

Bolton Cares (A) Limited

Bolton Shared Lives

Inspection report

The Thicketford Centre
Thicketford Road
Bolton
Lancashire
BL2 2LW

Tel: 01204337518

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17 November 2023

22 November 2023

23 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bolton Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care within shared lives carer's own homes. At the time of our inspection there were 73 people using the service, 39 of whom were living in long term placements. Shared lives carers are supported by care coordinators, who are responsible for the setting up, management and review of all placements.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People received care and support from carers who welcomed them into their home and family. Some people had lived with their carer for many years. Other people completed short breaks and/or respite with a consistent carer or carers, so had developed good, trusting relationships with them. Carers had a good understanding of people's needs and how they wanted to be supported. People told us they were supported to achieve goals and aspirations. People's independence was promoted, with people supported to access the community and activities in line with their assessed needs. 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.

Right Care: People using the service received person centred care which met their needs and promoted their dignity, privacy and human rights. Carers had the required skills and experience to provide care and were able to access additional support and advice from trained coordinators. The provider worked with other agencies and professionals to ensure and maintain people's safety. Carers understood how to protect people from poor care and abuse.

Right Culture: The ethos, values and attitudes of both the service and shared lives carers ensured people were able to lead inclusive and empowered lives. There had been a number of recent changes to the management structure of both the service and provider, including the appointing of a new registered manager. However, people, carers and coordinators told us the changes had not impacted on how the service operated nor the level of support provided. Carers spoke positively of the support they received and the culture within the service. People and carers views were sought with feedback provided on how the service would make improvement based on information received.

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

Rating at last inspection

The last rating for the service was good (published 14 October 2017).

Why we inspected

We undertook this focused inspection to assess whether the current rating of good was still accurate. This report only covers our findings in relation to the key questions safe and well-led, as these were the only key questions inspected. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bolton Shared Lives on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bolton Shared Lives

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

The inspection was carried out by an inspector and 2 Experts 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

Bolton Shared Lives is a shared lives scheme. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

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 a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection, and to allow the provider time to contact people and shared lives carers to gain their consent for us to telephone them and complete home visits.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

On the first day of inspection, we visited the office where we spoke with 4 staff members, which consisted of 3 coordinators and the registered manager. Following the office visit, we spoke with 7 people, 14 carers and 1 relative of a person using the shared lives service, to gather their views on the service and support provided. This was done via a mixture of telephone calls and visits to carer's homes.

We reviewed a range of records and other documentation during home visits. This included 5 people's care records, risk assessments, supplementary charts, medicines records and other documentation, such as policies and procedures which had been provided by the service.

After the inspection

Bolton Shared Lives store all documents and records electronically. As a result, we requested and reviewed the majority of information remotely. This included a further 6 people's care plans, risk assessments and monitoring records and medicines records for 4 other people. We also reviewed incident and accident data, safeguarding records, staffing information, information relating to training and competence, audit and governance records and how the service involved people and carers in the care provided and the running of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and were safeguarded from abuse and avoidable harm.
- People told us they felt safe living with their shared lives carer. Comments included, "Yes, I feel safe living here, [carer] is lovely and I'm part of the family" and "I'm safe here, [carer] looks after me and we get on well."
- Carers and staff working for the provider had completed training in safeguarding and knew how to identify and report any issues or concerns. The provider monitored safeguarding concerns via a spreadsheet, which detailed what had occurred, actions taken and outcomes. Alerts had been reported to the local authority in line with guidance.

