

Morden College

Morden College

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Morden College personal care service provides care and support to people within the Morden College Charity Community. The charity supports older people through a range of services within their community so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were four people using the personal care service.

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

Some medicines were not always safely managed as staff did not always follow best practice guidance.

The system to oversee and monitor the quality of the service was not always effective at identifying issues.

There had been several changes of manager at the service since the last inspection. An improvement plan had been put in place which the new manager and clinical lead were working on.

People felt safe using the service. Staff knew how to recognise and report concerns or abuse. They were confident the management team would act to safeguard people if needed. Incidents and accidents were reported, and the registered manager reviewed them and took action to reduce the risk of repeated concerns.

Risks to people were assessed and management plans were put in place to reduce the risk from happening. Risk plans had not been reviewed but there was a plan to address this.

Staff were recruited safely and there were enough staff to meet people's needs. Staff understood and followed safe infection control procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us their views about the service were asked for and that they were consulted and involved in their care. The service worked with health and social care professionals to ensure people's needs were safely met.

There was an empowering and positive culture at the service. People were supported to access facilities to reduce social isolation and engage their interests. The manager and staff demonstrated a commitment to their roles.

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

Rating at last inspection

The last rating for this service was Good (published 2 April 2019).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Morden College on our website at www.cqc.org.uk.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We inspected the key questions safe and well led as a result of the information we held. The overall rating for the service has now changed to requires improvement.

Enforcement and Recommendations

We have found breaches of regulation in respect of managing medicines and the oversight and monitoring of the service. The manager took action to start to address issues we found at the inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Morden College

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. A manager had been appointed who told us they were in the process of applying to register with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we held about the service including notifications we had received.

We contacted the local authority to ask for their views about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 21 September 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We visited the site office and spoke with the manager. We viewed two care plans, risk assessments and medicines records, staff records and records related to the running of the service such as meeting minutes.

We spoke with two people using the service and three care staff to gain their views about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Staff did not always follow best practice guidance. Daily notes showed on occasions staff administered some over the counter medicines such as topical creams, at people's request, but without confirming their suitability with the GP. There were no body maps to guide staff on the administration of these medicines and no medicines administration records (MAR) to confirm administration. There was no guidance in relation to these medicines in people's care plans.
- Staff received training on the safe administration of medicines. However, not all staff had completed a medicines competency assessment to ensure training was embedded and that they had the necessary skills to administer medicines.

Medicines were not managed safely and this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Otherwise people received support from staff to take their medicines safely. Where people required support to take their medicines this was recorded in their care plans. Care records included medicines risk assessments, risk management plans and care plans related to people's medical conditions. These provided staff with guidance on how to support people with their medicines.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their needs were safely met. Risk assessments had not been recently reviewed. The manager showed us their improvement plan which had identified this issue and a full review of risk assessments was underway.
- Care plans included assessments of risk relating to people's medical, physical and mental health needs. Risk assessments provided staff with information on how risks should be managed; for example, potential risks in relation to the environment.
- People told us they had the same small consistent staff team; staff knew them and their health needs very well and understood any individual risks. Staff confirmed this was the case.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. Staff sought consent from people before they delivered care. The manager told us everyone currently using the service had capacity to consent to their care and make decisions. If this changed they were aware of their responsibilities under the MCA code of practice.

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

- People were protected from the risk of abuse or harm. People were positive about their safety using the service. They told us that staff treated them with care and compassion. One person told us, "I feel safe, they [staff] are very kind and considerate. Another person remarked, "I am absolutely delighted with them [staff]. They are very kind and gentle."
- Staff completed training on safeguarding adults from abuse. They understood what abuse was, the signs to look for and where and how to report concerns.
- The manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.
- Staff recognised incidents and reported them appropriately and these were considered by the manager to ensure any necessary actions were taken.
- The manager recorded and monitored incidents and accidents for learning and to identify any trends. We saw from a previous incident that the manager had discussed learning in relation to record keeping with the staff team.

