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# Morton Gardens DCA

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 8 February 2017 and was unannounced. When we last visited the service on 9 February 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions.

Morton Gardens DCA is a supported living service for three people with learning disabilities and some physical needs. A supported living service is one where personal care is provided as a separate package of care which is not linked to the accommodation. There were three people living in the service at the time of our visit. Some people had limited verbal communication.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The provider had not ensured a hoist used for supporting a person to transfer had been fully tested and was safe to use. While the registered manager understood the majority of their role and responsibilities well they were not aware of regulations which required them to ensure the hoist was fully tested and safe to use. This meant the person was not protected against risks associated with this piece of equipment. However, the registered manager agreed to put a schedule of appropriate checks in place to meet the relevant regulation concerning lifting equipment.

Staff received training in how to protect people from abuse and how to respond if they suspected people were being abused to keep them safe. Medicines were managed safely, although the registered manager told us they would put in place more detailed guidance for staff to follow relating to 'as required' medicines and homely remedies. Homely remedies are medicines which can be purchased over the counter, without prescription. The registered manager managed risks to people well, ensuring risks to individual were assessed with risk management plans in place for staff to follow in mitigating risks. Staffing numbers were sufficient to meet people's needs and staff were recruited through robust processes to check they were suitable to work with people.

People received choice in the food they ate and staff supported people to maintain healthy weights. Staff supported people to access the healthcare services they required and to monitor their health. Staff received the support and training they needed to give them the skills and knowledge to meet people's needs. Staff understood how to support people in line with the Mental Capacity Act 2005, ensuring they gained people's consent when people were able to give consent.

Staff were caring and communicated well with people, according to people's individual communication preferences. Staff treated people with dignity and respect and supported people to keep in contact with their relatives and friends. People were involved in making decisions about their care.

Each person had an individualised activities programme in place tailored to their interests. People were engaged in activities most days of the week. These included hydrotherapy, dancing and cycling. The registered manager ensured people's care plans were up to date so information was reliable for staff to follow in caring for people. People were encouraged to give feedback on the service and a complaints procedure was in place for the registered manager to follow in responding to any complaints.

Staff understood their roles and responsibilities well. A range of suitable audits were in place to assess and monitor the quality of service delivery. Resources and support were available to develop the team. People, relatives and staff were encouraged to communicate openly by the registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

A person was not protected from the risks associated with using a hoist because the provider had not ensured it was fully tested and safe to use. However, the registered manager agreed to put in place a schedule of checks to meet legislation as soon as possible.

Although medicines management was safe the registered manager told us they would put guidance in place to guide staff in more detail regarding 'as required' medicines and homely remedies.

Risks to people were managed well. There were enough staff to care people and staff recruitment procedures were robust.

**Requires Improvement** 

### Is the service effective?

The service was effective. People received the support they needed in relation to food and drink and accessing healthcare services. Staff received support and training to give them the skills and knowledge to meet people's needs. People were supported by staff who understood their responsibilities under the Mental Capacity Act 2005.

**Good** 

### Is the service caring?

The service was caring. People were supported by staff who were caring and who knew the best ways to communicate with them. People were treated with dignity and respect. They were involved in making decisions about their care.

**Good** 

### Is the service responsive?

The service was responsive. People were supported to do activities they were interested in. Care plans were regularly reviewed and contained information staff needed to understand people well, such as their backgrounds and aspirations.

A suitable complaints policy was in place.

**Good** 

### Is the service well-led?

The registered manager had not been aware of regulations

**Good** 

which required them to ensure the hoist was fully tested and safe to use, although they had a good understanding of other aspects of their role. A range of suitable audits were in place to assess and monitor the quality of service. Support was in place to develop the staff team. People, relatives and staff were encouraged to communicate openly by the registered manager.

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# Morton Gardens DCA

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection. The inspection took place on 8 February 2017 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with one person who used the service, the registered manager, the trainee manager and a care worker. The trainee manager was a full time member of staff who the provider was supporting to progress to a management career through training and support. We looked at a range of records including two staff files, two people's care plans and other records relating to the management of the service.

After the inspection we spoke with one relative of a person who used the service.

## Is the service safe?

### Our findings

The Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 requires that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic thorough examination. However, we found that there was no LOLER certificate for a hoist used for one person to show this had also been fully tested and was safe to use. This meant the person was not protected against risks associated with this piece of equipment. The registered manager told us they would ensure a contract with suitable professionals was put in place as soon as possible in order to meet LOLER legislation as they were not aware of this previously.

