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Morton Gardens DCA

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Morton Gardens DCA is a supported living service which provides personal care for people who have a learning disability living in shared accommodation. At the time of this inspection the service was providing personal care to three people with learning disabilities and other complex needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider assessed risks to people and ensured risks were managed well. People received their medicines safely. Staff followed suitable infection control practices and received training to understand their responsibilities. There were enough staff to support people safely and people received individual, personalised care.

Staff received the necessary training and support to care for people with learning disabilities and a range of other needs. People received the support they needed to maintain their day to day health and in relation to eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and treated them with dignity and respect. Staff involved people in their care. People received care from staff who knew them well and their care was personalised to meet their needs and preferences. Staff supported people to access a wide range of activities they were interested in, as well as annual holidays. Staff understood people's communication needs well. The provider had a suitable process in place to respond to any concerns or complaints.

An experienced registered manager was in post who was also a director of the company. Relatives and staff told us the service was well-led and the provider engaged well with them. The provider had sufficient oversight of the service, working alongside staff every day to check high standards were maintained.

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

Rating at last inspection

The last rating for this service was good (report published March 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Morton Gardens DCA

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

The inspection team consisted of 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 two days' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

The inspection site visit took place on 5 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We used the information the provider sent us in the 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met three people who used the service and spoke with two. As most people were unable to explain their views to us verbally we carried out observations of their care.

We spoke with a relative, two members of care staff, the registered manager and the deputy manager. We received feedback from a relative following the inspection.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found the service had not ensured a hoist was fully tested and safe to use. At this inspection we found the provider had improved their system for monitoring the safety of equipment and regularly checked the hoist was safe to use.
- Relatives told us staff supported people to manage their risks well. Our discussions with staff supported this.
- The provider assessed risks and put guidance in place for staff to follow. As an example, clear guidance was in place regarding supporting a person to mobilise safely, following guidance from an occupational therapist. Staff received training in this and the provider ensured necessary equipment was in place and suitable.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse and the registered manager understood how to respond to any allegations of abuse.
- Staff understood their responsibilities in relation to safeguarding and received training in this to keep their knowledge current.
- The provider told us there had been no accidents or incidents or safeguarding allegations in the past year. However, the provider understood the need to learn and improve when things go wrong and had systems in place to support this.

Staffing and recruitment

- People, relatives and staff told us there were enough staff to support people to meet their needs. We saw there were enough staff during our inspection and some people had individual care to attend activities in the community.
- The provider checked staff were suitable to work with vulnerable people. This included checks of criminal records, previous work history, proof of identification and right to work in the UK. The provider did not always check candidates were of suitable physical and mental health to work at the service and told us they would improve this.

Using medicines safely

- Our checks of medicines stocks and records showed people received their medicines as prescribed. ● Support plans were in place to identify individual support needs and records reflected when and how certain medicines were to be given.
- Staff understood how to administer medicines safely as they had regular training with annual competency

checks.

Preventing and controlling infection

- Staff received training in relation to infection control and followed best practice, including reducing the risk of food borne infections.
- Staff followed a schedule to ensure the service was clean and free from malodours.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were completed before people started using the service for the provider to check they could meet people's needs. The assessment process involved people and their relatives as far as possible.
- The provider continued to assess whether people's care met their needs, including through an annual review from social services.

Staff support: induction, training, skills and experience

- People were supported by staff who received regular training. Staff told us the training helped them understand people's needs.
- New staff were supported by existing staff following an induction programme.
- Staff felt supported by the management team and they received regular supervision and annual appraisal.

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

- People were supported to access the healthcare professionals they needed to maintain their health. A relative told us, "[My family member] has full access to healthcare professions, they're good at that."
- Staff knew people well and were able to recognise signs they were becoming unwell and seek support promptly.
- Staff understood and met people's individual dietary needs.
- People received food of their choice which they enjoyed and the provider promoted healthy eating.
- Records showed health and social care professionals had input in developing people's plans and reviewing care and support needs.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Although staff assessed people's capacity to make decisions they did not always record this where necessary. The provider told us they would improve and sent us a sample of suitable MCA assessments after our inspection. The provider involved relatives in making decisions in people's best interests and told us they would record this from now on.
- The provider was liaising with people's social workers and relatives to ensure legal authorisation to deprive people of their liberty was obtained where necessary.

