Bolton Cares (A) Limited

Bolton Supported Living

Inspection report

Thicketford Centre
Ainsworth Lane
Bolton
Lancashire
BL2 2QL

Tel: 01204333932

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18 September 2017

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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

The inspection took place on 13 and 18 September and was announced. This was the first rated inspection for this service.

Bolton Supported Living provides personal care and support to people with learning and physical disabilities and mental health related illnesses. People who used the service lived in shared tenanted accommodation in the Bolton area. The service previously operated under another provider and had transferred to a new provider. Some staff had transitioned to the new provider whilst others had chosen to leave.

There was a manager in post who was currently going through the process of registering with the Care Quality Commission. 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.'

People who used the service told us they felt safe. Staffing levels were good and the recruitment process was robust.

Appropriate policies and procedures were in place around safeguarding, staff had undertaken training and were confident that they would recognise any issues and report them immediately. Safeguarding incidents, accidents and incidents were documented and followed up appropriately.

Health and safety measures were in place and records were complete and up to date. General and individual risk assessments were in place and were relevant. Systems for medicines ordering, storage, administration and disposal of medicines were robust and staff had undertaken relevant training.

The induction for new staff was thorough and the Care Certificate was undertaken by newly recruited staff. Training was on-going and the training matrix evidenced refresher courses had been undertaken or were planned to take place very soon.

The houses we visited were clean and bright and the environments were suitable for the people who lived there. Care files included appropriate information about people's health and well-being. Each house had information in the kitchen around people's dietary requirements, likes and dislikes. Nutritional guidelines were in place.

The service was working within the legal requirements of Mental Capacity Act (2005) (MCA). There was evidence that decisions were made with full involvement of people who used the service and in their best interests.

People who used the service told us staff were caring and kind and we observed friendly, respectful interactions between staff and people who used the service at all the houses we visited.

People told us they were included in decisions about their care and support and this was evidenced in the care plans we looked at and via notes of house meetings. The service user guide was available in an easy read version which helped ensure people could understand and use the guide effectively.

Privacy and dignity was respected within the houses we visited. There were relevant policies and procedures around confidentiality, data protection and diversity in care.

Care files we looked at were person-centred and included a range of health and personal information. The service actively sought feedback from people who used the service and relatives via surveys and the 'tell us how it is' cards, which were readily available to people.

Activities were varied and tailored to the individual. They were also flexible and staff told us that, although they had a programme of activities within the houses, these could be changed to reflect the mood, well-being or wishes of the individuals.

There was an appropriate complaints policy and complaints were followed up appropriately. There was a quarterly Customer Voice newsletter, which informed staff of compliments and complaints received. We saw examples of learning and service improvement within the Customer Voice.

People who used the service, relatives and staff felt the management were approachable and supportive. Team meetings took place regularly as well as weekly locality meetings. Supervisions and observations of practice were meaningful and were undertaken on a regular basis.

There was a monthly dashboard in which we saw accidents and incidents, compliments, complaints and medicines issues were analysed. Any issues were recorded and addressed appropriately in order to drive improvement to the service delivery.

We saw evidence in the houses we visited of audits and checks. Systems and processes were reviewed on a monthly basis to ensure these were still effective and fit for purpose.

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.

People who used the service told us they felt safe. Staffing levels were good and the recruitment process was robust.

Policies and procedures were in place around safeguarding; staff had undertaken training and were confident to report any issues. Safeguarding incidents, accidents and incidents were documented and followed up appropriately.

Health and safety measures were in place and records were complete and up to date. General and individual risk assessments were in place and were relevant. Medicines systems were robust and staff had undertaken relevant training.

Is the service effective?

Good

The service was effective.

The induction was thorough and training was on-going. The training matrix evidenced refresher courses had been undertaken or were planned to take place very soon.

The houses we visited were clean and bright and the environments were suitable for the people who lived there. Care files included appropriate information about people's health and well-being, dietary requirements, likes and dislikes.

The service was working within the legal requirements of Mental Capacity Act (2005) (MCA). There was evidence that decisions were made with full involvement of people who used the service and in their best interests.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were caring and kind and we observed friendly, respectful interactions between staff and people who used the service at all the houses we visited.

People were included in decisions about their care and support. The service user guide was available in an easy read version which helped ensure people could understand and use the guide effectively.

Privacy and dignity was respected and there were relevant policies and procedures around confidentiality, data protection and diversity in care.

Is the service responsive?

Good

The service was responsive.

Care files were person-centred and included a range of health and personal information. The service sought feedback from people who used the service and relatives via surveys and the 'tell us how it is' cards.

