Cullum Welch Court

Cullum Welch Court Care Home

Inspection report

Morden College
19 St Germans Place
London
SE3 0PW

Tel: 02084638399

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 20, 22 and 23 March 2017. At the last inspection, on the 06 and 07 October 2015 the service was rated as good overall and requires improvement in effective.

Cullum Welch Court Care Home is owned by the charity Morden College and is within the grounds of Morden College and part of its community. The home provides residential, nursing and dementia care for up to 60 older people and respite care to members of its community and the wider local community. On the day of the inspection there were 53 people living in the home.

There was a registered manager in place. 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.

At this inspection we found the previous concerns about staff supervision had been addressed. However there were other breaches of regulations as medicines were not always administered or disposed of safely. The system for monitoring the quality and safety of the service had not identified the need for an audit of staff recruitment records or checks on the safety of some aspects of the premises. The checks had not always been sufficiently robustly operated. You can see the action we have asked the provider to take at the back of the full version of this report.

We discussed the issues we found with the provider and registered manager and immediate action was taken to address them. However we were not able to judge the effectiveness of the improvements made at the inspection.

People told us they felt safe and well looked after living at Cullum Welch Court. Staff knew how to identify and respond to any safeguarding concerns. There were enough staff to meet people's needs and we observed that staff were able to spend some time talking with people during the day.
Possible risks to people were identified and monitored to reduce risk of the occurring.

There was a strong emphasis on staff training and development. Staff told us they received training on a wide range of areas to help them develop their skills. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People's dietary needs were met and a range of health professionals including physiotherapists and a mental health nurse were available at the home to support their health needs. The home was committed to delivering dignified end of life care.

People spoke with a sense of community and belonging. There was a person centred culture at the home; care was provided with sensitivity and kindness. Staff spoke with enthusiasm about their work. They spoke with people respectfully and were aware of people's needs and preferences. The management team worked

to ensure the nursing home was part of the Morden College community. The home also had links with the local community and people were active inside and outside of the home. There was a strong focus on delivering a range of personalised activities for people and for people to remain as independent as possible.

Some aspects of the home were very well-led. The home was proactive in looking for ways to improve the care provided. Developments included a falls awareness group whose work was aimed to reduce the incidents of falls and increased knowledge for staff about how to support people living with dementia through involvement in a research project. The home also made use of consultancy to drive improvements for example increasing awareness of signs of sepsis. There was a range of meetings to support communication across the home. People were consulted for their views about the service through residents meetings, surveys and involvement in a food committee.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines had not always been safely administered or disposed of.

People who used the service told us they felt safe. Staff were clear about how to report any safeguarding concerns.

There were enough staff to support people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were safely met.

There were processes in place to deal with emergencies.

Is the service effective?

Good

The service was effective.

Staff had training relevant to the needs of people using the service to ensure they had the necessary skills to provide support.

Staff sought consent before they provided support. Procedures were in place to act in accordance with the Mental Capacity Act2005.

People told us their dietary and nutritional needs were planned for and they were supported to be as independent as possible.

People had access to health care professionals when they needed and were supported by staff where this was appropriate.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring. Staff acted in a person focused way and were not task orientated. Staff knew people well and were aware of changes in their moods or routines

People were supported to maintain relationships with people who were important to them. People told us their privacy and dignity was respected.

People and their relatives told us they were involved in making decisions about their care and their views were regularly sought. People had access to advocacy services when required.

People were provided with compassionate and dignified end of life care.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care. People were supported by staff that were committed to enhancing their well-being.

Staff engaged people in meaningful activities, so they felt stimulated and part of their wider community.

People were supported to lead a full and active lifestyle. People were encouraged to engage with the local community and to maintain relationships which were important to them.

Complaints and concerns were responded to in a timely way and used to drive improvement across the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to assess and monitor the quality of the service; however they had not always been operated effectively. Other aspects of the quality assurance system helped drive improvement in service provision.

People's views about the home were regularly sought and considered to drive improvements.

There was a positive culture within the home. There was a strong emphasis on improvement and developing the service provided. Areas identified as needing improvement were acted on swiftly.

Cullum Welch Court Care Home

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 fresh rating for the service under the Care Act 2014.

