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 residential care home for six people with assessed mental health needs. At the time of the inspection the home had full occupancy. The home is a large converted three storey house with all single rooms, bedrooms and bathrooms were situated on the first and second floors. There is 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 serviced 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 at 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 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 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, one member of staff and a relative. 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.

Good

Is the service safe?

Our findings

Most of the people we spoke with had lived at the service for a number of years. People told us they continued to feel safe and well cared for by the staff. One person told us, "Everything is just the same, no worries and no complaints". We spoke with a relative who told us they were very happy with the care and support provided. Their comments included, "[Name] has settled in very well. [Name] was in another care home before but it was to big and it was not the right setting. I feel but better now he is here, I know he is safe".

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

We saw that the clinical lead for the three services held a session with people at the home on 28 January 2018 called What keeps us safe and what makes us feel safe. The activity was linked to 'valuing people' and safeguarding. This subject involved people living at the home in realising they have differing interests and concerns. The aim was to encourage people not only to accept each other's differences, but to understand what inappropriate behaviours were and how people's attitudes towards each other can make a person feel worthless or powerless. The group also discussed a more concerning issue of inappropriate behaviour by other residents or staff and what is typically called 'whistle blowing'.

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.

Good

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.

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.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The polices and systems at Somerset House supported this practice.

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 where 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.

Good

Is the service caring?

Our findings

People told us they continued to be supported by a "good and caring staff team". Staff we spoke with talked about those they supported in a respectful manner. Throughout the day we saw people and staff chatting in a relaxed and friendly manner. It was apparent that the staff knew the people they were supporting very well.

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 owed 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 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.

Good

Is the service responsive?

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Good

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.

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.