

Cullum Welch Court Morden College

Inspection report

19 St Germans
Blackheath
London
SE3 0PW

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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

Morden College provides care and support to people living in 'supported living' setting[s], 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. At the time of our inspection 10 people were receiving support with their personal care from the service.

This announced inspection took place on 7 February 2019. At our last inspection in July 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had 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.

Staff knew signs to recognise abuse and how to report any concerns appropriately. Staff followed infection control procedures. Staff supported people with their medicines in line with safe medicine administration and management procedures. Risk assessments were completed and management plans were developed reduce harm to people. There were sufficient staff available to care for people as required. Recruitment procedures were robust and safe. Staff knew to report incidents and accidents to the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People consented to their care and support before they were delivered.

Staff told us and record showed that they were supported to be effective in their roles through induction, supervision, appraisal and regular training programmes. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. People were supported to access healthcare services they needed to maintain good health. Staff liaised appropriately with social care and health care professionals to ensure people received the support they required. People's care and support needs were assessed to establish what support they needed.

People told us staff treated them with kindness, compassion and respect. People were involved in their care delivery and their choices were respected. Staff supported and encouraged people to be as independent as possible. Staff understood and promoted equality and diversity.

People had care plans in place which detailed their needs and what support they required to meet those needs. Care plans were up-to-date and reflected people's current needs. The provider made information accessible to people. People's end of life wishes were noted in their care plans.

The views of people and their relatives were sought about the quality of the service provided. People, relatives and staff told us that the service was well managed. People and their relatives knew how to complain about the service and the registered manager understood their role in investigating and responding to complaints in line with the provider's procedure. The registered manager continued to meet the requirements of their registration.

Staff felt they had the support and leadership they needed to carry out their roles. The quality of the service was regularly reviewed through spot checks and audits. Where concerns were identified, actions were taken to address them. The service worked in partnership with other organisations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained Good

Good ●

Is the service effective?

The service remained Good.

Good ●

Is the service caring?

The service remained Good.

Good ●

Is the service responsive?

The service remained Good

Good ●

Is the service well-led?

The service remained Good.

Good ●

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.

This inspection site visit took place was carried out by one inspector on 7 February 2019 and it was announced. We gave the service 48 hours' notice of the inspection visit because the location provides domiciliary care service as we needed to be sure the registered manager or member of the management team would be available to give us access to records.

An expert-by-experience (ExE) made calls to people who used the service to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service including complaints and notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also examined the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with three people using the service, two relatives and three care staff, the care coordinator and the registered manager. We looked at four people's care records to see how people's care was planned, four staff files including their recruitment and supervision records. We also checked others records relating to the management of the service including complaints and quality assurance systems.

Is the service safe?

Our findings

All the people we spoke with confirmed that they felt safe using the service and with staff. One person said, "Of course I feel safe. The staff are all very nice, all very good." A relative told us, "Oh, yes, [family member] is very safe. They trust all the carers."

The service continued to ensure that people were safeguarded from abuse. All staff had completed training in safeguarding adults from abuse and they refreshed their knowledge through annual refresher courses. Staff demonstrated they knew signs to recognise abuse and how to report their concerns in line with the provider's safeguarding procedures. One staff said, "If there was a cause for concern with any person I would go straight to my manager. My manager would absolutely do something about. I know how to whistleblow but never had to because my managers always do the right thing to protect people." The registered manager remained aware of the actions to take to address any safeguarding concerns. They had followed their procedure and cooperated with the local authority safeguarding team to investigate a recent allegation of abuse. They notified CQC of this as required.

People continued to be protected from avoidable harm. Risks to people were assessed and management plans developed to guide staff on how to reduce risks identified. We saw management plans in place for people to reduce risks of falls, pressure sores, moving and handling, mobility and environment. Staff involved professionals where necessary to manage risks. For example, a physiotherapist was involved in improving one person's mobility so to reduce their risk of falling. Staff knew to follow management plans in place and to report concerns or changes to people's situations to a senior member of staff or the registered manager.

People continued to be supported with their medicines in a safe way. Staff had been trained in the safe administration and management of medicines; and their competency assessed before supporting people with their medicines. People's care plans detailed the level of support they required from staff. People and their relatives confirmed that staff supported them as required. Medicines administration records [MAR] charts we checked were legibly signed. MAR were checked by the care coordinator regularly to ensure people received their medicines from staff as required.

The provider maintained safe recruitment practices. Record contained applicant's employment history including gaps in employment, references, right to work in the UK, proof of identity, and criminal record checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

The service continued to maintain sufficient staff levels. People and their relatives told us that staff visited them to support them with their care needs at the agreed time. One person commented, "The staff do come on time and they stay for the agreed time." One relative said, "Carers always come on time. If they are late we always get a call. We have never had a missed visit and they always stay for the allotted time." Staff also told us that they had enough time to support people with their needs. They also confirmed that where two staff members were required to support people that they were always two staff available to ensure safety. Staff worked flexibly to cover care visits and the care coordinator was available to cover shortfalls. There

were no missed visits recorded and late visits.

