

Perpetual (Bolton) Limited

Morden Grange

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Morden Grange is a two storey property in The Haulgh area of Bolton. The home is close to local amenities and public transport. The home is registered to care for seven adults with mental health difficulties. At the time of the inspection there were five people living at the home.

This was an unannounced inspection that took place on 14 March 2016. We last inspected the home on 23 October 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

The home has a registered manager in post. The registered manager is responsible for another two of the company's homes in the Bolton area. The registered manager assisted with the inspection as did the senior member of staff on duty. 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.

We saw that people who used the service had a detailed care plan to guide staff on the care and support required.

People who used the service told us they were well looked after and they felt safe.

Staff recruitment procedures were safe. We saw appropriate checks had been undertaken before staff commenced work at the service to ensure they were suitable to work with vulnerable adults.

We observed good interactions between staff and people who used the service.

We found that people were cared for and supported by sufficient numbers of suitably skilled staff trained staff.

Staff we spoke with had a good understanding of the needs of the people they were caring for.

Staff were able to demonstrate their understanding of the whistle blowing procedures and they knew what to do if an allegation of abuse was made to them. Staff were also able to demonstrate their understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We found the medication system was safe and that people received their medicines in a timely manner as prescribed.

We saw that staff work in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Food stocks were good and people were encouraged to enjoy a healthy and nutritious diet.

All areas of the home were clean and were maintained to a good standard.

There were opportunities for people who used the service to comment of the quality of care provided.

The complaints procedure was displayed and the registered manager had systems in place for receiving and responding to any complaints or concerns raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who used the service told us they felt safe living at the home.

Staff had been safely recruited and suitable arrangements were in place to help safeguard people from abuse.

The system for managing medicines was safe and people received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions.

People were happy with the variety of food available.

The member of staff spoken with told us they received training relevant to their role and had regular supervision.

Is the service caring?

Good ●

The service was caring.

We found that people were involved in making decisions about their care treatment and support.

The staff had a good understanding of the needs of the people they were caring for.

We saw that staff treated people who used the service with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were supported with a range of

activities and outings.

People received the support to meet their individual needs.

There was a complaints procedure in place. People had no complaints but knew who to speak with they were unhappy with anything.

Is the service well-led?

Good ●

The service was well led.

The home had a registered manager in post. The registered manager oversees two other homes in the Bolton area.

Systems were in place to assess and monitor the quality of the service and arrangements were in place to seek feedback from people who used the service.

Staff meetings and staff supervisions took place regularly. Staff told us the registered manager was supportive and approachable.

Morden Grange

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.

The inspection took place on 14 March 2016 and was unannounced. This inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection the provider sent us a completed Provider Information Return (PIR). This is a form that asks the provider to tell us what the service does well and what improvement they are planning to make. We also looked at previous inspection reports and notifications of accidents and incidents received from the service.

During the inspection we spoke with two people living at the home, two staff and the registered manager. We looked at records held by the service including two care file, training records, audits and meetings. Staff recruitment files had been checked at a recent inspection at one of the providers other homes. Staff, when needed provided cover at the providers other homes in the area. We saw that staff had been safely recruited.

Is the service safe?

Our findings

The service was safe. We looked around the home and saw all areas of the home and outside space were safe and accessible. The communal areas of the home were clean and well maintained.

People we spoke with told us they were safe and the care and support from the staff was good. On the day of the inspection two members of staff were on duty. Staff worked flexibly and staffing levels were planned so that extra staff would be on duty when someone had an appointment to attend and wished staff to accompany them.

The service had a robust recruitment process in place. Staff files were kept at head office. Staff sometimes were required to cover at the other homes in the area. At a recent inspection at one of the company's other home we checked staff files. Information in the files included an application form, references and other forms of identification. Checks had been carried out with the Disclosure and Barring Service (DBS). A DBS check helps a provider to ensure that people are suitable to work with vulnerable adults.

