

Bolton Cares (B) Limited

The Thicketford Centre

Inspection report

Ainsworth Lane
Bolton
BL2 2QL

Tel: 01204331111
Website: www.boltoncares.org.uk

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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

The Thicketford Centre is a supported living service providing personal care in ten properties for adults with learning disabilities and/or a mental health condition in group supported living properties in West Salford. At the time of the inspection there were 32 people using the service. The houses had facilities for a staff member sleep-in at the houses.

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

Robust systems were in place to safeguard people from harm. Staff had completed safeguarding training and demonstrated a good understanding of the issues. Risk assessments, both individual and environmental were appropriate and up to date. Required health and safety checks and documentation were in place. Medicines were managed safely and infection control procedures were in place to help prevent and control the spread of infection.

Staff were recruited safely and told us there was sufficient cover for annual leave and sickness. There was a thorough staff induction and on-going regular training for all staff.

Pre-admission assessments were thorough and care files included all relevant information, which was reviewed regularly. People's nutritional and hydration needs were clearly documented and followed. Appropriate referrals were made to other agencies and professionals when required.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The model of care provided small households, housing compatible people with similar levels of support needs. This meant people were able to exercise the maximum amount of choice and independence. Care was person-centred and promoted dignity, privacy and human rights. The values of the provider and the management team meant the service provided an inclusive and empowering culture.

People who were able to speak with us said they were happy with the service and liked the staff. We

observed staff treating people with respect and paying attention to people's dignity. People were supported and encouraged to be as independent as possible.

People's choices were respected and they were supported to be as involved as possible in all aspects of their daily lives and support provision. Communication needs were assessed and individual methods followed with each person. Interests and hobbies were facilitated and relationships with family and friends supported. The service supported people to engage with the wider community when appropriate.

Complaints and concerns were responded to in a timely way. Audits and checks helped ensure continuing high standards of care.

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 4 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection programme.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Thicketford Centre

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 carried out by one inspector.

Service and service type

This service provides care and support to people living in ten 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight members of staff including the registered manager, a human resources staff member, three service managers a senior support worker and two support staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at electronic staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 contacted three health and social care 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

- The service had an up to date safeguarding policy and procedure and staff were aware of this. Systems to safeguard people using the service were robust. The safeguarding log included details of each concern, actions taken, outcomes and dates of conclusion. There was also reference to learning taken from concerns raised.
- Staff had completed safeguarding training and those we spoke with demonstrated a good understanding of the issues.

Assessing risk, safety monitoring and management

- Individual risk assessments were clearly documented within care files. They included guidance for staff on how to mitigate risks.
- General environmental and health and safety risk assessments were in place. Health and safety certificates, checks and audits were complete and up to date.

Staffing and recruitment

- There was an up to date policy and procedure around staff recruitment.
- We viewed the electronic human resources system, which demonstrated safe recruitment of staff.
- We observed staffing levels within the properties we visited and staff we spoke with told us levels of cover were good. One staff member said, "There are enough staff to cover for sickness and leave. We always manage to cover."

Using medicines safely

- Medicines systems were safe and robust and we viewed medicines storage and records.
- There had been a number of medicines errors in the past. The service had addressed these errors via re-visiting basic training and guidance with staff and this had proved effective.
- Medicines errors were analysed for any patterns or trends. There was no pattern or common theme to the errors made.

Preventing and controlling infection

- The service had systems in place to help prevent and control the spread of infection.
- Staff had received all relevant infection control guidance and training and were aware of how to use the personal protective equipment (PPE) needed during the COVID-19 pandemic.
- Visitors to the service were required to undertake temperature checks, sign in and out and wear appropriate PPE during their visit.
- The service was aware of where to access further information, guidance and advice if required.

Learning lessons when things go wrong

- Accidents and incidents were logged appropriately and addressed with relevant actions.
- All incidents were analysed by the registered manager. New electronic systems were being implemented to ensure a more efficient way of doing this going forward.

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 were subject to a thorough assessment process prior to being admitted into the service.
- Care files included appropriate health and personal information and support plans were up to date, appropriate and detailed.
- Reviews of support were completed regularly and documented clearly.

Staff support: induction, training, skills and experience

- We saw records of staff induction and training. Staff told us the induction was thorough and included all required training.
- Training was on-going and refresher courses for the subjects considered mandatory by the provider were completed annually. A staff member said, "There is lots of training offered".
- Staff told us they were well supported by the management team. One staff member said, "I'm supported in my job. I would go to my senior, manager or another manager if I needed to."

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

- People's nutritional and hydration needs, including any special diets, were clearly documented and followed.
- There was evidence of the input of other professionals, such as the speech and language team, when required.
- In one house we saw a person required thickened fluids due to a choking risk. There were clear records of each drink taken and thickener added. The thickening agent was stored securely.

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

- Referrals to other agencies and professionals were made in a timely way when required.
- People were assisted to attend health appointments and this was done safely, with the use of appropriate PPE and adherence to all current guidance.
- Professional visits to people using the service, and advice given, were documented within the care files.