People were protected from the risk of infection. Staff were trained in infection control and demonstrated they followed procedures to reduce the risk of infection. Staff told us they used personal protective equipment (PPE), practiced effective hand washing and disposed waste appropriately. The care coordinator told us they checked staff practices during observation.

There were systems in place to report and monitor incidents and accidents. Staff knew how to report incidents and accidents appropriately. Incidents, accidents or near misses were reviewed by the registered manager and actions were taken to reduce recurrence. For example, staff were supported through training, supervision and practice observation following their failure to complete medicine administration record as required.

Is the service effective?

Our findings

People continued to be supported by staff who had the experience and training to deliver care to people. People and relatives told us staff understood their care needs. One person commented, "They absolutely understand what to do. They are well trained, and nice. If there is anything that they see needs doing, they do it." Another person said, "They are very good. I have no complaints." A relative added, "They do understand [family member's] needs well and the carers are also very professional. They never fail to call for advice, if necessary."

Staff told us and records confirmed that staff continued to be supported through effective induction, regular supervision and training; and appraisal. One staff member told us, "There is good support system available to us here. The support the management give us [staff] enable us to continue doing our jobs even when it's difficult. We get spot checks and one-to-one supervision regularly. It is actually very helpful as we can discuss any difficulty we are having and they give you support you need with it." Another member of staff said, "We get plenty of training and there is always a training going on. They invest in staff which help us do our jobs better." Records showed that all staff had completed training in safeguarding, medicine administration, infection control, moving and handling, Mental Capacity Act 2005 and deprivation of liberty safeguards; and other areas relevant to their roles. Staff also received training in specialist areas such as catheter care, dementia and measuring vital signs - blood pressure, temperature, pulse and respirations and oxygen saturations.

People's needs were assessed by the care coordinator before they started providing a service to them. The assessment enabled them establish people's needs and if the service would be able to meet. Assessments covered people's medical conditions, physical and mental health; personal care, and nutrition. Recommended assessment tools such as Waterlow and 'This is me' form for people with dementia. Record showed that relevant professionals such as occupational therapists and district nurses were involved in establishing people's needs, where necessary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

People's capacity to consent to their care and support was documented. Where people had Power of Attorney in place it was noted in their care plans. People and their relatives, where relevant were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them. Staff had received the MCA training and understood people's rights under this legislation. One member of staff told us, "MCA is about enabling people make informed decisions.

The fact that people have dementia doesn't mean they should not be included in decision making or given a choice about their care, you just need to find out how to approach them and support them with decisions." The registered manager understood their responsibilities under the MCA.

People were supported with their nutritional needs. Where people required support to shop for food items and to prepare their food, this was documented in their care plans. People confirmed staff supported them accordingly. Staff told us they encouraged people to eat healthy balanced diet and to drink enough. Staff told us if they had concerns with a person's nutrition or eating and drinking, they would report their concerns to people's relatives and to the care coordinator so actions could be taken.

People continued to be supported to maintain their healthcare needs. Staff supported people to arrange and attend health appointments. Where people required input of occupational therapist, physiotherapist and district nurses, record showed that the care coordinator arranged this and liaised with these healthcare professionals where necessary.

The service had systems in place to ensure people received continuity in care and well-coordinated care within and when they move to use other services. The service had the 'Emergency Message in the Bottle' system'. This bottle contained important information about people such as personal profile, Do Not Attempt Resuscitation and 'This is Me' document. This bottle is kept where it can be easily located in the people's homes so in the event of emergency, it would be located and taken along with the person. Staff knew to ensure people had this with them when they go to hospital or other services.

Is the service caring?

Our findings

People continued to be cared for by staff who were kind and caring. One person said, "They [staff] are kind. I get on well with all of them. We have a natter and a laugh." Another person told us, "The staff are very nice, very kind and considerate." A third person commented, "Staff are respectful, they are a joy. Everyone I have met has been a pleasure, and they deal with me very well. They are a lovely team. You could not have nicer people." A relative said, "They [staff] are definitely very friendly. They are also very patient with family member."

People and their relatives remained involved in planning their loved one's care. One relative said, "The carers always let me know if there are any issues." Care plans showed input from people and their relatives. The registered manager and care coordinator told that they agreed care with people including times of care visits and if people required adjustment or changes to their care plan or how they wanted their care delivered, this was done to accommodate their preference. Staff told us they offered choice to people and allowed people to decide how they preferred their day to day care delivered.

Staff told us they took into consideration people's disabilities, likes and dislikes, cultural and religious requirements when planning their care. Staff supported people to appropriate adaptations and adjustments if required to help with their disability. Staff supported people to attend religious worship or arranged for ministers of religious organisations to visit people at home if people wished. Staff had done training in equality and diversity.

