

# Cullum Welch Court

# Morden College

## 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

This inspection took place on 18 July 2016 and was unannounced. This was the first inspection of this service which was registered in 2015.

Morden College domiciliary care service and the provider Cullum Welch Court are part of Morden College, a long established independent charity, which among other areas, provides accommodation to older people.

This service Morden College domiciliary care is currently offered to beneficiaries of the charity who live independently in the charity community and who have personal care or support needs. They can then choose to have these needs met from this service or from another provider. At the time of this inspection there were ten people using the service.

There was a registered manager; a registered manager is a person who has registered with the Care Quality Commission 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 associated Regulations about how the service is run.

People told us they felt safe from harm and well cared for by the service. Care workers had received training on safeguarding adults, so they knew the signs of possible abuse. Possible risks to people were identified and guidance was in place to reduce risk. There were suitable arrangements to deal with a range of emergencies if needed.

People told us that their care workers were caring and kind and often went out of their way to support them. Most people had a small group of care workers, who they said knew their needs and preferences well. People said they were involved in decisions about their care and they were treated with respect and dignity at all times. There was a strong sense of mutual respect and of belonging to a community from people and the staff.

There were enough care workers and office staff to meet people's needs and the provider followed safe recruitment policies. Staff received suitable training and support to carry out their roles. People were asked for their consent before care was provided and staff was aware of their responsibilities under the Mental Capacity Act (2005). People's dietary needs were met, where they needed support to manage this. The service linked with health professionals to ensure people's changing health needs were addressed.

People had an assessed and written plan of care available in their homes; these were up to date and people told us they reflected their needs and individuality. People said they were involved in reviewing the plans and that any changes were updated in the care plan. There was a complaints procedure and people knew how to raise a complaint.

People and their relatives told us the service was efficient and provided consistently good care. It was a

small service with a stable management team who were in frequent contact with people and could be involved in the delivery of care. They were therefore familiar with people's needs. There were robust communication systems about people's needs and staff felt well supported in their roles. People told us they were asked for their views about the service and felt listened to and that the service considered any improvements that could be made. The registered manager and scheme coordinator were proactive in looking to improve the quality of the service.

## 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.

People told us they felt safe using the service. Staff received appropriate training about safeguarding people from abuse and knew how to raise an alert. There were systems in place to manage the administration of medicines, where this was required.

There were adequate numbers of staff employed and risks to people who used the service were identified and addressed to minimise the likelihood of them occurring. Procedures were in place to deal with any emergencies should they arise.

### Is the service effective?

Good ●

The service was effective.

People told us their consent was sought before they received care. Staff understood the requirements of the Mental Capacity Act (2005) Code of Practice and acted in line with this.

Care workers had received adequate training and refresher training in line with the provider's guidance. They told us they were supported in their roles. There was a suitable induction for new staff which included a period of shadowing.

Where needed people were supported to have enough to eat and drink. Any health needs were monitored and they were referred to relevant health professionals if their needs changed.

### Is the service caring?

Good ●

The service was caring.

People told us the care workers were kind, and considerate. There was a strong sense of community spirit from people and from the care workers who provided support.

People and their relatives said that they were involved in planning for their care, and their preferences and wishes were respected.

People told us their dignity was always respected and that care workers helped them to be as independent as they wanted to be.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and they had a plan of their care and support that addressed their individual needs. People said they consistently received the right kind of care and support to meet their needs and care workers were attentive to any required changes.

People felt their views were listened to and issues were addressed. There was a suitable system to deal with complaints.

### **Is the service well-led?**

**Good** ●

The service was well led.

People told us the service was well managed and efficient. Staff understood the ethos of the service. There was an effective communication system to ensure staff were aware of any changes.

There were systems to monitor the quality of the service and act on ways to make improvements.

# Morden College

## **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.

The inspection took place on 18 July 2016 and was announced. The inspection team consisted of one inspector. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected.

Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office for the service; we spoke with the registered manager and the scheme coordinator. We also spoke with two care workers. We visited and spoke with four people who use the service and their relatives to ask them for their views. We looked at five support plans and three staff files as well as records related to the running of the service such as daily notes, medicines records and policies and procedures.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and well looked after. One person told us "It's an exceptional service, we feel very safe in their hands." A relative said "It feels very safe, and it's reliable; the staff are gentle and kind and can't do too much for you."

Staff had completed adult safeguarding training and understood their responsibilities and what might indicate a safeguarding concern. They were aware of the provider's whistle blowing policy and what to do if they felt they needed to use this. There had been no safeguarding alerts raised in respect of the service since it was registered. The registered manager knew how to raise a safeguarding alert and was knowledgeable about her role in relation to safeguarding people from harm.

There were systems to ensure people received their care on time. Most people lived in close proximity to the office. Office staff were in regular contact with the care workers and care workers told us they communicated with the office if there were any problems and they were running late. People told us care workers were always on time and that care workers stayed the full length of the call and sometimes longer. One person told us "They are always punctual and there is never a missed visit. They stay longer if we need more help."

Risks to people were identified and plans made to reduce the likelihood of these occurring. There were arrangements to manage any emergencies. People had an emergency call number when they started to use the service. Checks were made for any environmental risks and office staff knew people's needs very well and were aware of who needed to be prioritised in any emergency. Care workers received first aid and health and safety training and told us they knew what to do in an emergency. The service used the emergency 'message in the bottle' scheme to ensure essential medical details about people could be found in an emergency by paramedics.

Care workers wore a uniform and name badge so that everyone would know they were from the service. There was an on call service run to provide support to care workers at weekends and at night. Care workers confirmed there was always a prompt response from the person on call if they rang for any advice. Care workers had guidance on lone working and additional security measures were in place for when they worked in the community in the evenings.

Individual risks were identified, assessed and guidance provided for staff on how to reduce the risks; for example any health risks or difficulties with swallowing. If someone needed support to mobilise a manual handling risk assessment was completed. Risks to people's skin integrity were considered and care workers were provided with guidance on how to reduce the risks. Risk assessments were reviewed regularly, and, for example, after a break from using the service, following a hospital stay. This ensured the plans reflected people's current needs and that care workers had relevant guidance in meeting people's needs safely. Care workers had a good understanding of the possible risks to people while they delivered care. However, while current care workers were familiar with the risks and what action to take to reduce risk; two care plans we looked at needed more detailed guidance in relation to the risks in case unfamiliar staff administered care.

This was addressed by the scheme coordinator during the inspection.

Where people were supported with their medicines, there were arrangements to ensure this was done safely. People told us they were assisted to take their medicines when needed. Care plans detailed people's health needs. Medicines administration records explained the medicines prescribed and the records were returned to the office to be checked for any errors or omissions. Care workers received training on the administration of medicines and told us that their competence to administer medicines was checked during their induction; although there was no detailed record of what had been assessed. However, new competency checks for all care workers were completed at the time of the inspection, to ensure there was a record to verify that care workers had the necessary skills to safely administer medicines.

People told us there were sufficient numbers of care workers to meet people's needs. They confirmed that they had a group of regular care workers and that any holidays or sickness was covered by the service without a problem. Care workers told us they had sufficient time to travel between calls and that there were enough of them to provide care and support to people using the service and they did not have to rush people to complete the support needed.

Appropriate recruitment checks were conducted before staff started work for the service. Staff files contained a completed application form with a full employment history, evidence confirming references had been obtained, proof of identity checked and criminal record checks carried out for each staff member. There was evidence of prospective employees being involved in a thorough recruitment process and this was confirmed by care workers.



# Is the service effective?

## Our findings

People told us they thought care workers were competent and knew what they were doing. One person told us "They do seem well trained and know what they are doing." A relative said "Yes, they are competent."