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.

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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was recorded within care files and best interests decisions had been made in relation to issues such as consent to care and treatment.
- All relevant professionals and family members had been involved in best interests decisions.

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 we spoke with expressed their satisfaction with their living arrangements. They told us they liked the staff and were treated well.
- We observed staff interactions with people in one house, where those living there were unable to communicate verbally. We witnessed positive, respectful explanations and compassionate care delivery.
- Staff managed behaviours that challenged the service efficiently and with confidence and kindness.
- People's diverse needs were documented and staff demonstrated an understanding of people's differing needs, wants and situations.

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

- There was evidence that people who used the service were as involved as they were able to be in the provision of support and their surroundings.
- One person was happy to show us their room and the conversation demonstrated their full involvement in the arrangement and decoration of their room.
- Another person was being included in decisions about adding sensory items to their room, so that they could get more out of the time they spent there.
- Support plans included information about inclusion, for example, one stated it was important for the person to be listened to and to be involved in all decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful at all times and constantly checked people's agreement and acceptance of support offered.
- Assistive technology was used where appropriate to help people retain and develop independence in their day to day life.
- Staff encouraged people to do as much as possible for themselves, whilst providing an appropriate level of 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

- Support plans were person-centred and included information about people's preferences, wishes and choices. For example, there was information about enjoying certain TV programmes and music, what a person enjoyed wearing for special outings and daily routines.
- The service had photographs of people enjoying their preferred recreational activities, such as music therapy, parties, sensory ball pit, learning to cook and to perform simple household tasks and enjoying the garden.
- People who were able could participate in an interview panel for new staff, giving them some control over people they worked with.

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.

- Support plans included people's individual methods of communication. These varied from being able to express their wishes verbally, to using gestures and body language or the use of assistive technology.
- One person used an eye gazer to ensure their views were known. A health professional commented, "Staff reported this has greatly improved [person's] communication and family are overwhelmed with [person's] ability to communicate."
- Another person had been involved in putting together a reference box. This contained items they could use to express simple wishes, such as wanting a shower, to go out in the car or to have something to eat or drink.
- Staff demonstrated an understanding of each individual's particular communication methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests and hobbies were documented within the care files and included activities such as swimming, music, going out to local shops.
- During the COVID-19 pandemic, more indoor activities, such as colouring, doing puzzles and watching TV had been supported. People had been supported to enjoy the outdoors when safe and secure to do so.
- People were supported to keep in touch with family members and see them when safe to do so.

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to in a timely way and with appropriate actions.
- The service received a number of compliments from family and friends of people who used the service. One compliment said, "[Person] is finally getting settled with the right support [since being with this service] and a relaxed atmosphere".

End of life care and support

- The service was able to support people nearing the end of life and training was available to staff for this.
- The service was not currently supporting anyone who was nearing 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

- There was a very clearly outlined procedure with regard to equality and diversity for staff to follow.
- The service promoted inclusion and involvement for people who used the service. Positive stories were shared at staff meetings. For example, in one house it was reported that one person had been for a long walk, which was a great achievement for this individual.
- It was clear good outcomes were achieved for people who used the service. For example, one person had wanted to work in a voluntary capacity. This had been arranged locally for them and gave them a sense of worth.

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

- Responses to complaints and concerns evidenced the service's commitment to being open and honest and addressing concerns in a timely way.
- Complaints were analysed to look at any patterns or trends and address these as needed.

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

- Notifications were submitted to the CQC as required.
- The service had employed a Quality Monitoring Officer. They were responsible for scrutinising existing quality systems and procedures and ensuring systems going forward kept quality as a priority at the service.
- The management team demonstrated a commitment to providing a high standard of care and support.

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

- People who used the service, where able, were included in day to day issues within their homes. For example, we saw pictures of people demonstrating the use of PPE and of people demonstrating smoke alarm checks.
- A recent staff survey had demonstrated positive responses to questions asked around staff satisfaction.
- Staff team meetings took place regularly within the houses and issues such as good news stories, recruitment COVID-19, policies, procedures and learning and development were discussed.
- An office, local to the properties run by the service, had been opened. This made it easier for staff attend meetings and supervisions or just call in to discuss an issue or concern.

Continuous learning and improving care

- A number of audits and quality checks took place relating to finances, medicines, health and safety, equipment, safeguarding and housing issues.
- Reviews of care files were regularly completed to ensure all documentation remained relevant and up to date.
- A new auditing tool had been implemented and a service manager report could be produced regularly. The manager's monthly audit facilitated an analysis of all areas looked at to inform on-going care provision.

Working in partnership with others

- The service worked well with other agencies and professionals, such as the local authority infection control team, speech and language team, district nurses and GPs.
- A designated social worker was attached to each of the properties. The registered manager told us this helped facilitate the resolution of any issues in a timely manner.
- The management team regularly attended patch meetings with Salford local authority.