People received their care and support from staff whom they were familiar with and who were interested in them. People confirmed they had the same care staff attend to their care needs. One relative told us, "We see the same three carers. They understand family member's needs. Family member has hearing difficulty but the carers know how to communicate with them and always try to communicate with them." One staff member said, "We give the people we support our time. We spend time chatting with them about their families or topics they are interested in. We also keep them engaged in what they enjoy doing like going out for short walks around, doing puzzles and crosswords. We generally want to bring out the best in them and make them happy." The registered manager and care coordinator explained that as much as possible they maintained regular care staff to visit people as it promoted consistency and continuity in care; and helps form positive relationships.

People's privacy, dignity and independence continued to be promoted by staff. People and relatives told us they felt respected. Staff had received training in dignity in care. One staff member said, "Dignity has to be respected all the time. We find ways to make people relax and comfortable when doing their personal care. We treat them as individuals and encourage to do what they can for themselves." Care plans noted what people could do for themselves and what support they needed from staff.

Is the service responsive?

Our findings

People continued to receive care and support tailored to address their individual needs. Each person had a care plan that contained information about people's backgrounds, likes, dislikes; their care needs and support they required. Staff knew the individual needs and preferences of the people they supported including how people preferred their care to be delivered. People confirmed that staff supported them in accordance with their preferences and needs. One person said, "Staff support me with my needs. They always ask me if there is anything else they can do for me. They even post my letters." Another person told us, "They [understand] understand my preferences very well. I have never had reason to complain."

Daily care notes we reviewed were detailed and showed staff supported people in accordance to their care plans. People's care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs. People and relatives confirmed they were involved in reviewing their care. Staff told us that they were notified of changes in people's needs so they could follow the updated care plans.

Information about the service was available to people in formats they understood in line with the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Staff communicated with people in the way they understood. The registered manager told us that if people required information in different formats, they would make this available.

People remained aware of how to raise or make a complaint about the service. The provider's complaint procedure was included in the service user's handbook which was given to people when they started using the service. The registered manager understood the provider's complaint procedure. Record showed that there had not been any complaint about the service since our last inspection.

People's end of life and funeral wishes were noted in their care plans. Staff had training on end of life care and staff knew to deliver care tailored to meet people's individual needs and wishes. The registered manager told us they had close working relationships with the local palliative care team, GPs and other healthcare services; and would liaise with them to meet people's needs where required. However, at the time of our inspection, no one required end of life care.

Is the service well-led?

Our findings

The service continued to be effectively run and delivered to in line with the organisation's objectives and values. One person said, "I see the senior managers very frequently. They are all on top of any issues." Another person told us, "The management is absolutely good. The care coordinator turned up themselves when one of the care staff was absent. I cannot speak too highly of them." A relative said, "I think the service is well organised. I like their ethos. They seem genuinely interested in the care people receive and make the effort to cope with evolving care needs of people." Another relative said, "Yes, they are very well organised. Nothing has gone wrong. We are always told if there is a problem. They really care for people as individuals."

The registered manager had worked in the service for several years and understood their roles and responsibilities. The registered manager continued to comply with the conditions of its registration and continued to send notifications to CQC, as required. The last inspection report of the service was displayed appropriately on the provider's website and at the service's registered office.

The service sought feedback from people and their relatives about the care delivered through care reviews checks and surveys. The last survey was conducted in 2018 and feedback received about the service was positive. Comments from people and their relatives included, "They do everything well, I cannot find any fault and they are willing to go the extra mile.", "The Morden Care team is exceptional. The domiciliary care team under the leadership of [care coordinator] are always in tune with [family member] and care for them as an individual; treat them with kindness and patience.", "The team with whom I have contact are splendid in their duties – always respectful, friendly, competent and skilful in every possible way. I personally cannot think of any improvements to their present procedures." The registered manager told us they operated an open-door policy and made themselves available to people, relatives and staff. People and staff confirmed that they could contact a member of the management team to discuss any issues they may have.

The quality of the service continued to be monitored through quality checks, and quality audits. These included audits of care plans, MAR, staff recruitment records, and staff training records. Regular spot checks were carried to assess the quality of care delivered to people including time keeping and punctuality, staff conduct and communication skills. Feedback were given to staff on their performance and where concerns were identified, supervision and training sessions were organised for the staff member to improve. The registered manager regularly updated the Board of Trustees on key aspects of the service and overall the performance of the service. They used these updates to identify areas requiring improvement. They had reviewed staff recruitment process and how to improve staff retention.

Staff continued to be provided with the leadership and support they needed to carry out their roles effectively. One staff member said, "The managers are always there. We have them as backup anytime. They give us the support we needed." Another staff member mentioned, "The managers are very supportive. they make sure we have the tools to do our jobs effectively like sending us on trainings. They discuss policies and procedures with us so that we are up to date." We noted that regular team meetings were held which gave staff opportunity to discuss openly any challenges they may be facing at work and support they needed.

Staff told us team meetings helped share ideas and learn from one another.

The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. They worked closely with local authority commissioners, healthcare services such as falls clinic to help manage and reduce falls for people.