

# 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 residential care home for eight people with assessed mental health needs. At the time of the inspection the home had full occupancy. The home is a large converted two storey house with all single rooms, bedrooms and bathrooms were situated on both floors. There was a lounge, kitchen and dining room on the ground floor. The home is close to local amenities and to Bolton town centre.

The provider has three small care homes in Bolton and there is a registered manager that oversees all three homes. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People remained safe the home. Staff had undertaken training in safeguarding vulnerable adults and a safeguarding policy and procedure was in place. Any accidents or incidents were managed appropriately. Medicines were safely managed. Robust recruitment checks were in place for all new staff.

People's needs were met by good staffing levels. Staff had completed essential training to equip them to carry out their role effectively. Staff received regular supervision meetings with management.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA).

People received kind and compassionate care. People's privacy, dignity and independence was promoted. Staff knew what support people required and how this was offered.

Care records were person centred and contained detailed information. Care plans were reviewed and updated as necessary. Systems were in place to deal with any complaints or concerns.

The registered manager had systems in place to monitor and assess the quality of service and the care provided. The culture within the home was open and transparent. The registered manager worked in partnership with other agencies.



## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 was planned to check 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 comprehensive inspection took place on 7 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit so the registered manager would be available to facilitate the inspection.

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service. This included the last inspection report, notifications of accidents and incidents. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team and the local safeguarding team. We contacted the Healthwatch Bolton to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service.

During the inspection we spoke with the registered manager, the senior in charge of the home, four people who used the service and two members of staff. With consent, we looked at two care records for people who used the service, training records, staff supervision records, service user satisfaction surveys, meeting minutes and audits. Staff personnel files were held at head office. We received written confirmation for the Human Resource department that all staff had been safety recruited.

# Is the service safe?

## Our findings

Some of the people spoken with had lived at the service of a number of years. People spoken with told us they felt safe living at the home and with the staff that supported them.

Staff spoken with told us the training was good and they had covered topics in safeguarding vulnerable people. There was an upto date safeguarding policy in place and staff had access to this should they need to refer to it.

We saw the building was well maintained and equipment was serviced and maintained in line with the manufacturers' instructions. Regular checks of fire systems had been completed and each person had a personal emergency evacuation plan (PEEP) in place. A PEEP provided the fire service with information about where rooms were located and what assistance people required to help evacuate them in the event of fire.

Risk assessments were seen in the care records we looked at. These were regularly reviewed and updated if any changes occurred.

Staff recruitment systems were in place. Staff personnel files were kept at head office. We received written confirmation from the company's Human Resource department that all staff were safely recruited. All files contained a written application form, three references, other forms of identification and checks from the Disclosure and Barring Service (DBS). The DBS check helped to ensure that staff were suitable to work with vulnerable adults.

We saw that sufficient staff were on duty to meet the needs of the people who used the service.

We saw systems were in place to ensure that people received their medicines in a safe and timely manner and as prescribed. Staff who administered medicines had received appropriate training. We saw that medication administration record sheet (MARs) had been completed accurately.

We saw that staff had access to personal protective equipment (PPE), such as plastic aprons and disposable gloves use to help prevent and control the risk of cross infection.

# Is the service effective?

## Our findings

Information in the care plans informed staff how people wished to be supported. Staff had completed essential training to equip them to carry out their role effectively. One person spoken with said, "They [staff] are very good". We were provided with the staff training record which showed staff had completed training in areas including: medication, food hygiene, infection control, first aid and mental health awareness. One member of staff told us, "I have completed loads of training, it's been really good".

Staff confirmed that on commencing work at the service they completed a full induction programme and were supported by more experienced staff until they were confident in their role. We saw that staff received regular one to one supervision meetings with senior staff. These meetings provided staff with the opportunity to raise any issues or concerns they may have and to discuss any further training and development they may wish to undertake. We saw that people had access to healthcare services for example GPs and the support from the mental health team and social workers.

We saw that staff involved people in planning menus and people were encouraged to help with the preparation of meals. There was a wide variety of meals provided. Where any concerns were noted about poor nutrition and hydration staff monitored and if necessary referrals were made to the appropriate agencies.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that consent forms were signed and people had agreed and signed their support plans. We observed that staff sought consent from people who used the service. For example people were asked if we could view their care records and enter their rooms to speak with them.