Care workers told us that they had received plenty of training to enable them to carry out their roles. One care worker told us "We get an excellent amount of training. You can always ask if you want more training and we talk about it in supervision." Another care worker said "They are very good about training here. I have done training on dementia first aid, food hygiene and safeguarding to help me." Care workers confirmed they received regular supervision and found this supportive. We saw from records that supervision included discussion of any training needs.

Care workers records confirmed that training was provided on a range of topics the provider considered essential, such as safeguarding adults, mental capacity, first aid and medicines administration. Other training was also provided for areas such as dementia care and refresher training on catheter care was booked. New staff were provided with an induction period of shadowing and training that followed the Care Certificate; a nationally recognised programme for care workers new to health and social care. Care workers who had recently joined the service told us they had been well supported to learn their new roles through their shadowing experience and training. There was also a specific induction for the service to ensure new care workers were familiar with how the service operated.

People's rights to make decisions were respected. People told us that the care workers asked their permission before they supported them. Care workers were aware of the importance of gaining consent from people to the support they offered and gave examples to demonstrate how they did this when we spoke with them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. 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 been made to the Court of Protection as required and were being met.

Care Workers had received training on the Mental Capacity Act 2005 (MCA) which protects people who may be unable to make specific decisions about their care. They were also provided with a printed memory aid to help remind them of the principles of the MCA. They discussed how they supported people to make their own choices and decisions and manage their lives as far as possible. They understood that people's capacity to make some decisions could vary depending on how they felt. The manager and care workers understood the need to assess people's capacity to make specific decisions and that where they observed deterioration in people's capacity to make a decision they may need to speak to relatives and or health

professionals in their best interests.

People told us their nutritional needs were met where this was part of their planned support. They said they were asked about their preferences and were not rushed to eat. Care workers had received training in food safety and were aware of safe food handling practices. Care plans included guidance for staff about people's nutritional requirements, and any allergies. Where people were not able to communicate there was guidance about their likes and dislikes. Care workers told us any concerns about people's eating patterns would be documented and they would notify the office who would, where needed, speak with relatives or health professionals to ensure the changes were communicated.

The service worked with health professionals to ensure people's health needs were met. People's healthcare needs were discussed when they joined the service and these were included in their care plan to inform staff about their needs. Care records contained details of how to contact relevant healthcare professionals and their involvement in people's care, for example, information from the GP, district nurse or palliative care team. Care workers told us they would notify the office if they noticed people's health needs changed. The GP was based in the Morden College community three times a week for all the beneficiaries. People told us there was no problem seeing the GP when needed. Additional support from healthcare professionals was sought, where needed, to help people maintain good health. For example the service worked closely with the occupational therapy and palliative care team when needed.

## Is the service caring?

### Our findings

People and their relatives told us they were happy with the care provided and had good relationships with the care workers and office staff. One person told us "It's fantastic. I can't say less than that. The [care workers] are so helpful and good natured." Another person said "The girls know us well and are considerate; we get on so well with them." We observed some people called into the office for a chat or to ask for information and there was a good relationship between them and the manager. People told us they had a small group of care workers that provided care and knew them well. One person said "We have a nice chat and a bit of company. I am very well looked after. They know everything you need." A relative told us "I think (my family member) is very happy." We saw a recent letter from a relative expressed thanks "For all the love and care you showed [my family member]...They loved and trusted you and I did too."

We observed a strong sense of mutual respect, belonging and contributing to a community within the support scheme and from the experiences of people we spoke with. For example one person said. "It's so good it's like they are part of the family. They treat us with respect." Another person commented "The support here at the College is second to none."

People and their relatives told us their dignity and privacy was respected. One person said "They do think about that and cover me up." Care workers described to us how they tried to preserve people's dignity during personal care through shutting their doors and closing curtains. They were aware of the importance of confidentiality with regard to any information about the people they supported.

People and their relatives where appropriate told us they were involved in drawing up the plan for their care. They told us their needs and preferences had been discussed and that they were regularly asked if they wanted any changes made. A relative told us "We are always asked if there is anything we want differently."