This inspection took place on 20, 22 and 23 March 2017 and was unannounced. The inspection team consisted of one inspector a specialist advisor in nursing and an expert by experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. A single inspector returned on the remaining days to complete the inspection.

Before the inspection we looked at the information we held about the service including any notifications they had sent us. A notification is information about important events that the provider is required to send us by law. The provider completed a 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 any improvements they plan to make. We also asked the local authority commissioners for the service and the safeguarding team for their views of the home.

At the inspection we spoke with twelve people at the home and five relatives. We observed staff and people interacting and tracked that the care provided met their needs. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us about all aspects of their care.

We spoke with five care workers, four nurses including the mental health nurse, three senior care workers, (persons in charge) the activities manager, the human resources department, the head of residential care, the provider, the deputy manager and registered manager. We looked at nine care records of people who used the service and eight staff recruitment and training records. We also spoke with the visiting GP and

three visiting health care professionals. We also looked at records related to the management of the service such as fire and maintenance checks and audits. After the inspection we received feedback from another relative about the service. We also asked three health and social care professionals for their views about the service.

Requires Improvement

Is the service safe?

Our findings

People told us their medicines were administered as prescribed and we found this was mostly the case. However, for one person we found they had received controlled drugs on three occasions from an out of date supply. There was a risk therefore the medicine could be ineffective. This medicine had not always been recorded as administered in accordance with the home's policy. Most medicines were stored safely and appropriately including controlled drugs which require additional security and medicines needing refrigeration. However, we found some medicines which did not require refrigeration were stored incorrectly in one of the medicine refrigerators and an out of date food item stored there. We found expired clinical supplies and vaccines which had not been disposed of to reduce the risk of their use.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about our findings and prompt action was taken during the inspection to seek advice from the GP, order and obtain a new supply of the expired medicine and discuss the issue with the person concerned and their family members. The registered manager told us that disciplinary action was being taken in respect of some staff members in relation to the findings. The expired clinical supplies and vaccines were removed during the inspection.

We observed a medicines round and found medicines were administered to people in a timely and caring manner. Staff responsible for the administration of people's medicines had received training in how to administer medicines safely and had their competency to do so assessed by senior staff prior to administering people's medicines independently. We saw any medicine errors were followed up with a full investigation and further training for staff where necessary.

Individual risks to people were appropriately identified and managed. Accidents and incidents were monitored to identify control measures to reduce the risk of them reoccurring. A copy of any fall incident record was also passed to the physiotherapists for them to follow through The home was proactive in working with people and staff to reduce falls through a falls working group which had introduce a number of strategies such as a 'Call don't Fall campaign;' to guide people about how to mobilise safely.

Assessments were undertaken to identify specific risks to people such as risk of falls or risk to skin integrity. The risk assessments were updated and any changes needed to people's care were included in their care plan. There was a well organised approach to managing and treating skin conditions. For people at high risk of pressure area skin breakdown we saw people were supported with frequent changes of position which were recorded to minimise risk and wound care management was effective. Staff were knowledgeable about the steps to take if they were concerned people may be at risk.

There were arrangements in place to deal with risk from foreseeable emergencies. Staff were knowledgeable about what they would do in the event of a fire or medical emergency. Staff had fire safety training and fire drills had been conducted on a regular basis and some drills involved practice with evacuation equipment

to ensure staff were aware of their responsibilities in the event of a fire. People had evacuation plans to guide staff or the emergency services in the need for an evacuation. Risks in relation the premises and equipment were reduced through internal checks and external servicing. Equipment for example fire, gas and electrical equipment, the hoists and call bells were routinely checked and serviced.

People were protected from the risk of harm. People told us they felt safe living at the service and that their belongings were looked after and kept safe. Comments from people included; "I do feel safe, I think all the staff make me feel safe." and "I do feel safe, the closeness with people and all the staff are very good." Relatives confirmed that they felt their family members were safe. One relative told us, "Oh yes, [my family member] is very, very safe here."

Staff said reported signs of abuse or poor practice would be taken seriously and investigated and they knew how to raise or report any issues. One staff member said, "I would report something untoward if I saw it, of course I would." We were aware the registered manager had been proactive in raising safeguarding concerns with the local authority when needed and worked cooperatively with them; disciplinary action was taken when needed. Staff all received regular safeguarding training to ensure their knowledge was refreshed.

