

Nevil Ainsworth Ltd

Walfinch Bolton & Bury

Inspection report

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Date of inspection visit:
17 May 2023
19 May 2023

Date of publication:
01 June 2023

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

Walfinch Bolton & Bury is a domiciliary care service providing personal care to people in their own houses and flats in the community. At the time of our inspection there were 4 people using the service. 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 inspection, the service was providing personal care to 3 people.

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

People felt safe, and staff knew what to do if they thought people were at risk. Staff managed people's medication safely. Staff recruitment processes were robust and staffing levels ensured people's needs were met. The provider followed current infection prevention and control guidance.

People's needs were assessed and reviewed regularly, and staff were trained to provide support whilst promoting independence. People told us staff were polite and always asked before providing support. People were involved in decisions about their support needs. People had access to healthcare professionals. People and their relatives told us they were involved in the support planning process to ensure it met their needs.

People were happy with their support and felt they could talk to staff if they had concerns. The provider had systems in place to learn from issues as they arose, and outcomes were communicated to staff. People had access to healthcare professionals. Staff and managers supported people's mental, social, and emotional needs as well as their physical healthcare needs.

Systems were in place to monitor quality and safety. The provider sought regular feedback from people to improve their support. Staff worked well in partnership with other agencies to deliver effective support. Managers audited support records, including accidents and incidents, to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 27 May 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Walfinch Bolton & Bury

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed in May 2023 and they were in the process of registering with CQC.

Notice of inspection

We gave the service 24 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 sought feedback from the local authority and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 19 January 2023 to help plan the

inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the manager, nominated individual, compliance manager, and support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 3 people receiving support and 3 relatives. We reviewed 3 people's support records and medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures. We asked the manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

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 of 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 protected from abuse. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.
- Managers modelled an open and transparent culture which encouraged people to raise any safeguarding concerns.
- Safeguarding incidents were recorded and investigated by managers, and outcomes were shared with staff to reduce future risk.

Assessing risk, safety monitoring and management

- Risks to people and the environment had been assessed and regularly reviewed. The provider had systems in place to identify and reduce the risks involved in supporting people.
- Managers involved people, and where appropriate their relatives, in assessing risks to their support. Decisions about risks were recorded in people's support plans.
- Staff had completed the appropriate mandatory training to keep people safe.

Staffing and recruitment

- Managers ensured there were enough staff, with the right training and skills, to meet people's needs.
- The provider had effective recruitment processes. Recent records showed staff being recruited safely, with appropriate checks completed.
- An electronic system ensured managers knew the whereabouts of staff, to ensure the safety of both people and staff. Late calls could be tracked, and alternative arrangements made through consultation with people. No calls had been missed and staff told us managers would help with support tasks when needed.

Using medicines safely

- Medicines were safely managed. The provider had systems in place to ensure people were receiving their medicines when they should.
- Managers ensured staff had received medicines training and had their competency assessed to ensure they gave medicines safely.
- Staff demonstrated a good understanding of how to administer medication and records were completed in line with the provider's policies.

Preventing and controlling infection

- The provider used effective infection, prevention, and control measures to keep people safe, and staff

supported people to follow them.

- Managers had plans in place to alert other agencies to infection control concerns affecting people's health and wellbeing.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were learnt. Managers ensured opportunities to learn were reported, recorded, and reviewed in line with the provider's policies.
- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned. People received safe support because staff learned from safety alerts and incidents.

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 by managers before support commenced. People were involved in the assessment, and relatives were included where appropriate.
- The provider ensured people's health and support needs were clearly recorded within their support plans.
- Managers maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People told us their needs were reviewed with them regularly by staff. People's support plans were personalised, strengths-based, and reflected their needs and aspirations.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff received effective induction, training, and supervision, and were skilled and competent to carry out their roles.
- Ongoing training was completed by all staff as required. Staff were supported with job progression and professional development.
- Staff told us they felt confident in supporting people's needs and received a comprehensive induction, including shadowing other staff before supporting people on their own.

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

- The provider ensured people's support plans included information about their needs regarding fluids and nutrition.
- Managers recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff told us people's visits had recently been extended to give more time to provide person-centred support for people whose needs included mealtimes.

