

Langley House Trust

Somerset Villas. Goldie Leigh Hospital Site

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

About the service

Somerset Villas is an extra care housing providing personal care to people suffering from mental health problems. People using the service lived in a single 'house in multi-occupation' shared by 14 people. 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 our visit, the service supported eight people with personal care needs.

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

Risks to people were managed effectively to reduce harm to them. Lessons were learned from incidents and accidents. Staff had received training in safeguarding adults and knew the actions to take to protect people from abuse. There were enough staff available to deliver safe support to people. People medicines were safely managed. Staff followed infection prevention and control procedures to reduce risks of infection.

People's needs were thoroughly assessed following best practice guidance. People were supported to meet their nutritional and hydration needs. People had access health and social care services to maintain good health and to meet their mental health needs. Staff liaised with other services to ensure people's care and support were effectively planned and delivered.

Staff were supported to be effective in their roles. Staff were inducted into their roles; and received regular training, supervisions and annual appraisals.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. People consented to their care before they were delivered.

People told us staff treated them with dignity and respect. People were involved and supported to express their views about their care and support. People were supported to promote and maintain their independence.

Staff communicated with people in the way they understood, and people were given with information in formats they understood. People's equality and diversity needs were respected. People received support to meet their individual needs. People's care plans were reviewed and updated regularly to reflect their current needs.

There was a complaints procedure available. People knew how to complain if they were unhappy with the service.

People and staff were involved in planning and developing the service. The quality of the service was regularly assessed. The provider worked in partnership with other organisations to develop the service. The registered manager met their statutory responsibilities to the CQC.

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

Rating at last inspection: This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based in line with our inspection programme for newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Somerset Villas. Goldie Leigh Hospital Site

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

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 information we held about the service which included notifications of events and incidents at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We looked at three people's care files, seven people's medication administration records, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with two people using service, two support staff, the registered manager, a representative of the provider and three healthcare professionals from the mental health team involved in the treatment and care of people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded against the risk of abuse as the systems and processes in place supported this. People told us they felt safe with staff and with other people in the service. One person told us, "I feel safe. I don't feel harassed or threatened in any way." People knew what constituted abuse and how to raise their concerns appropriately.
- Staff were trained in safeguarding adults at risk. Staff were aware of their duty to protect people from abuse. They told us they would report any concerns to the registered manager who they believed would act appropriately.
- The registered manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Assessing risk, safety monitoring and management

- Risks to people were effectively managed. Risks were assessed covering various areas relating to people's mental health conditions, physical health, behaviours, accessing the community and activities of daily living.
- Management plans were developed with the support of relevant health professionals involved in people's care and support. Management plans provided guidance for staff to support people appropriately maintain their well-being and safety.
- Staff completed daily updates on people's progress and activities. Risks were reviewed regularly to reflect people's current situations.

Staffing and recruitment

- There were enough experienced staff to support people and meet their needs. One person told us, "There are staff around always and if I need help, I ask them and they are happy to help."
- The service was commissioned to provide 24 hours support based people's needs. The staffing rotas reflected this level of service. Staff told us they were sufficient on duty to safely support people. The registered manager was available and provided support if needed to cover in emergency or if extra support was required.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- There were systems and procedures in place that promoted the safe administration and management of people's medicines. Staff had completed training in the safe administration and management of medicines. Medicines were kept in a safe and secure manner.
- People had care plans in place with regards to the level of support they received with managing their medicines.
- Medicine Administration Record (MAR) charts showed people received their medicines as prescribed. MAR charts were signed and dated. A senior member of the team carried out regular medicine audits to identify issues.

Preventing and controlling infection

- There were systems to reduce the risk of infection in line with government guidance. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff wore facemasks as required and used other personal protective equipment when needed. Staff had completed their vaccinations and they carried out regular COVID tests. People told us they had received their vaccines and were also supported to follow government guidance on COVID.