There were enough staff to meet people's needs. Most people and their relatives told us there were enough staff to meet people's needs. One person told us, "I am quite happy with it and honestly I think they are enough." A relative said, "They have enough yes and they work very hard." Our observations throughout the inspection were that there were enough staff to meet people's needs. We found people were promptly supported to mobilise and at meal times. We did not observe anyone waiting unduly long throughout the day. People told us their call bells were answered promptly and we observed this to be the case. One person commented, ""Yes they respond quite well to it." Another person remarked, "I think they respond well, I don't have to wait too long." The call bell responses were monitored on a regular basis and any delays checked. Staffing levels on each unit accurately reflected the staff rota. The home did not use agency staff but had their own pool of workers which the registered manager told us was enough to cover sickness and holidays.

Two people and a relative told us they thought there were not enough staff in the morning sometimes. One person said, "I think the girls are over worked and they could do with a little bit more staff." We discussed this with the registered manager who told us that there were a number of people who had a preference to get up at the same time which the home tried to manage but could be difficult to manage if other people were ill or needed some additional help.

Recruitment processes were in place to reduce the risk from unsuitable staff. The service carried out full background checks on staff before they started work. These checks included details about applicants' employment history, references, a criminal records check, right to work and proof of identification.

Good

Is the service effective?

Our findings

At the last inspection on 06 and 07 October 2015 we had found a breach of regulation as staff were not always supported through regular supervision as required under the regulations. This key question was rated requires improvement. At this inspection on 20, 22 and 23 March 2017 we found improvements had been made, staff told us they received regular supervision and an annual appraisal to support them in their role. Staff who carried out supervision of other staff received regular training on this part of their role. There was a system to monitor the frequency of supervision and we saw additional supervision was provided following a concern being identified or if staff required additional support.

There were outstanding elements of staff training provided at the home. People told us they were supported by staff that were skilled and knowledgeable about their roles. One person said; "I think the staff have the right skills and they do have training quite often. They seem competent at what they do." A relative remarked; "Oh yes, whenever I come here they seem to be on the ball." Care workers were required to have a Level 2 Diploma in Health and Social Care before coming to work at the home as a minimum requirement to ensure they had a good level of understanding of their roles. New staff confirmed they had an induction which included reviewing key policies and procedures, care plans and shadowing more experienced staff.

Staff told us they received training in a variety of subjects which supported them in their roles. One staff member told us, "We get lots of training here and we are kept up to date." Records showed staff received regular training in areas identified by the provider as being mandatory, such as moving and handling, infection control and safeguarding adults. There was a system in place to monitor when their training needed to be renewed or refreshed. In addition to the mandatory training, there was a range of role specific training on offer to staff. This included subjects such as wound management, falls prevention, diabetes, nutrition and hydration, end of life care and dementia awareness. All the staff who worked in the Morden College Community were provided with dementia awareness training. The registered manager and provider told us they recognised the importance of staff receiving training about dementia so that they could respond in a supportive and knowledgeable way to people when they met them around the community. People were therefore supported by staff that had received the training they required to work effectively in their role.

Staff felt well supported in their role and there was strong emphasis on staff development. For example the development of champions in various aspects of care such as nutritional champions and end of life champions or physiotherapy champions. For these roles staff had received additional training and told us they enjoyed the specific responsibility and people at the home had benefited as a result. One staff member told us, "The end of life champions have really improved our end of life care. We know a lot more now." Staff have attended training on challenging behaviour and the Physiotherapy team and mental health nurse worked with staff on a recognised programme for support to people living with dementia which they had found beneficial for improving staff awareness of the stages of dementia and people's quality of life. Staff were encouraged to complete further formal qualifications under the Health and Social Care Diploma. For staff in the Morden College community that looked to develop their skills and move into the care sector an induction that mirrored the Care Certificate was in place. Appropriate staff had also completed train the

trainer qualifications in some courses such as end of life care so they could support other staff with this training.