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

- The provider supported people to access other healthcare professionals to effectively meet their support needs.
- Managers ensured people were encouraged to make healthy lifestyle choices.
- Support records showed advice given by healthcare professionals was acted upon, and staff were prompt in raising concerns or issues.
- Oral health needs were met by staff, where this was identified as a need; this was recorded in support

plans.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service worked within the legal requirements of the MCA. Assessments of people's needs included an assessment of people's capacity to choose and make decisions. The assessment covered details of any Lasting Power of Attorney in place.
- Managers supported people to make their own decisions and choices. Capacity assessments had been carried out when required.
- The provider had processes in place to ensure decisions were made in people's best interest for those who lacked capacity.

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

- People received kind and compassionate support from staff who used positive, respectful language which people understood and responded well to.
- The provider made equality and diversity policies available to help ensure people were treated fairly, regardless of their age, sex, race, disability, or religious belief.
- Managers empowered staff to have a good understanding of people's needs and kept them informed of any changes to people's support to foster a culture of respect and understanding.
- Relatives told us staff were reliable and respectful. One relative said, "We have never been let down by Walfinch. Nothing seems too much trouble for staff, and I would have no hesitation in recommending them to anyone. They have made a positive impact on [my relative's] life and their ability to stay independent and living at home."

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

- The provider ensured people were fully involved in decisions about their support and treatment.
- Staff supported people to feel empowered to make decisions about their support. Managers ensured people were included through use of technology.
- People said they were asked regularly by managers if they wanted to make any changes to their support plans, and the plans were changed accordingly.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and ensured privacy was maintained.
- Support plans described what people can do for themselves and staff prompted this to ensure independence was maintained.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible in their own home.
- Wherever possible, staff were matched to the needs of the person receiving support. Managers gave us examples, of staff being recruited to meet the cultural and religious needs of the people receiving support.

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 ensure people have choice and control and to meet their needs and preferences

- The provider ensured people had clear support plans in place detailing their needs and preferences in a personalised, responsive way.
- Managers ensured people's support plans described their health and social care needs in detail. Support plans provided staff with guidance and were person-centred, containing people's likes, dislikes, and preferences.
- Staff had a good understanding of people's needs and told us managers kept them informed of any changes to people's support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Managers ensured people had their communication needs assessed as part of their initial assessment; these needs were regularly reviewed.
- The provider enabled people to access information in different languages, easy read versions and in large print if needed.
- Records showed people's support plans included information about communication needs and how these were being met.
- People felt staff were able to meet their communication needs. One person told us, "Staff are fantastic; they come in and speak to me, and I speak to them the same way. Staff know to put things back, so I know where things are [because of my visual needs]."

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints easily.
- Managers ensured complaints were tracked and analysed to ensure lessons were learned, and improvements were made to people's quality of support. For example, changes were made to monitoring processes following incidents.
- People and their relatives told us they knew how to make a complaint and felt confident any issues raised would be dealt with appropriately by managers.

End of life care and support

- Processes were in place to support people with end-of-life decisions.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving support who were at the end of their life.

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

- Managers led by example and demonstrated open and transparent approaches.
- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.
- Managers were passionate about promoting a person-centred, inclusive and empowering staff culture.
- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- Relatives told us they found staff approachable, friendly and professional. One relative said, "[My relative] has a small team that provide care, which is ideal. I can confidently go to work knowing that [my relative] is being supported in the same manner I would support her."

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; Continuous learning and improving care

- Managers had a clear vision for the direction of the service which demonstrated an ambition and desire for people to achieve the best outcomes possible.
- There were systems in place to identify and manage risks to the quality of the support provided. For example, the provider had processes in place to monitor any concerns and identify patterns or trends to improve outcomes for people.
- Managers fully understood their responsibilities around duty of candour; this was underpinned by an open and honest culture, and by appropriate policies and procedures.
- The provider had a series of audits in place to monitor, support, and highlight areas for improvement. Any improvements were actioned promptly to improve outcomes for people receiving support.

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

- The provider had effective governance processes and auditing systems in place to keep people safe, protect people's rights and provide good quality support.
- Managers had the skills, knowledge, and experience to perform their roles; they demonstrated a clear understanding of people's needs and had good oversight of the services they managed.
- Staff were clear about their roles and responsibilities, and knew how to contact managers for support, and

when to raise concerns.

Working in partnership with others

- The provider had systems in place to ensure communication with other agencies was effective and led to positive outcomes for people.
- Managers ensured people were included in the local community by working closely with local charities, forums, and services to support people's social and cultural needs.