The service had some homely remedies and 'as required' medicines in stock for people. The registered manager showed us guidance for staff on when to administer such medicines. However, the guidance was not personalised for each individual to indicate how staff would know when they required each medicine. The registered manager told us there was always a member of staff on shift who had worked with people for many years, plus they lived locally and were always available to guide staff. However, they registered manager agreed to put in place 'as required' guidance for staff regarding how to recognise when people required each medicine, and guidance for when to administer homely remedies so staff would have a written record to refer to, to avoid confusion. Staff received training in medicines administration each year.

Medicines management in the service continued to be safe. We checked stocks of medicines against the amounts of medicines records showed would be expected. Our checks indicated people received their medicines as prescribed. We identified one staff omission in signing the medicines administration record (MAR). Our stock checks indicated this medicine was administered to the person but not signed for in error. Staff and the registered manager confirmed this to be the case and that they were waiting for the person to work on shift again to sign the MAR. The registered manager had processes in place to deal with the error appropriately.

A relative told us, "[My family member] is very safe, the staff are good. They don't shout at him, they talk to him gently." We observed people at the service and saw they appeared to be relaxed around staff and moved around the home freely and leisurely which indicated they felt safe. Our discussions with staff showed they understood how to keep people safe from abuse and neglect, such as the signs people may be being abused and how to respond to this. Records showed they received training in this.

The registered manager continued to assess risk to people through robust risk assessment procedures. These procedures included putting management plans in place for staff to follow to mitigate risks to people including for risks relating to moving and handling and epilepsy.

Relatives told they believed staff numbers were sufficient to meet people's needs. A relative said, "From what I see there are enough staff." The registered manager and staff also confirmed this. Staff told us the numbers of staff on shift varied each day depending on activities planned for the day, with people provided one to one support to attend activities most days such as when attending a local college. We viewed rotas which confirmed this and during our inspection people were supported to attend various activities in the

community.

Recruitment practices remained safe as the provider carried out all the necessary pre-employment checks for each staff member before offering them employment. These included obtaining a completed application form, criminal records check, references from former employers and two forms of identity.



## Is the service effective?

### Our findings

Staff provided people the food and drink they knew they liked and people received choices for their meals. The registered manager encouraged healthy eating, including providing people with a choice of a fresh fruit and vegetable smoothie every day. Staff monitored changes in people's weight and provided support to help them maintain a healthy weight. The registered manager ensured people had guidance in place for staff to follow in supporting them to reduce the risk of choking and staff were aware of these.

A relative told us, "[My family member] has a good GP, there don't seem to be any problems [with accessing the GP]." People had health action plans in place which were reviewed by a learning disability nurse. These action plans detailed how people can remain healthy. People also had hospital passports in place. These are documents which set out for hospital professionals how best to support people with their needs, including how best to communicate with them, if people are admitted to hospital. Records showed people had the access they needed to a range of healthcare services including GP, dentists and various hospital departments for outpatient appointments.

There continued to be a training programme in place so people received care from staff who had the necessary skills and knowledge to meet their needs, including training in autism and epilepsy awareness. Staff received regular supervision and appraisal from the registered manager during which they were able to receive guidance on their work and have their personal development and training needs reviewed. Staff also received support from the registered manager to achieve a Diploma in Health and Social Care to expand their expertise in the area. In addition the trainee manager was being supported to study for a Diploma in Leadership and Management in care alongside on-the-job management training to help them access a management career in the future.

Staff also ensured they gained people's consent before providing personal care when people were able to provide consent. Where people were not able to give consent staff made sure decisions were made in the best interests of people and involved others such as relatives and healthcare professionals in this process. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. As the service was a supported living service, the registered manager and staff understood that authorisations to deprive people of their liberty as part of keeping them safe and renewing applications as necessary should be made to the Court of Protection. At the time of the inspection there were no people who were being restricted of their liberty.

## Is the service caring?

### Our findings

A relative told us, "I couldn't wish for better, he's so happy there". People were supported by staff who cared about them. We observed staff responding to people in a friendly, warm and caring manner. Most staff had worked at the service for many years and knew the people they cared for very well. Staff told us they greatly enjoyed caring for the people at the service and our observations supported this. The registered manager told us the people had lived at the service since it opened and were like family to her. The registered manager made sure special events such as people's birthdays were celebrated at the service to make people feel they mattered.