People mostly spoke positively about the food provided and they all told us they had sufficient choice of meals and plenty of snacks and a variety of drinks were offered throughout the day. We confirmed this from observations. One person told us, "The choice and quality of the food is good, you can always ask for anything else if you are not happy." Another person remarked, ""I enjoy it and there is always alternative." Two people said the food was not always to their taste. One person remarked, "It is not my style you know." A relative commented, [My family member] finds the food without any taste and not very interesting." There was a Food Committee that met regularly and some people attended in order to express their views about the food provided. The registered manager told us they tried to balance the wide range of views about food to ensure there was enough choice to meet people's needs and preferences. Tasting sessions had been held at the home for people to try out a range of soups and other foods to improve the range of food available on the supper menu. Our observations on both floors were that the food looked and smelled very good and was well presented.

Food was prepared in the main kitchen and brought to unit kitchens by catering staff from which meals were served. People could book to eat a meal in the main restaurant if they wished. Some people told us they ate there for a change of scene or if they had invited any guests. There were a wide variety of drinks available throughout the day, residents could choose from lemon, blackcurrant orange squash and for those residents who could a glass of wine and sherry at meal times.

There was a system to ensure people's dietary requirements were identified and met. Catering staff told us they received a list of people's dietary requirements and any allergies when they first arrived at the nursing home and any updates were sent to them in writing. People's dietary needs were available in the kitchens on the units to ensure people received the correct diet. We tracked people's care to check their dietary needs were met. The home identified those people at risk of malnutrition or who had lost weight and appropriate referrals were made to dieticians and the speech and language team where this was appropriate. Dietary advice was then included in people's care plans. Nutritional champions carried out monitoring with the oversight of the deputy manager to ensure people's needs were met. Where needed food and fluid charts were used to monitor and record people's intake and reduce risk.

The kitchen had consistently scored the top mark at previous food hygiene inspections. However a recent inspection of the main kitchen had identified areas to address. We saw these had been rectified promptly through an action plan and the kitchen had been re-inspected and invited to apply for a re-grading inspection. The re-inspection report commented; "Huge improvements have been made I am very impressed with the commitment that has been demonstrated."

People told us staff asked for their consent before they provided support and we observed this during the inspection. Staff readily consulted people about aspects of their care such as where they wanted to sit or if they wanted to take part in an activity or if they wanted support to mobilise.
Staff had a good understanding of consent and how this applied to their practice. One staff member told us, "We always ask people for their consent and would not dream of doing anything they objected to."

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.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and had undertaken training. They carried a guide to the MCA with them for easy reference. Care plans highlighted when people were able to make decisions for themselves or when best interest processes would be needed to support them. Capacity assessments were regularly reviewed to evidence that capacity can fluctuate and change over time.

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 under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
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 were being met. DoLS authorisations had been applied for on behalf of people as required for their safety and they were monitored to ensure any conditions were followed and to ensure timely reapplications were made.

A distinctive feature of the service was that people had the benefit of access to a range of health professionals on site to ensure their health and social care needs were co-ordinated and met as well as external professionals they could be referred to. One person said, "The doctor comes three times per week and you just have to know when they are here." Regular medicines reviews were carried out and their advice was recorded on people's care plans for staff to follow. There were onsite physiotherapists who were available for staff to refer to if they felt there were any issues about people's mobility or the use of equipment and a mental health nurse who was available to coordinate people's mental health needs. Prompt referrals were made as necessary to specialist services, when needed for example the SALT (Speech and Language) team, and dieticians. People were supported to access health professionals in the local community where this was their preference or need.

Most health care professionals we spoke with, during our inspection were positive about the care provided at the home. One health professional told us, "I think that the care home generally does well with its assessment and care of those with mental health difficulties. A great strength and resource is their mental health nurse who has great experience of those with dementia and other mental health issues and is very good at knowing when secondary mental health services need to be involved in people's care. She is also great at liaising with relatives." One health professional told us they had found the care plans were not always up to date. We discussed this with the registered manager and found that some information was recorded separately and not always updated into the care plan as well. They agreed this should be completed and would ensure this was completed in future.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring and we observed this to be the case throughout the home. One person said, "They are very good, cheerful and kind you know, could not ask for better." Another person remarked, "The staff are very kind. I like everything about this place." A relative commented, ""I think they are very professional as long as they given good care I am happy." Another relative told us, "The whole family likes this place and we believe they also do an amazing job." We saw compliments had been sent to the registered manager thanking staff for the care received. One compliment stated, [my family member] "Was cared for and looked after so very well." Relatives confirmed they were free to visit whenever they wanted and told us they felt welcomed at the home. One relative said, "The staff are always welcoming and helpful. You always get a cup of tea and a friendly smile."