## Is the service caring?

### Our findings

People spoken with told us they were happy living at Morden Grange. We heard staff speaking with people with kindness and respect. Staff showed empathy and patience when dealing with people living at the home.

We heard one person speaking with staff who was anxious about the way they were feeling. The staff member talked them through their concerns and looked further into how they were feeling. Along with the person they identified additional areas of concern which this person was experiencing and adding to their anxiety.

People told us, and we saw, that they were involved in making decisions. At this inspection we saw people making decisions about what they wanted to do and how they wished to spend their day.

People's privacy and dignity was respected by those supporting them. People told us staff asked their permission before doing anything to assist them.

People's private and personal information was kept confidential and stored securely.

The service had a service user guide which described the service and facilities in each of the homes owned by the company. Included in the guide was information relating to staffing, people's rights, living skills and activities and people's protection and safety. There were 'House Rules' which each person staying at the service was expected to abide by and agree to. For example there were clear details of what was required if a person deliberately damaged the home and property and that no alcohol was allowed on the premises. This meant that people had a clear understanding of what was acceptable when they were offered a place at the home.

## Is the service responsive?

### Our findings

We looked at two care records. We saw that people were still involved in their support plans and in reviews. We saw that the care plans were personalised and responded to the individual needs.

There was a Clinical Lead that worked across the three services. They completed regular observations on people who used the service and any concerns were highlighted to the person's GP. The Clinical Lead also completed The Liverpool University Neuroleptic Side Effects Rating Scale regularly (LUNSERS) which monitors any potential side effects which could be a result of medication and completed an annual wellbeing assessment.

Staff knew people at the service extremely well and were able to recognise any subtle changes in their physical or mental health. This meant any changes could be dealt with accordingly and avoid people from being readmitted onto the psychiatric units and helped keep them out of hospital.

People completed an interest checklist with a staff member so they could try and explore new things of interest. For example two people had completed a healthy eating cookery course and were at college learning basic computer skills. Staff accompanied them to each session to assist them.

Activity planners were completed for each person and feedback was sought after each activity was completed to see if people had enjoyed it or not. The staff had introduced a gardening club, there was a pet rabbit and staff had started a walking club. Some people preferred not to take part in group activities so staff ensured 1:1 activities took place so people could do something they enjoyed so they were not left out.

The staff used The Recovery Star outcomes tool. This was used to plan progress with the people and try and assist them to maintain as much independence as possible. Due to long stays in hospital, some people came to the home and were unable to do basic tasks, so staff tried and assisted them to relearn the basics. This was done with dignity and not in a condescending manner.

The registered manager had purchased a smart TV to assist one person in de-escalations. This person responded well to music. Staff could put music on from the era the person was interested in, in the communal area. The TV also presented visually which offered a calming effect.

Questionnaires were given to people annually and a report was done once these were all received and suggestions were acted upon. Residents meetings happened regularly where people could have their say and minutes were produced.

## Is the service well-led?

### Our findings

The service had 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 and the deputy manager facilitated the inspection. The registered manager oversaw the running of the provider's three homes in Bolton. There was a senior member of staff in charge at each house.

We saw that the registered manager generated a positive culture within the service that was person centred, open, inclusive and empowering for people who used the service and staff.

We saw staff worked well together as a team and the registered manager ensured they felt valued and appreciated. Staff spoken with told us they were well supported by the senior at the home and by the registered manager. One member of staff told us, "I have worked for another company where the managers did not listen. It's brilliant here you can speak with management and they actually listen".

The registered manager was selective when recruiting any new members of staff to ensure they were suitable and committed to working within the service. We saw that the registered manager and staff knew all the people and good relationships had been made.

There was regular quality monitoring throughout in the form of auditing files, these included medication, care records and the environment.

We saw that team meetings had been held and minutes were available. Actions were formulated and these were addressed at the following meeting to ensure they had been carried out. All Staff received supervision and had appraisals.

All Staff were given surveys to complete to ensure they were happy with the ways things were run and if there were any suggestions in the way the service could improve. A report was compiled from these findings and an action plan put in place with any suggestions made.

We saw that policies and procedures were in place and staff had access to these should they need to refer to them.