. They were fully aware that they should always report any concerns they might have over medicines handling practices within the service. We saw records to show that staff received medicines training and that there were monthly audits of medicines to help to ensure the safe management of medicines.

Is the service effective?

Our findings

People were enabled to receive effective care because staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people they supported. We looked at staff records and found there was an appropriate programme of induction that covered roles and responsibilities and key policies and procedures. We saw evidence each member of staff had completed induction training before commencing full duties in the home.

We saw individual staff training information for each member of the staff team was kept on their individual staffing files. These files had a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had decided staff needed to do their jobs effectively. We noted that there was additional specific training that staff could access such as that for the Mental Capacity Act; epilepsy and autism, all useful additions to the training programme. Staff told us they thought access to training was good and the training they had received had helped them with their work.

The registered manager told us that all staff received regular formal supervision every six to eight weeks. When we spoke with staff they confirmed this and they said they had received regular supervision that they found helpful and supportive to their work.

Staff told us that they had received notes of their supervision sessions signed and dated. They said they felt well supported by the registered manager. We saw supervision notes for the staff whose files we inspected and we can confirm they were signed and dated by both the registered manager and the supervisee.

People were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with relatives that they were actively involved in supporting their family members to make more complex decisions about their care and support needs. Records showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented. Where people did not have the capacity to make decisions about specific aspects of their care and support, staff, relatives and healthcare professionals had discussed and recorded

where these had been made in people's best interests. The registered manager said that people's capacity to decide on important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests. This was corroborated by the care plan meeting minutes we saw.

Staff displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support.

We saw the service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. Training records showed all staff had attended training on the MCA which staff confirmed they had received. The policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent. All staff had signed to confirm they had read and understood them.

People were supported to have a health and balanced diet. Relatives said they thought people enjoyed the food that was provided for them. One person said, "The food is good, they get a varied diet and they enjoy it." Another relative said, "When I am there they seem to be enjoying their meals. I know they get asked what they want to eat, because I've been there at the time they were asked. They seem happy with it all."

A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and that different people had different things to eat at each meal, demonstrating that choices were offered. People's care plans included information about their nutritional needs and preferences. The registered manager said they tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet. They told us that food menus were arranged for four week periods.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People's health

Is the service effective?

care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health care plan.

Is the service caring?

Our findings

Relatives of people told us that the registered manager and the support staff were very caring of the people living at Morton Gardens. They said staff worked hard to maintain positive and caring relationships with them. One relative said, “The manager has worked with them for years and knows them really well, they are in such good, caring hands.” Another relative said, “They are good carers and they are kind.” Another said, “They are a great staff team, they are kind and caring, I have no concerns about the care they are getting at Morton Gardens.”

Two of the three people living at Morton Gardens had been cared for previously in the same hospital setting or group homes when they closed down along with staff who they had worked with for many years and who now worked at Morton Gardens. Relatives we spoke with told us staff knew their family members really well.

Staff treated people with kindness and compassion. One staff member told us, “I really enjoy my work with these people. It makes me happy if I know they’re happy.” Another said, “I’ve stayed in my job for so long because I love working with the service users.” Staff had developed valuable relationships with the three people living at Morton Gardens. Our observations and discussions with staff showed they had a good knowledge and understanding of the people they were supporting, and were caring and supportive. Throughout the inspection we observed that people received one to one attention from staff who demonstrated their concern and interest in them. We saw staff patiently spending time supporting people to eat when necessary, talking to them throughout, explaining what they were doing or about to do. Staff showed us they understood when people had had enough to eat from their body language and expressions.

People were supported to express their views and wherever possible make decisions about their care and support.

Relatives told us staff always listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel that they mattered and were understood by staff. There were two staff on duty at the time of our inspection and we saw that they interacted with people in a kind, respectful and professional manner.

Although people were not always able to express their preferences with regards to their care and support verbally, the service had worked with people over time to build up a picture of their likes and dislikes. These preferences had been recorded clearly in their care plans.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people’s bedroom doors before they went in. We observed that staff asked people what they wanted to eat and what they wanted to watch on television. Relatives told us that staff enabled people to decide for themselves first where ever possible about every aspect of their lives, such as with their personal care and the activities they wanted to do.