We looked to see how the medication system was managed. We saw that medicines were safely stored in the treatment room. We saw that medicines were given in a timely manner as prescribed. Recording on the individuals Medication Administration Record sheet (MARs) was checked and found to be accurate. There was a medicines fridge in the treatment in case any medicines required refrigeration. When in use daily temperature records were recorded.

Fire alarm systems, emergency lighting and alarms were tested and serviced regularly. Fire drills were carried out and recorded. People who used the service were all mobile and would be able to leave the building in the event of an emergency.

Policies and procedures were in place for the prevention and control of infection. Staff had completed training in infection control. People who used the service help with the preparation of meals and assisted in the kitchen. Staff promoted good hygiene when people who used the service were in the kitchen for example hand washing.

Appropriate safeguarding policies and procedures were in place for staff to refer to. Staff had a good understanding of safeguarding issues and were confident they would recognise signs of abuse or poor practice. Staff knew about whistle blowing procedures and knew who to contact outside the service if they felt their concerns would not be listened to.

We looked at documents that showed the equipment and services within the home were serviced and maintained in accordance with the manufactures' instructions. This helped ensure the safety and well-being of people living, visiting and working at the home.

Is the service effective?

Our findings

We looked around the home and saw that the environment was adapted to meet people's needs. The registered manager told that one person who used the service found it difficult to use the stairs in the home. The registered manager made provision for the office to be moved upstairs to accommodate this person's needs in a downstairs room. We saw that the service had installed an electric bath seat so that people who were finding it difficult to get in and out of the bath could now bath in safety and comfort. The service also had a wet room for people who preferred to shower.

We were told staff completed an induction programme on commencing work with service. Staff training was ongoing refresher training planned as required. Training included: safe administration of medicines, first aid, food hygiene and mental capacity. Any specialist training for example caring for people with epilepsy or diabetes would be provided as and when required. The registered manager told us that the focus for the next twelve months will be to work on the Care Certificate Framework and ensure the workshops are rolled out to all staff.

We saw that systems were in place for staff to receive regular supervision and appraisals. Supervision meetings provided staff with the opportunity to discuss any concerns they may have and any further training or career developments they may wish to undertake.

We looked at the systems in place to ensure that people were asked for their consent from staff before any support was provided. We saw that people were able to make their own decisions and provide both verbal and written consent to their care and treatment.

The registered manager told us at Morden Grange they used the Recovery Star Outcomes Tool. This works on ten key areas - 1.Managing mental health, 2.Physical health and self care, 3.Living skills, 4.Social networks, 5.Work, 6.Relationships, 7.Addictive behaviour, 8.Responsibilities, 9.Identity & self-esteem, 10.Trust and hope. The Mental Health Recovery Star is underpinned by a five-stage model of change: 1.Stuck, 2.Accepting help, 3.Believing, 4.Learning, 5.Selfreliance.

This is completed ideally with the individual and their keyworker and allows them to discuss the areas above and where they see themselves. Together they can work on an action plan on what areas they think they need to develop in order for them to either becoming more independent or to move on to living completely independently, depending on the individual. Evidence has shown that using an outcome measure in discussion between a worker and the individual can improve outcomes. We saw evidence of completed Recovery Star Outcomes Tools in the care files we looked.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 interest and as least restrictive as possible. At the time of our inspection, there was nobody living at Morden Grange who was subject to a Deprivation of Liberty Safeguard (DoLS) authorisation. We were told that staff had received

training in MCA And DoLS.

We looked at how people were supported to maintain a healthy and well balance diet. People told us they were consulted about the choices of meals served. We saw for breakfast some people were having a cooked breakfast and others cereal and toast. People were encouraged and supported if necessary to help with the preparation of meals, although staff in the main did the cooking.

People who used the service were supported with their health care needs. People had access to GPs, chiropodists and dental treatment. These visits were recorded in the care records. On the day of our inspection we saw that staff were accompanying a person who used the service to a GP appointment.