Staffing and recruitment

- There were enough suitably skilled staff to meet people's needs. People were complimentary about staff punctuality and told us staff always stayed the full length of their calls. One person said, "They are always on time and make sure they do everything needed. They do not rush me."
- Robust recruitment procedures were in place. Recruitment records included the full range of necessary checks. This information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service had effective infection, prevention and control measures to keep people safe. A person using the service told us, "The staff are good with their PPE ."
- Staff had received training on infection control, and COVID 19 to help support them reduce the risk of spreading infections. They told us they had access to plenty of PPE. The provider had robust infection control policies and procedures in place to reduce risk.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- The system of oversight and monitoring of the service was not always effective at identifying possible risks. There were no recorded medicines audits to ensure people received their medicines as prescribed. We found a possible gap in a medicines record which had not been identified and investigated by the manager. This was resolved at the inspection. Some MAR's were handwritten by staff due to communication problems with a pharmacy. However, there was no check made that the handwritten MAR corresponded accurately with the prescription from the GP.
- Daily support notes staff made as a record of care were not checked for any issues or concerns. Spot checks were completed but these were not recorded to support staff and service development.
- The system of oversight had not identified that new staff to the service had not had their competency to administer medicines assessed. Or that the complaints policy did not explain all the options where to take a complaint externally if someone was not happy with the outcome of a complaint they had made about the service.

These issues had not impacted on people's care but the quality monitoring of the service was not sufficiently effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was open and honest and explained there had been several changes in management over the last year and no registered manager, so oversight had slipped. They were aware there were areas they needed to improve and were working with a newly appointed Morden College community clinical lead to address these.
- They showed us a service improvement plan which identified key areas such as staff support and a new system of electronic care records but had not identified the issues we found with medicines. However, the manager was proactive during and after the inspection at addressing concerns raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found there were some gaps in the manager's awareness of their responsibilities and role. For example, in relation to their awareness of the duty of candour regulation. However, they understood the importance of openness and honesty in relation to all types of incidents. They were also supporting other

areas of the Modern College Community temporarily until the new post holders started. The manager told us they were aware of the gaps in their knowledge and skills and were in the process of registering for registered manager training. They felt able to manage their workload. They were working with the newly appointed clinical lead who had recently joined the service and felt well supported by the senior management team within the community.

- People told us they were very happy with the service and that it was well run. One person said, "It is jolly efficient, my views are asked for and I am very happy with it."
- Staff told us they enjoyed working at the service. They were clear about their roles and responsibilities in delivering care and support. Staff told us they were supported by the manager to be effective in their roles. One staff member told us, "The manager is good. They care. They give support and do listen."
- The manager had introduced regular team meetings and a daily handover between staff to discuss the running of the service and aid communication. A staff member told us, "The team meetings are helpful. It's a good way for us to discuss any issues as we work alone a lot of the time. The handover helps a lot too."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, open and empowering culture at the service. People's views were respected and they told us they were fully involved and consulted about their care. They could choose whether they wanted their support needs met by this service or any other domiciliary care service.
- The service promoted positive outcomes for people and enabled them to improve their well-being. There was a well-being centre in the community which people using the service could make use of. The charity ran a programme of varied activities for all the community and there was a wide range of groups and activities on site to engage and stimulate people and reduce isolation including fitness programmes and a choir.
- There had been several changes of management across the charity community and work was in progress to consolidate and embed the charity's values. Staff told us the culture at the service was positive and supportive and they worked well as a team.
- A recent Morden College Community staff survey had been carried out and the results were positive. They had been analysed for learning and the manager told us they were going to carry out a staff survey specific to this service so they could be sure all issues were picked up.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were engaged and involved in the service. People were given a detailed service user guide which explained how all the Charity worked including the personal care service.
- People's views were regularly sought through a number of forums. There were regular forums for the community, a newsletter and quarterly magazine were published with the involvement of community members. There were informal coffee mornings.
- Staff referred to relevant health professionals where it was appropriate to do so. There was an onsite physiotherapy team. The manager was proactively working with the medical centre and pharmacy to resolve some medicines issues.
- Staff could make use of an employee rewards scheme which had recently started and an employee assistance programme. One staff member said, "They treat the staff well here and do support us. It's better than some other companies I worked for."

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely Regulation 12 (1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to manage the quality and safety of the service were not always effective. Regulation 17(1)