Staffing and recruitment

- Robust recruitment processes ensured both shared lives carers and office based staff were recruited safely.
- The provider used an in depth matching process for permanent and respite placements, which ensured people could make informed choices about where and who they lived with.
- We asked carers about the recruitment process. One told us, "It took about 4 to 6 months. We had weekly visits and they [provider] explained the role and how they'd support us. Then we did training and written work about my day and what I could give to someone, how I would support them and open opportunities for them. It was a pleasant experience and everything was explained."
- Each person and carer was allocated a named coordinator, who was available to respond to any queries or concerns and who also completed planned reviews. Coordinator caseloads were monitored to ensure they remained within agreed limits, to enable them to respond to issues promptly and have capacity to complete reviews in line with agreed timescales.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider and shared lives carers assessed risks to ensure people were safe. Action was taken to mitigate any identified risks, whilst encouraging positive risk taking.
- Care documentation contained individualised risk assessments, which were centred around people's goals and ambitions. For example, one person wanted to travel independently on public transport. A plan had been put in place to ensure this could be achieved safely, one step at a time.
- Accidents and incidents had been documented using the providers electronic system. Records included details of what had occurred, action taken and outcomes. This information was used to consider any learning and help prevent a reoccurrence.
- Safety checks of carers properties were completed as part of the recruitment process. Annual checks were

then completed, which included ensuring electrical and gas appliances were safe and fit for use, fire and smoke detectors were installed and in good working order.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed.
- Assessments had been completed with each person to support them to access their medicines in the way they preferred or could safely manage. Shared lives carers received medicines training and had their competency assessed.
- Some carers we spoke with were uncertain about the administering of over the counter (OTC) medicines, such as paracetamol, where these had not been prescribed by the person's GP. The provider confirmed the OTC policy and procedure was given to carers as part of the induction pack but sent out further copies during the inspection, to ensure carers had the information they needed.
- Audits of medicines and any related documentation was completed by coordinators during planned reviews. However, a formal audit tool was not used, with coordinators using running notes to document their findings. We discussed this with the provider who stated an actual audit tool would be used moving forwards.

Preventing and controlling infection

- The provider had up to date infection prevention and control (IPC) policies and procedures in place.
- Office staff and shared lives carers had received training in IPC, to ensure correct measures were implemented and adhered to.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 positive and open culture at the service, with systems and processes in place to ensure good outcomes for people.
- People, shared lives carers and staff spoke positively about the service and support they received. Comments included, "Yeah, I feel really supported. We've got all the training we need. Communication is good, and they always get back to me if I've got any issues. They are approachable and available", and "I wouldn't change anything about the service, I get good support from my coordinator and am fully involved in all decisions."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, shared lives carers and staff were involved in the running of the service and the provider fully understood and considered people's protected characteristics.
- Regular meetings were held to allow people and shared lives carers to discuss the placement, review the care plan and discuss and update objectives and outcomes. The service also hosted a monthly coffee morning, where shared lives carers could meet and receive peer support.
- Staff meetings were completed, to share information and allow coordinators the opportunity to share their views. The coordinators told us the format of meetings had recently changed. They were now more structured and focused on goals and outcomes, which they found beneficial.
- Annual surveys were completed to capture people and shared lives carers views about the service and quality of care and support provided. Responses were analysed and a feedback document circulated which summarised outcomes and explained what actions the service would take to make any suggested improvements.
- We noted a number of examples of the service working in partnership with other professionals or organisations to benefit people using the service. The service had strong links with other council services, such as the Short Breaks service and Life Opportunities, which people regularly accessed.

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

- The provider completed a number of checks to assess the quality and performance of the service and care provided. These included reviews of medicines records, care records and a review of accidents, incidents and safeguarding issues.

- There was not currently a formal audit schedule in place, nor specific audit tools utilised. However, the Shared Lives Service had recently been added to the schedule of the provider's internal auditor, which would address this.
- An improvement plan was used to document any required actions from checks and monitoring. The current registered manager and coordinators had completed a full review of the service and generated a range of actions and outcomes for the next 12 months. This covered all aspects of service delivery.
- The provider was reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC.

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

- The provider understood their responsibilities under the duty of candour.
- The registered manager and coordinators were reported to be open and honest, and people had no concerns around communication or action taken to address any concerns.