Activities were varied and tailored to the individual. They were flexible and could be changed to reflect the mood, well-being or wishes of the individuals.

There was an appropriate complaints policy and complaints were followed up appropriately. We saw examples of learning and service improvement within the Customer Voice newsletter.

Is the service well-led?

Good

The service was well-led.

People who used the service, relatives and staff felt the management were approachable and supportive. Team meetings took place regularly and supervisions and observations of practice were meaningful and were undertaken on a regular basis.

There was a monthly dashboard where accidents and incidents, compliments, complaints and medicines issues were analysed. Any issues were recorded and addressed appropriately in order to drive improvement to the service delivery.

We saw the service undertook regular audits and checks. Systems and processes were reviewed on a monthly basis to ensure these were still effective and fit for purpose.

Bolton Supported Living

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 checked 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.

The inspection took place on 13 and 18 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in both at the office and some of the properties we visited.

The inspection was undertaken 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 in the form of notifications, safeguarding concerns and whistle blowing information. 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 to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team. This was to gain their views on the care delivered by the service. We did not receive any negative comments about the service.

During the inspection we spoke with the manager, the outreach service manager, three assistant service managers, 12 care staff, 13 people who used the service and two relatives. We spent time at the office and looked at care files, staff personnel information, training records, staff supervision records, service user satisfaction surveys, strategic information, meeting minutes and audits. We also visited three houses where people were supported. After the inspection we contacted four health and social care professionals to gain their views on the service.

Good

Is the service safe?

Our findings

We spoke with 13 people who used the serviced. All said they felt safe and comments included; "I feel safe always, secure and confident because I have 'sleep-in' staff"; Yes, I feel really safe"; "I always feel safe with my staff".

People who used the service and their relatives told us there had been some staffing issues during the transition to a new provider, as a number of staff left the service at that time. However, all agreed the staff now in post, were good and there were enough of them. The recruitment process was robust and new staff were currently being recruited to replace those who had left during the change of provider. We looked at staff information and saw that there were applications for employment, interview questions, proof of identity was required and two references were taken up for all new employees. There was an 'on call' service for staff working alone to support them out of normal working hours.

There were appropriate policies and procedures in place around safeguarding and staff we spoke with were confident that they would recognise any issues and report them immediately. One staff member said, "Anything out of the ordinary and we would be on it. We would report it and it would be dealt with by management". There was a whistle blowing policy in place, which staff were aware of and they told us they would report any poor practice to their line manager. We saw that safeguarding training had been undertaken by all staff. Safeguarding issues had been followed up appropriately and were recorded in a log with outcomes, actions and comments documented.

Accidents and incidents were recorded and followed up according to the service's policy and procedure. Actions and learning from these incidents were recorded and where incidents were more serious, root cause analysis was undertaken. This process was monitored by the quality assurance team.

There was a file in each of the houses we visited, which included personal emergency evacuation plans (PEEPs), which outlined the level of assistance each individual would need in the event of an emergency. These were regularly updated to help ensure the information remained current.

Each house we visited had a health and safety folder in which they kept all the relevant certificates, such as gas safety and portable appliance testing (PAT) records. Each had a current fire risk assessment and records of regular fire inspections, maintenance and testing of equipment and undertaking of mock evacuation procedures. A business continuity plan was in place to help ensure people would be supported in the event of an incident that disrupted the service, such as a flood or loss of power.

General risk assessments, relating to the environment, and individual risk assessments were in place at the houses. Care plans included risk assessments for issues such as moving and handling, missing from home, mobility, falls and nutrition. We saw that risks were balanced with rights so that people were encouraged to be as independent as possible, whilst the service endeavoured to keep them safe.

We looked at the systems for medicines ordering, storage, administration and disposal in the houses we

visited. The systems were robust and staff were knowledgeable about all processes. We saw that staff had undertaken relevant medicines training and regular competence checks to help ensure their knowledge and skills remained at a high level. There was an appropriate medicines policy and procedure in place which staff were aware of and could access whenever required. There was a robust procedure to follow in the event of a medicines error and any errors had been followed up with appropriate actions.

Staff had undertaken training in infection control and there was guidance and information within the houses we visited. Hand hygiene audits took place on a regular basis and personal protective equipment (PPE), such as plastic aprons and gloves, was provided to staff in support of infection control.

Good

Is the service effective?