People's individual identity was respected and care plans considered where needed, any support in relation to personal care to meet people's needs with regard to their disability, race, age and religion; for example any dietary needs. There was guidance for staff about people's communication preferences and equipment if they experienced sensory impairment. People's spiritual needs could be met within the community at Morden College. Care workers were provided with equality and diversity training and there was information available about a range of different cultures for care workers where needed. Care plans included a pen picture 'This is Me' of people's history, where people wished to provide this, to help care workers engage in conversation when they provided care. Care workers showed good understanding and respect of people's needs and preferences.

## Is the service responsive?

### Our findings

People had an assessed plan of care to meet their needs. This was accessible in their homes so they and the care workers could refer to it. One person told us "The girls check the care plan and they keep it up to date." We saw that a planned assessment of people's needs was conducted when people joined the service. The scheme manager told us that care workers were introduced to people before they started to work with them to check that people felt comfortable before care and support was provided.

People's support and care needs were identified within their plan. They included any mobility needs, health needs, personal needs, cultural background and religion. Care workers told us the office was very efficient about updating them with any changes to people's needs. One care worker told us "They are very good like that." People had access to the activities within the Morden College community to provide stimulation and social interaction. One person told us about the art and exercise classes they attended.

People and their relatives told us that the service was responsive to any changes in their needs. They told us care workers were flexible and would stay longer than the time allocated if this was required to meet their support needs. New equipment had been organised when needed such as a different kind of bed to meet someone's changing needs. Care workers and office staff regularly checked if they were happy with the care plan. A relative told us, "They ask us if we are happy with what they are doing and if we need things done differently." People confirmed that where there had been changes in their needs the plan had been updated with them and we confirmed this from the records.

There was information for people on how to make a complaint in the care plan. People told us they had not needed to make a complaint but knew what to do if they needed to. One person said "I would tell them if I had a concern, and the manager is always available to talk to." Another person told us "There is nothing they could do better." The complaints policy detailed the steps that would be taken and the timescales to respond to the complaint.

## Is the service well-led?

### Our findings

People told us they thought the service was well run and efficient. One person told us "It is absolutely first class. We never have any problems and the girls go out of their way to help." We saw a letter of thanks that commented on "The efficiency of your care team; all the [care workers] who have visited us have been friendly caring and willing in all fields. They are professional and follow our care plan conscientiously..."

Care workers told us they thought the service was well organised and told us the scheme coordinator regularly checked on their work. One care worker said "I have never been happier; the support is amazing [the scheme coordinator] is fantastic, always available and approachable." They commented there was very effective communication between the team of care workers and the office to ensure people received their care as planned and any changes were notified and recorded. One care worker told us "Communication is excellent; we are a close group and support each other." Another care worker said "They encourage you to give your views about care and support to people."

Care workers told us they felt part of the community and were very happy in their work and with their responsibilities. They understood the values of the service, to provide high quality care within the community at Morden College and said they gained a real sense of job satisfaction from delivering this. Staff meetings were held at regular intervals and we saw that minutes included advice or reminders about improvements that could be made to improve consistency such as record keeping.

The registered manager was aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents. The scheme coordinator told us they felt well supported by the management team at Morden College. The registered manager was accountable to the chief executive and board of trustees and reported regularly to them about the scheme. The registered manager and scheme coordinator were proactive in seeking ways to improve the service through prompt action taken to address the issues we identified at the inspection about the need for records of medicines competency assessments and more detail in two care plans.

There were processes to monitor the quality of the service. People told us their views about the service were frequently asked for. An annual survey was about to be conducted to obtain people and their relatives written views of the service; to check for any learning and improvements that could be made. The registered manager was in frequent contact with the scheme coordinators to monitor the service. The scheme coordinator was in daily contact with people and their relatives. They told us they felt this meant they could directly quality assure the service by observing staff and obtaining feedback from people who used the service. The care plans and MAR charts were returned to the service at regular intervals to be checked to ensure that support was being provided as planned.