

Perpetual (Bolton) Limited

Somerset House

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

Somerset House is a three storey property in a residential area of Bolton. The home is close to local amenities and public transport. The home is registered to care for six adults with a mental health difficulties. This was an unannounced inspection that took place on 11 December 2015. 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 had a registered manager in post. The registered manager was responsible for another two of the company's homes in the Bolton area. The registered manager assisted with the inspection as did the 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.

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 found that suitable arrangements were in place to help safeguard people from abuse and staff? Do people need to be safeguarded from staff?.

Staffing levels were assessed and reviewed depending on what activities or appointments people had and if staff support was required.

Most of the people had lived at the home for a number of years and were happy with support they received.

We found the system for managing medicines were safe, people told us they were happy for staff to administer their medication.

People's care records contained enough information to guide staff on the support required. All the people who used the service were independent and did not require any help with personal care. Staff encouraged and supported people as required with daily living tasks.

People who used the service were able to make decisions for themselves and were involved and consulted about the development of their care plan.

Food stocks were good and people who used the service were consulted about their preferred choice of food.

Risk assessments were in place for the safety of the premises and equipment.

We saw that people made decisions as to how they spent their day. People sometimes went out to the

shops and to local pub.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide a legal framework for people who may lack capacity to make their own decisions for themselves and are helped to do so when needed. There was nobody living at Somerset House who was subject to a DoLS.

The service had an appropriate complaints procedure in place. We looked at the complaints log and saw there had been one complaint in 2015. This had been suitably addressed by the registered manager.

There was a system in place to monitor and assess the quality of the service. These included: satisfaction surveys, medication checks, people's finances and care records.

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.

People told us the staff were kind and caring and helped them when needed.

People could make choices and were involved in decision making about their daily routine.

Is the service responsive?

Good ●

The service was responsive.

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.

People were able to pursue activities of their choice.

Is the service well-led?

Good ●

The service was well led .

The registered manager was registered to oversee three small homes. A designated senior was in place for each of the houses.

Any incidents or accidents were monitored and action taken to eliminate risks.

There were systems in place to manage and assess the quality of the service.

Somerset House

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 inspection took place on 11 December 2015 and was unannounced. This meant the provider did not know we were visiting. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed information we held about the service, this included any notifications we had received and previous reports.

At the time of the inspection there were six people living at Somerset House. Four of the people had lived at the home for a number of years. During the course of the day we spoke with all six people, the member of staff on duty, the registered manager and a friend who was visiting.

We looked around the home and with people's permission looked at two care records and observed the morning medications being offered to people and how these were recorded. Staff personnel records were kept at head office, the provider brought two records to Somerset House for us to view. We also looked at some of the quality assurance checks carried out by the registered manager.

Is the service safe?

Our findings

During the inspection we spoke with all the people who used the service. There were six gentlemen living at the home. Four of the gentlemen had lived at the home for a number of years. Prior to any new people moving in to the home a comprehensive assessment was undertaken to ensure compatibility with others and that the service and staff could meet the individual's needs.

People told us they felt safe living at the home and they were happy with the care and support they received. One person told us, "I have no worries, it's fine here". Another said, "The staff are very good".

We found appropriate safeguarding systems were in place to help to protect people from the risk of abuse and unsafe practice. There was one member of staff on duty who when asked had a good understanding of what they would do if they had any concerns. The member of staff confirmed they had undertaken training in safeguarding vulnerable adults. We saw that the service had an appropriate safeguarding policy in place and a copy of the local authority's safeguarding procedure was available for staff to refer to if needed. There had been no safeguarding referrals made.

On the day of our inspection there was one member of staff on duty. People living at Somerset House required minimal support. No personal care was provided and all the gentlemen were independent. There was one member of staff on 'sleep in' night duty and there was an 'on call' member of staff for further support if needed. If any of the gentlemen living at the home had any appointments or outings that they wanted staff to accompany them to, extra staff would be on shift to support this.

We observed the morning medicines being administered. The service used the Biodose system. This is where medication is stored in a pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, this helped minimise medication mistakes. We saw medication was checked before offered to people and then recorded on the individual's medication administration record sheet (MARs). We saw that medicines were securely stored. We asked one person if they preferred staff to handle their medication and were told, "Yes, I prefer it then I don't get mixed up".