There was a calm atmosphere throughout the home during the inspection. We observed staff supported people in a friendly way. For example, staff shared a joke or held a conversation as they supported people. We observed after lunch that staff had time to engage with people in a conversation in the communal areas at different points in the day. People were supported to mobilise in a gentle way that allowed them to take the time they needed. A staff member told us; "Working here you have time to ask how people are and time to listen to their answer. We take our time and don't rush people." At mealtimes we observed staff were took time to sit around the table to encourage people to eat, where this was needed, and, make it more enjoyable.

Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences and routines; this enabled them to provide personalised care. We observed staff showed awareness of people's changes of mood. For example, when a person became distressed, we observed how staff reassured them and distracted them. Staff were knowledgeable about people's needs with regard to their disability, physical and mental health, race, religion, sexual orientation and gender, and they supported people with their individual needs. For example, people were supported to practice their faith and staff told us any cultural needs with regard to diet or personal care would be supported.

Staff demonstrated a commitment to their work; many of the staff we spoke with had worked at Morden College for over five years and some staff much longer than this. One staff member told us, "I love my job; we try to do a high quality job and look after people as I would like my family to be looked after."

People confirmed they were treated with dignity and respect and we observed this to be the case. People's bedroom doors had front door knockers to remind staff that these were people's individual personal spaces. One person commented, "Yes they are very good and never rude." We observed staff speaking to and treating people in a respectful and dignified manner. They were aware of the need for confidentiality and spoke discreetly to people about their care and support needs and ensured doors were closed when they delivered personal care. A relative commented, "Oh yes, I have seen how they don't just walk in, they knock first and ask permission to come in."

People and their relatives, where appropriate, told us they were involved in making decisions about their

care. People said they were consulted about their day to day care needs and their views were listened to. For example, one person commented, "It is up to me when I get up and have a shower. Staff ask me and do pay attention to what I want." We saw people were consulted about joining activities or where they wished to spend their time. Relatives told us they were kept informed about any changes to their relative's health care or support needs. One relative said, "I am kept informed about changes." People and their relatives told us they were involved in reviews of their care plan. We saw that where appropriate relatives had signed care plans to confirm their involvement in their care.

People's independence was encouraged, for example where they could participate in events within the community or manage aspects of their personal care this was recorded in their care plan, so that care staff were aware of this. One person told us, "The staff do encourage me to do what I can manage. It's nicer that way." We saw that where appropriate people were offered assistive crockery to enable them to eat more independently.

The registered manager told us the home had been working to develop their end of life care and she was nominating the team for an award for the progress made and, "the way staff had embraced their roles." Staff had received end of life training from a local hospice and worked with them to support people at this point in their lives. The provider was working to develop a training package for new staff at the time of the inspection.

Some staff had also attended a series of workshops to support them in their role as end of life care champions. One staff member had been supported to attend bereavement training to enable them to better support families through this difficult period. A health professional from the hospice commented, "The home has consistently provided a very high standard of palliative care to our patients and the home team work closely with us on any complex or challenging issues. The home appears to adopt a patient centred approach and the care plans that I have seen during my visits have reflected this. The staff are always open and helpful and appear to know their patients well. The patients and the families of those we have funded at the home consistently give us positive feedback about the care and support they receive by the home team."

Good

Is the service responsive?

Our findings

People told us the care and support provided was responsive to their needs. People's needs were assessed before they came to stay at the nursing home to ensure they could be safely met. Information was gathered on people's life history, their interests, and routines and recorded in a 'This is Me' record to help inform staff about important aspects of their lives. They had a written plan of their care and support needs to guide staff across all aspects of their care such as night care, personal care, mobility and skin care. Care plans were mostly up to date and regularly reviewed to ensure it reflected their current needs and preferences. We found two care plans that had not been fully updated and these were updated during the inspection.