Learning lessons when things go wrong

- Lessons were learnt when things go wrong. Incidents and accidents were reported in line with the provider's procedures. These were reviewed by the registered manager and actions put in place to reduce risk and a repeat occurrence. We saw one person's care plan and risk assessment had been reviewed and updated to reflect an incident relating to their behaviour which put them at risk.
- Meetings were held with staff on a regular basis to share learning from incidents and actions to promote people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Assessments were completed with a team of mental health professionals including psychiatrists, psychologist, care coordinator and a senior member of a support staff in line with the Care Programme Approach (CPA). The CPA is a programme of support offered to people with mental health issues. It examines what support people need, goals they want to reach and how to meet these.
- As part of the assessment process reports from various agencies involved in people's care and treatment are reviewed and used in deciding if the referral was suitable for the service in line with the Multi-Agency Public Protection Arrangements (MAPPA) guidance. MAPPA creates a multi-agency framework in which rigorous risk assessments and risk management can take place and to check the service can meet their needs.
- Assessments covered various areas such as physical health, mental health, nutrition, eating and drinking, socialising, accessing community facilities, personal care and other activities of daily living. Where people have behavioural challenges, a behavioural chart was maintained to establish their triggers and patterns so appropriate support could be put in place.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people effectively. One person said, "Staff have basic understanding of my mental health needs and generally know what to do. They get support from the clinical team for advice."
- Staff were supported to deliver effective support to people. All new staff members completed an induction to give them understanding of the needs of people they would be supporting. Training records showed staff had received training relevant to their roles which provided them with the skills and experience to support people effectively.
- Staff told us, and records showed they received regular supervision and performance appraisals. Staff also received support from the multi-disciplinary team involved through regular training, team meetings and supervisions. Staff told us they found these useful.

Ensuring consent to care and treatment in line with law and guidance

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 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 interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA

- People confirmed they gave their consent for the care and support they received from the service.
- Staff had received training in Mental Capacity Act (MCA) 2005 and they knew to support people consent appropriately to make decisions.
- Support plans documented people's capacity to make decisions and who supported them with specific decision making. People had access to independent mental capacity advocates who supported them where required in decision making. The registered manager understood their roles and responsibilities under MCA. They knew to involve other professionals where appropriate and in people's best interests.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a healthy balanced diet and to maintain their nutritional and hydration needs.
- Care plans included support people required with eating and drinking and to meet their nutritional needs. Where people required support with preparing their meals, staff provided them with the support needed.
- Staff knew to raise any concerns regarding nutritional needs appropriately so actions could be taken.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. One person told us, "I have a GP and can call them I when am not feeling well."
- People were supported by a range of services including the community mental health team (CMHT) who attended the service regularly to see people to monitor and review their well-being.
- A member of the CMHT we spoke with told us staff liaised effectively with them and followed their recommendations. with healthcare professionals and followed up on their recommendations to ensure people's health were maintained.
- Staff liaised and shared information appropriately with relevant services to ensure people's needs were met in a consistent and effective way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring towards people. One person commented, "The staff are respectful and nice. Some understand me better than others, but they are all really caring. When I need help, I call them, and they always come." Another person told us, "They [Staff] are all polite and respectful. I have no problems with them." A member of the CMHT commented, "Staff really care about the patients. It is not just a job to them, they connect with the patients, they listen and respect them. Their well-being is as important to them. Staff understand each of the patient and are interested in them."
- Support plans included things important to people such as their likes and dislikes, preferences and routines. Support plans also provided information about what made people anxious and frustrated, so staff knew how to support them appropriately. One person commented, "Staff understand my anxiety and fears and help me manage it."
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were considered as part of their need's assessment. Staff provided people with a local map and services including places of worship if people wished to attend.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support and were supported in expressing their views. One person told us, "I'm involved in my care planning and anything about my care. My views always sought my consent before they do anything. I can express my views and staff listen." Another person mentioned, "Staff involve me in everything they do and in planning my support. They communicate with me and they communicate with each other too about the plan which helps as I don't like talking about the same thing."
- People had individual keyworker who supported them to express their needs and views. People also had access to independent advocacy services who supported during meetings to ensure people's views and rights were promoted. A keyworker is a member of staff who has the responsibility to support people individually.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. One person told us, "I lock my door and staff always seek permission before they enter. They respect my privacy and dignity." Another person told us how they were being encouraged by staff to improve their skills of daily living.