Staff recruitment procedures were robust to help ensure that suitable staff were employed. Staff personnel files were held at the company's head office. The provider brought two staff files for people who usually worked at Somerset House for us to look at. We saw appropriate checks were undertaken before staff started working for the company. These included an application form, written references and a check from the Disclosure and Barring Service (DBS). A DBS check informs the provider of any convictions against the applicant.

We saw that risk assessments were in place. These covered areas such as the environment, infection control, going out of the home and people's mental health state.

We saw that people went out to the local pub and shops. Some people went out on overnight stays with

family and friends. People living at the home informed staff of where they were going and what time they would be back. This helped to keep staff up to date with people's whereabouts to ensure they were safe.

Is the service effective?

Our findings

We were told staff completed an induction programme on commencing work with service. Staff training was ongoing, refresher training planned as required. The member of staff spoken with told us they had worked at the service for a couple of years. They said, "This was a complete career change for me, I had never worked in care before, so I had to undertake all the necessary training offered". 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.

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. The member of staff on duty had a pleasant and respectful manner asking people if they were ready for the medication and if they had a drink to help them to swallow their tablets. We saw that people were able to make their own decisions and provide both verbal and written consent to their care and support.

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 Somerset House 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 balanced 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. One person told us they had no complaints about the food, and said, "There's always plenty of food in". We saw for one person a fluid chart was in place, this was to monitor how much this person was consuming and sugar intake as this was becoming excessive and detrimental to their health. We saw the chart had been completed accurately.

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.

Is the service caring?

Our findings

During the inspection we spoke with the six people living at the home. We also spoke with a friend who was visiting the home who told us, "All the staff are great, they look after [friend] really well and he has settled in great. I am always made to feel welcome when I visit, they [staff] are also very supportive to me as well as [friend]" .

The people we spoke with said they were happy living at the home. We were told that all the staff were caring and helpful. One person said, "We all get on well together, if I have any worries I would tell the staff".

It was clear from our observations and from the records we looked at that people were able to make decisions about how they spent their day. We saw that four people were up and dressed when we arrived at the home, one person had stayed overnight with a friend and another was still in bed having a lie in. People were involved in menus, choice of décor and activities. People were expected to help keep their rooms clean and tidy and do their laundry. Staff were available to help if needed.

People told us their privacy was respected. All bedrooms were single rooms and people had keys to their own bedroom. People told us that staff would never just walk in their bedroom without knocking. We asked one person if they were happy with their room, they said, "Very happy it's warm and comfortable. I have all my own things in there". We saw in the rooms we looked at that people had personalised their rooms with their own belongings.

We saw that there was good interaction between the member of staff on duty and people living at the home. People were sat in the kitchen chatting together. It was also noted that if the member of staff needed to speak with one of the gentlemen this was done in the office. This meant that confidentiality was maintained.

Is the service responsive?

Our findings

We saw that each person had a care record that was personal to them. These included detailed information about what support was required and by whom. We saw that the records were regularly reviewed and updated as required. Information also included people's likes and dislikes with relation to food, health and welfare. There were contacts and information from other health care professionals who were involved in people's care for example community psychiatric nurses (CPNs).

People spoken with knew about their care records and the information recorded in them. One person told us they had been consulted and involved in their care plan when they came to live at Somerset House.

At the time of our inspection people were not engaged in employment or further education. Some people were of retirement age and were happy and contented with how they spent their day. The registered manager would ensure that if people wished to undertake any recreational or educational activities these would be arranged.

We saw that people spent time together in the lounge area and had access to their rooms at any time. The lounge was comfortable and well equipped with a television, music and DVDs.

The provider had refurbished the downstairs bathroom and had a walk in shower fitted to allow people to access the shower more easily as for some people getting in and out a bath would be difficult.

For one person who found it hard to get up the stairs to their room a stair lift had been fitted. This allowed this person to remain at the home where he was comfortable and with people he had lived with for several years.

We looked at how the registered manager handled complaints. We saw that there was a complaints policy and procedure in place. There had been one minor complaint made. This had been appropriately dealt with by the registered manager.

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.

The people living at Somerset House all knew the registered manager well and told us that they visited the home a lot. One person told us, "She's very nice and you can always have a chat". The member of staff on duty on the day of the inspection was usually based at another service and was covering a sick leave at Somerset House. The member of staff had worked at the service before and knew the gentlemen living at the home.

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 the us as required.