We saw that the home tried to meet people's individual needs for example some people at the nursing home were there from the college community for respite following an operation or change in health needs. We found care and support was tailored to their needs and to support them to return home as quickly as possible. Staff were trained as physiotherapy champions by the home's physiotherapists to help people with exercises to aid recovery, improve mobility and reduce falls. There were examples we found where people's individual preferences were met. One staff member told us how someone had been supported to attend the local cinema to see a particular film because they were a devoted fan of the leading actor.

There were some outstanding elements in the way the home worked to meet people's needs for stimulation and social interaction. We saw that people at the home were encouraged to make use of the facilities within the wider community at Morden College. The nursing home is situated within attractive grounds and some people told us they enjoyed going into the grounds, using the community dining facilities, the social club or the coffee shop with their families or joining other people in the community. There was a chapel in the grounds where services were held for those who wished to attend. Regular talks, adult education classes and concerts were held and one person told us they were arranging for a friend of theirs to provide a talk later in the year. There was a community bus that the nursing home had access to and this provided outings particularly in the summer months. Regular shopping trips were organised and a group of people attended a regular tea event at a local hotel. People received a weekly planner of the activities on offer in the nursing home in their rooms so that they were kept informed about what was on offer in the nursing home and the community. They told us they were supported to take part in activities that suited their interests and engaged them.

The home was inclusive in the way it encouraged people in the wider community and people at the nursing home to integrate through the use of volunteers and through the community newsletter which gave people information about events that had taken place across the community. The home had won an award from a national competition with the creation of their gingerbread cake 'Morden College'. Staff and people from the home had joined in a sponsored memory walk to raise money for charity. Most people who could express a view told us told us they felt part of the community at Morden college. A relative told us, "I really appreciate the activities team and the range of pleasant experiences, outings and other activities they organise. They make a real effort to include the residents even where they have difficulties in participating. This greatly adds to the quality of life I think."

During the inspection we observed some people taking part in games of scrabble or other games together to pass the time together. Most people told us they had a range of things to occupy themselves or that they also enjoyed spending time on their own reading. However two people nursed in their rooms told us they did not always have enough to do. One person remarked, "I am in my room most of the time and they do not do enough activities for me, but I like to read so I guess I am alright." We spoke with the activity manager at the nursing home. They told us there were four activity coordinators to support people at the home. They organised group activities and also activities for people who were unable or chose to stay in their rooms. They tried to cater for each person's individual tastes. There were volunteers who came to visit people in their rooms to support the activity programme. There was also a dignity champion who had allocated time to carry out one to one activities with people that reflected their preferences.

We found there were a wide range of activities available to cater for different people's needs within the home. These included musical events, exercise groups, visits from schools and local choirs, pat dog visits, craft and art activities and a regular community walk. There was also a sensory room for people in the home to enjoy. A staff member told us, "Here you don't have to be nervous if you are sitting and listening to a resident as they see that as important here."

On the dementia unit we observed staff were involved in individual or group activities with people during the day playing a board game, art work or talking about a book or watching an old film with people. There was a sensory garden available for the dementia unit which people were able to enjoy safely and there were plans to involve people in planting activities in the warmer weather. The home had recently bought a dementia friendly activity table to stimulate people's senses, which was in the process of being installed at the time of the inspection. The registered manager told us the home had been involved in a research project with a university which had included training staff on dementia mapping. From this they had understood the need to improve the activities on this unit and involved people in a range of daily tasks that some people wished to be involved in such as helping lay the tables.

There was a system in place to receive, investigate and manage complaints and information was freely available around the service with details of how to do so. Most people and their relatives told us they had not needed to complain. One person told us, "The manager's door is always open you can go and see them or ask staff if there is a problem. I've never needed to complain because as soon as you ask it generally gets sorted out." One relative said "No, neither I nor the whole family ever thought about making a complaint, but if there is a need we wouldn't hesitate."

Requires Improvement

Is the service well-led?

Our findings

Overall people and their relatives told us that the home was well run and organised. One person said, "Things run smoothly here." A relative told us, "In our experience things work well and there is always someone you can ask." Two relatives told us that generally things worked well but there were occasional minor issues of miscommunication. We found that while there were elements of very good and effective leadership at the home, there were some areas that required improvement.