Is the service caring?

Our findings

We saw there was good interactions between staff and people who used the service. Staff reassured people and spoke in a respectful, kind and caring way. One person we spoke with told us they were fine and well cared for. A relative had written to the service complimenting staff on the care provided to their relative. The atmosphere within the home was relaxed. We saw that staff were mindful that they were guests in someone's home and ensured that people's privacy was respected, for example knocking on doors before entering people's bedrooms.

The registered manager told us that people who used the service were treated as individuals and staff ensured that the care provided met the individual's needs. This was achieved by staff getting to know the people they were supporting and the person behind the illness. The staff spoke with people to find out what they wanted and how they wanted to achieve their goals and aspirations.

We saw from the care records we looked at that people who used the service and/or their relatives were involved with the care planning process. They were invited to reviews where their wishes and comments were discussed.

The registered manager told us that staff encouraged people who used the service to make their own choices as much as possible and consulted them on menus and activities they would like to do.

Relatives were encouraged to visit the home and one relative wrote, 'Just want to thank everyone for our lovely warm welcome and for making [person who used the service] so loved and wanted. Thank you it means so much'.

A visiting professional to the service wrote in the comments book, 'Always received a warm welcome, warm and comfortable environment. Staff are knowledgeable'.

Is the service responsive?

Our findings

We looked at the care records of two people who used the service. The care records contained detailed information to guide staff on the care and support to be provided. This included personal details, what to do if a person went missing from the home, medical and physical information, legal and mental health information, risk assessments and communication with other professional teams. There was an 'easy read' document called All About Me. This included information such as favourite foods, taste in music and films and pets. We saw that the care plans were audit monthly and an up to date summary had been completed by the registered manager.

The registered manager sought feedback from people who used the service on all activities completed so they could ascertain whether they enjoyed them, whether they would like to do it again or if there is anything else they would like to explore. People had enjoyed days out to places like Blackpool, staff had started a walking club so people could enjoy outdoor activities.

The service supported people to maintain contact with their families where applicable and to access activities in the community. One person enjoyed gardening and staff had supported them with planting spring flowers in window boxes. The staff ensured that special day such as birthdays were celebrated.

We saw that specific training was accessed where required to meet the needs of people who used the service. The district nursing team were also available to offer advice and support.

There was a complaints procedure in place with regards to responding to any complaints and concerns. There was also a suggestion box in the hallway for people and visitors to use if they wished.

Is the service well-led?

Our findings

There was a registered manager in post. 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 oversees another two homes in the Bolton area; all are in close proximity to one another. There was a senior member of staff in charge of each service.

There were systems in place to monitor and assess the quality of the service. These included checks on medication, care records, people's finances and environment.

We were provided with the Service User Feedback survey for 2015 for the three houses. We saw that 64% of people who used the service said they thought the care they received was very good, 82% of people said that staff made themselves available when required, 82% said staff were professional and courteous and 46% said that the home provided excellent accommodation. A summary of the comments was provided by the registered manager following the survey and any actions and improvements were to be addressed.

The registered manager had completed an evaluation on staff supervisions for 15 members of staff. Information showed us that 67% of staff strongly agreed their supervisor provided them with appropriate training opportunities and 33% agreed. When asked if their supervisor was a good mentor 73 % strongly agreed and 27% agreed. When asked if their supervisor reviewed what they had agreed from their last supervision 100% strongly agreed. The registered manager's summary included; extremely positive feedback from staff. The small amount of negative feedback will be addressed. We were informed that the survey for 2016 had been sent and the registered manager was waiting for these to be returned.

We saw that staff had access to clear policies and procedures should they need to refer to them at any time. These included: safeguarding, fire safety, medication, infection prevention and control and whistleblowing.

The service worked well in partnership with other agencies and external organisations and with the local community.

The registered manager engaged well with the CQC and we found appropriate notifications of incidents or accidents were forwarded to us as required.