Relatives of people were given appropriate information regarding the care and support their relations received. They told us they had copies of their relative’s care plan and they were always invited to care plan reviews so they could represent their relatives appropriately and ensure care and support being given was appropriate.

Relatives we spoke with said they were always made welcome and there was no bar to them going to see their family member. Staff told us, and records evidenced that people were supported and encouraged to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and friends were invited. From our discussions with staff we could see they were welcoming and supportive to relatives who wanted to visit people.

Is the service responsive?

Our findings

People's relatives were very positive about the service and said their family members received support that met their individual needs. One relative told us, "It's marvellous to see how the staff have brought (my relative) on. They have totally transformed (my relative) and are doing a wonderful job in caring for them."

People's needs were assessed before they began using the service and care was planned in response to their needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately.

We looked at people's care plans and saw that each person had monthly assessments to check whether their needs were changing. This included monitoring of their health conditions. Although none of the people we met with were able to express their views and experiences on the assessment process, relatives we spoke with told us that they were always asked for feedback about their family member. One relative told us, "I have a lot of communication with the manager and staff. We have a lot of input, they have been marvellous!"

The service provided care to people to meet their individual needs and staff told us they had received training in person-centred planning. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Each person had an individualised activity programme, with people doing a range of regular activities according to their preferences.

Relatives of people told us (that their family member) was encouraged to make choices about their lives and about the support they received. They said that where this was not always possible staff would ask relatives to contribute

to the process to help enable staff to respect people's decisions and choices. One relative said, "I'm in contact with staff all the time. When it's needed the staff will ask me what I think my relative would like." Another relative said staff encouraged their family members to make informed choices about how they lived their lives. For example, one relative told us, "Staff help [my relative] decide what and where they eat and drink, have a bath or shower, what they wear and get up and go to bed." Throughout our inspection we saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to pursue social interests and activities that were important to them. Relatives told us staff often arranged interesting social activities for their family members to participate in if they wished. One person said, "My relative loves going to church on a Sunday. Staff go with (my relative) so that they can do this. [My relative] is helped to do other things they love to do such as hydro-therapy and going for a walk." Another relative said, "They go out quite a lot, the manager makes sure they have a good range of activities that they like to do."

Relatives we spoke with told us they were confident that if they raised a complaint it would be dealt with appropriately. One relative told us, "We bring up anything we are concerned about straight away. There are always talks and meetings to resolve issues, they are really great."

During our tour of the premises we were shown a complaints policy and procedure that enabled people and others to make a complaint or a compliment.

Staff who we spoke with were aware of the policy and how to assist people with the process if required to do so. Staff said, "We have to record any complaints we get and they are reviewed by the manager."

The review of complaints and concerns by the registered manager has provided them with the opportunity to improve the service appropriately.

Is the service well-led?

Our findings

Relatives of people we spoke with told us they were pleased that the registered manager encouraged their involvement with the care and support of their family members and to provide feedback about the service. One person said, “The manager seems keen to make improvements to the service where they are needed and encourages our comments.” They told us the registered manager made people feel welcome. One person said, “They care about how the service is run and they ask us for our opinions.”

We found staff were positive in their attitude and seemed to be committed to the support and care of the people who lived at Morton Gardens. The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff told us that this was a fair reflection. They said the service was forward looking and the registered manager supported the staff team to consider ways they could provide people with better standards of care and support. One staff member told us, “We are encouraged to discuss any issues and the manager listens.” Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or

team meetings and these were taken seriously and discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard.

Daily handover meetings helped to ensure that staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly audit to assess whether the home was running as it should be. For example the audits included checking whether documents such as people’s health action plans, support plans and risk assessments were reviewed and whether house meetings, staff meetings and one to one meetings with staff were taking place. We saw an action plan resulted from each monthly audit. Goals from the most recent audit such as taking additional precautionary safety measures in the kitchen had since been actioned.

In 2014 we saw there was a satisfaction survey sent to people and their representatives. The registered manager told us they analysed the responses and prepared an action plan where necessary to address areas that required improvements. The responses we saw were all positive in the feedback that was given.