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- One person told us they were happy with the service. Relatives told us staff treated people with kindness and knew people well. One relative told us, "It's very good, [my family member] is well looked after."
- Most people were unable to express their views verbally so we carried out observations to better understand their experience of using the service. We observed staff were patient and kind and spent much time ensuring people were comfortable and all their needs were met.
- Staff were aware of people's cultural and social needs and these were reflected in care planning.

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

- We observed staff encouraging people to make their own decisions where they had capacity. Staff knew people well and so they offered choices based on people's preferences. A relative told us, "They don't use agency staff, all staff know [my family member]."
- Our discussions with staff and our observations showed they understood how people communicated. For example, staff understood people's body language and facial expressions. Staff had also learnt to understand people's speech when this was sometimes unclear. A relative told us, "Staff know [my family member] well enough and what she's trying to communicate."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity when carrying out personal care. Our discussions with staff showed they understood how to maintain people's confidentiality and had received training in this.
- Staff supported people to be as independent as possible and we saw staff encourage people to do things for themselves where possible. Some people attended college to learn and maintain their skills.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care plans covered all aspects of people's care and support needs tailored to their individual needs and preferences.
- Staff understood people's care needs well and followed their care plans. This meant people received care based on their individual needs and preferences.
- Staff ensured people's care plans remained current so they reflected people's care needs well. A relative told us, "We're happy with the care plans and risk assessments and are involved in all the reviews."

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.

- We saw staff understood the different ways people at the service communicated and used different methods to communicate with them. For example, staff gave some people choices by showing them items while for other people they gave choices verbally.
- The registered manager ensured all staff had the same understanding of how people communicated by working closely with them.
- The provider recorded the different ways people communicated in their care plans so staff had clear information to refer to.

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

- One person told us they were provided with enough activities they were interested in. People enjoyed a wide range of activities both at home and in the community based on their preferences. A relative told us, "[My family member's] week is fairly well structured and she goes out most days."
- People enjoyed a holiday in the UK or abroad each year with people they knew from a local service.
- Staff supported people to stay in touch with their family members. For example, the provider supported a person to visit their family member outside London frequently. Relatives were encouraged to visit people at the service and we observed a relative was welcomed into the home when they visited.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place although the provider had not received any complaints since our last inspection.

- Relatives knew how to raise a concern if necessary and they had confidence the registered manager would investigate and respond appropriately. A relative told us, "[The registered manager] is very approachable, if anything wrong we can discuss with her."

End of life care and support

- The provider developed funeral plans for some people through discussions with the person, if they had capacity, and their family members.
- The provider was looking into advanced planning regarding how people would like to spend the end of their lives, following guidance from the local hospice.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager worked alongside staff and oversaw the service to check standards of care remained high, supporting staff practice and checking documentation.
- The service was led by an experienced registered manager who was also a director of the company. Relatives and staff were positive about the leadership and management of the service.
- The provider displayed the rating awarded at their last CQC inspection at the service. This was important as it helps inform people about the quality and safety of the service.
- The provider had not needed to submit any notifications of significant incidents to CQC in the past year, but understood the legal requirement to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider planned people's care openly and in partnership with them, as far as possible, and others involved in their care. This ensured care was centred on individual needs. The provider checked people's care continued to meet their needs through annual review meetings.
- The provider had systems to involve people and their relatives in any investigations if things went wrong, although this had not been necessary since our last inspection.
- The provider held regular staff meetings where they engaged and communicated with staff about service developments. Staff told us these meetings were useful and the provider listened to any suggestions they made.

Working in partnership with others

- The provider communicated well with external health and social care professionals, including review and monitoring officers from the local authority, to ensure people received the care they needed. We reviewed positive feedback from external health and social care professionals which the provider gathered during visits.