Some systems to monitor the quality of the service did not function effectively. A new system of medicines audits and checks had recently been set up but staff completing these had not identified the issues we had found with medicines. A recent external medicines audit had also not picked these issues up. The system for monitoring the safety of the premises and equipment had not identified the need for more regular checks of water temperatures and other parts of the premises such as radiator covers and towel rails to reduce risk of scalding.

Staff recruitment systems had been set up but the policy and procedure was in the process of being written; staff therefore had no current reference guide. Staff records had not been audited to check that all the necessary paperwork was present and records had not been checked to ensure they complied with current guidance. Checks on some equipment had not been routinely made and an audit in March 2017 of hot water temperatures had recorded some higher than recommended temperatures in three people's rooms. There was no evidence that this had been rectified.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider took immediate action to address the problems found with the quality monitoring processes. A new system of premises and equipment checks including hot water temperature checks was set up, carried out and sent to us following the inspection. Any temperature readings above the recommended level were identified and acted on. A way to monitor the audits more effectively was set up. The staff recruitment policy was also sent to us following the inspection.

There was a registered manager in place who had been registered as manager at the service for several years. She understood her role as registered manager and had notified CQC of significant events as required. People told us they thought she was effective in her role and approachable. One person said, "Oh yes, she is very organised and efficient." A relative commented, "She is a good manager and she can manage this place really well." There were regular management meetings and daily handover meetings to ensure continuity of care and effective communication to staff. We observed a handover meeting and observed that any changes to people's health needs were effectively communicated to staff.

People's physical health care was monitored through regular clinical meetings with health professional input. The local authority commissioners commented on the strength of the leadership at the home. "There is a strong and consistent leadership team and with funding being no problem, lots of external consulting

and support."

There was a culture of continual improvement encouraged by the management team who actively looked to find best practice and implement this to improve the quality of the care provided. The registered manager completed a monthly clinical governance report which was used to track any staffing issues and clinical health and care concerns, and identify any areas for learning. Aspects of care such as accident and incidents, falls, unplanned hospital admissions and infections were monitored to identify any patterns and assist learning. For example the work on falls awareness and prevention which had reduced the number of falls. The falls prevention work was being embedded with the support of the health professionals involved and monitored through regular clinical meetings. Minutes of these meetings tracked progress and actions completed. The provider and trustees of Morden College had oversight of the home through written reports and trustee meetings.

The home employed a nurse care advisor in a consultancy role to help them identify and drive improvements. This had for example involved work and training to identify signs of sepsis which had resulted in successful early identification and medical help for one person. As well as suggested improvements for the management of medicines, risk assessments and the meal time experience.

Records demonstrated there were checks that did effectively monitor the quality of the service and actively drive improvements in some areas. For example, call bell responses were audited monthly and any long delays identified and investigated to ensure people's safety. Infection control audits were completed to ensure that processes for infection control remained effective. Spot check visits were completed by the provider which identified issues or developments. For example a recent visit highlighted the importance of effective communication from management and considered introducing a staff survey. Where areas where identified we saw the registered manager completed an action plan to resolve them.

Staff told us they felt valued and appreciated. One staff member said, "I have worked in different homes this one is the perfect one. It is a lovely place, the managers support you." Another staff member told us; "There are good qualities here. Time is given to speak with people and their relatives. Not like where I worked before." A staff forum had recently been established for all staff working at Morden College so they could raise and discuss issues as a group. Staff could also nominate a colleague for an annual award. Regular staff meetings were held to ensure good communication among the staff who worked at the home.

People were provided with information about the home and community through regular newsletters and a guide. Regular residents meetings were held for people to raise any issues or suggestions. Minutes of the meetings were available to read on each floor of the home. The provider sought the views of people, relatives and professionals through surveys and where relatives raised individual issues they were invited to speak with one of the management team to ensure they were addressed.

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
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with unsafe management of medicines. Regulation 12 (1) (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems to monitor the quality of the service and reduce risk to service users were not always in place or operated effectively. Regulation 17 (1)(2)(a)(b)