We observed staff understood how to communicate with people well. We observed staff understood they needed to use simple words and sentences when talking to some people, using repetition to help understanding. Staff also understood how people communicated and explained to us in detail the different ways people in the home communicated. This information was also available for new staff to refer to in people's care plans.

A relative told us, "[My family member] is kept nice and clean." People were supported by staff who respected their dignity. People required support to maintain their appearance and we saw staff had supported people to wear clean, smart clothes which were appropriate for the weather. People also benefited from weekly aromatherapy massages which were arranged by the registered manager because they had noted the benefit that this brought to people as this helped them to relax. Staff respected people's privacy, encouraging them to shut their bedrooms doors when in their rooms.

A relative told us, "I Skype [my family member]. They [staff] are good at connecting it through the television so [my family member] can see me clearly." Relatives told us they could visit at any time and people were supported to keep in contact with their relatives and friends where possible. People's care plans identified those who were important to them for staff to refer to.

People were supported to be involved in making decisions about their care by staff as far as possible. For example people enjoyed regular meals in restaurants and cafés based on staff knowledge of people's food preferences. Each person had a keyworker. A keyworker is a member of staff who works closely with a person, ensuring their needs are met in different areas of their life. Keyworkers helped to set personal goals with people based on their knowledge of people's needs, interests and their preferences and involved them as much as possible in this process.

## Is the service responsive?

### Our findings

A relative told us, "All his needs are cared for." Each person had an individualised activity programme in place, tailored to their interests. People were supported to do different activities most days including hydrotherapy, dancing, cycling and visiting local day centres. Some people also attended a cookery course for adults with learning disabilities at a local college.

People were also encouraged to maintain friendships with people who mattered to them. People had lived together for several decades, and also together with people living at Raleigh House, a care home operated by the same provider but under another legal entity. Staff supported people to visit their friends at Raleigh House often, and they encouraged and welcomed visits from people at Raleigh House to Morton Gardens DCA.

The registered manager ensured people's care plans remained up to date, with accurate information for staff to follow in caring for them, because they reviewed them regularly. People and their relatives were involved in internal care plan reviews and also in annual reviews led by social services. People's care plans included information about their preferences, personal history, interests and aspirations. Care plans were person-centred and focused on them as individuals.

People were encouraged to provide feedback on the service as far as possible through regular keyworker meetings. In addition the registered manager visited the service most days and worked closely with people, providing further opportunity for people to feedback any issues to her. The registered manager gathered feedback from relatives and professionals via questionnaires. We viewed the recent questionnaire response and saw feedback provided was all positive.

Relatives told us they felt they could complain if necessary and they had confidence that the registered manager would take any complaints they raised seriously and would investigate them well. Relatives told us they had never had any cause to complain in the many years their family members had been living at the service. A relative said, "I'd be hard pressed to find anything I'm unhappy with." The provider had received no complaints since our last inspection. However, a complaints procedure was in place and suitable processes were in place for the registered manager to investigate and respond to any complaints if these were raised.

## Is the service well-led?

### Our findings

There was a registered manager at the service.. 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.

The registered manager understood the majority of their role and responsibilities in ensuring the service was operated appropriately. Our discussions with the staff also showed they understood their roles and responsibilities well and that they were well supported to fulfil their roles by the management team.

Staff told us they were each delegated specific areas of the service to check regularly so the service ran efficiently. These areas of staff responsibility included health and safety and fire safety, medicines management and care plans. The registered manager oversaw these audits and took action where required. The registered manager showed us an electronic system in place which staff used to record daily care notes and care plans. The registered manager also used this system to record staff supervision, appraisal and training. The system alerted the registered manager and staff when training, supervision and appraisal and care plan reviews were due so these were all reviewed in the timescales set by the registered manager. We also found records relating to people and the management of the service were complete and well-kept which meant records were reliable as a resource to be used in tracking progress of people and of the service overall.

Resources and support were available to develop the team. The registered manager invested in staff training and development to help staff understand their roles better and to improve service delivery. The registered manager had created a trainee manager role to help a member of staff achieve their aspiration to become a manager. The registered manager supported the trainee manager through close supervision, shadowing opportunities and on-the-job learning. The registered manager also supported the trainee manager to complete a management qualification in health and social care.

People, relatives and staff were encouraged to communicate openly by the registered manager. The registered manager worked with people and staff closely on shift. This meant they were available most days for people and staff to discuss any concerns. The registered manager also held regular staff meetings. Minute showed these provided opportunities for staff to raise any issues they would like further guidance on. Staff confirmed to us the registered manager always listened to any issues they raised and communicated well with them.