- People were encouraged to do things for themselves with minimal support and supervision from staff in line with the service's objectives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff supported people in a way that met their individual needs and preferences.
- People had personalised support plans which detailed people's backgrounds, preferences, social connections, personalities, likes, dislikes, routines and goals. Staff worked with people to meet their needs and achieve their goals. One person commented, "My keyworker supports me with my goals. They are very encouraging and supportive." Another person said, "I'm trying to find my feet and staff have been supportive. I do the things I want to do, and they help me when I struggle."
- People were encouraged and supported to maintain daily living skills and becoming part of the community. People accessed local facilities and services and took part in activities they enjoyed.
- People's support plans were reviewed, and their progress monitored through regular multi-disciplinary team meetings (MDT) and care programme approach meetings (CPA). Staff followed plans agreed and sought for advice and support where needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in the way they understood using both verbal and non-verbal means methods. Where people required information in large prints or in pictorial formats this was available. People's care plans included their communication needs and how best to achieve effective communication.
- The registered manager told us that they would produce information in other formats such as audio, video and Braille depending on the needs of people they supported.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns or complain if they were unhappy with the service. One person commented, "I do know to complain and how to escalate my complaints if I need to, but I don't have any at the moment." Another person told us, "The staff try sort issues in house first, but I know how to complain if I'm not happy. I can access advocacy service to support me too."
- The registered manager was knowledgeable about the provider's complaints procedure and had addressed a complaint made about the service in line with their procedure.

End of life care and support

- There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required this service.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff worked with people to achieve their goals in line with the service's aims and objectives. One person commented, "They have really helped me. They help me get out of trouble. I'm going out and doing things I want and like." Another person said, "The service has been brilliant! I'm finding my feet again gradually and learning how to do things again. They bought me an equipment to help me improve on a skill."
- The service had clear objectives in place and the systems and processes they had in place supported the actualization of these objectives. For example, staff were supported by the community mental health team to meet people's need. One person mentioned, "The service is developing, and it is a really good place for us to achieve our potential."
- People's needs were regularly reviewed, and actions were put in place where required to manage risks and improve outcomes.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager who understood their role and responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- They had complied with the requirements of their registration and had notified CQC of significant events as required.
- The registered manager told us they felt supported by senior managers within the organisation. Staff were supported through a variety of ways such as supervision meetings to develop their roles and responsibilities.
- There was an open culture in the service. Staff and the registered manager were open when things go wrong. They kept a record of incidents and an investigation was carried out. Staff knew the importance of reporting incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved in the running of the service and their feedback were used to improve the quality of the service. One person told us, "We can speak to the manager and any staff about anything and they listen."

If they don't have a solution, they come back to us." Another person told us about their role in representing people's views in the service and within the organisation.

- Regular meetings were held with people which were used to as an opportunity to listen to people and sought their feedbacks about various aspects of the service. We saw minutes of a recent meeting where the standard of the service delivered was discussed. People were given a chance to comment on the standard of service delivered and what they expected. Equality and diversity matters was discussed at another meeting and people expressed their views.
- Staff were also involved in the development of the service. We saw minutes of staff meetings where staff were involved in discussions and planning of various aspects of the service including recruitment, staffing, and managing and supporting people's needs.
- The quality of the service was constantly reviewed by the registered manager, the provider's senior management staff and by the service commissioners. Quality reviews took place in form of audits, checks and meetings. These included medicines audits, care plan reviews, health and safety checks, and recruitment checks. The provider monitored and had an oversight of events and incidents that took place at the service; and they used them to improve the service.

Working in partnership with others

- The provider worked in partnership with other agencies and services to achieve outcomes for people. They had developed the service in partnership with the local NHS trust and worked closely with their service commissioners to ensure the service achieved its aims. Professionals we spoke with told us staff liaised effectively with them.