Our findings

People who used the service and relatives told us staff were skilled and able to care for them well. One relative said, "Routine and familiarity are important and [relative] needs regular staff. It is very important because of [relative's] condition. This happens at the service". Another told us, "There is a good rapport between tenants and staff, relatives and staff. When [name] was ill and went to hospital they were looked after very quickly and we were informed promptly".

We saw the induction for new staff was thorough and the Care Certificate was undertaken by newly recruited staff. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. The induction also included mentoring and buddying by experienced staff, observation of practice and a probationary period with more supervisions.

Existing staff were required to complete a self-audit with their manager on the Care Certificate modules to check if there were any gaps in their training, skills and knowledge that needed to be addressed. Staff we spoke with told us their training was up to date and the training programme included both mandatory refresher courses and extra training as required. We saw the training matrix which evidenced a small percentage of training was not up to date but this was being addressed and courses had been booked for the near future. The system flagged up when refresher training courses were due so that these could be booked in a timely manner.
Comments from staff included; "We can request extra training, for example, I have requested catheter training recently"; "There is plenty of training and I have had extras around autism. You can ask for specific training and they [management] go above and beyond to get it"; "We have a 'training passport and they are always up to date"; "I have asked for extra training and it has been agreed".

Regular staff supervisions took place where staff could discuss their work and managers could monitor performance. A performance development review also took place annually to review staff's progress and training needs including mandatory courses in areas that may present risks, and their refresher periods. Staff were encouraged to undertake additional training which was relevant to their role, for example managing challenging behaviour.

The manager told us they were rolling out an autism champion programme This was to be run by an external facilitator and an expert by experience [someone with experience of living with autism] and would help ensure relevant, current guidance and information was disseminated and skills and knowledge remained current in this area.

The houses we visited were clean and bright and the environments were suitable for the people who lived there. Each house we visited had a 'grab file' which was designed to help any new staff member to know how to work effectively in the house. The file included information about the location of essential items such as the stop cock, first aid box etc. There was information about expected or regular callers, keyworker information, cleaning duties, contacts, information to follow if an individual was missing, pen pictures and

information about each person at the house, activities, nutritional and hydration guidance for each individual, support plans and generic risk assessments. The information was clear and concise and provided guidance and support to enable people to be supported effectively.

Care files included appropriate information about people's health and well-being. We saw hospital transfer forms which included important information about how to keep an individual safe in hospital via communication, food and drink, medical interventions and medicines and anxiety triggers. Appropriate referrals were made to other agencies and we saw correspondence from health care agencies within the files.

Each house had information in the kitchen around people's dietary requirements, likes and dislikes. There were pictorial representations to make it easy for people who used the service to identify their information and to make food choices. Nutritional guidelines were in place.

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. There was a policy and procedure around consent to care and treatment. This included references to the MCA, Mental Health Act (1983) and advanced decisions relating to individuals' wishes for the end of life. Information relating to MCA and DoLS had been circulated to staff and formal training had been amended to include MCA and DoLs. A DoLS screening tool was used for each person who used the service, although at present people who are tenants are not subject to DoLS and any restrictions would be pursued through the Court of Protection. The manager told us they were doing the screening to ensure they had the information ready if and when the DoLS criteria changed to include people within supported living services.

There was information in care files about best interests decision making and we saw examples of decisions regarding health interventions, room changes and safety outside the home. It was clear that the individuals concerned were fully involved with all decision making.

Good

Is the service caring?

Our findings

We asked people who used the service if staff were caring. Comments included; "They give me the best support ever. I really enjoy their company"; "They help with confidence. They are very lovely; I can chat and have a laugh. They are understanding with special needs"; "I am generally happy with the staff"; "Staff are very nice, they are very kind staff and always ask what I want"; "There's nothing I want to change"; "Staff are kind"; "I'm looked after properly. They are all very good".

A relative told us, "[Name] is quite happy. You can tell [even though person can't speak] that she is happy". Another relative said, "We are ever so grateful to [service] for what they are doing. We are very happy".

We observed interactions between people who used the service and staff at the houses we visited. We saw that interactions were friendly, relaxed and respectful.

People told us they were included in decisions about their care and support and this was evidenced via the care plans we looked at. One person told us, "I am included in meetings about care and meetings in the house". Another person said, "Yes, I'm involved in meetings about care". A relative said, "I am always part of the annual reviews. I like to be included as I get an invaluable insight into the service's plans for the future". Another told us, "I have regular meetings with staff and am aware of what is happening. I am always invited to all meetings of any importance. The staff are very easy to talk to and I feel involved with [person's] life".

One individual showed us their support plan which had pictorial representations of all activities undertaken. This helped the person be fully included in discussions about care and support. Care plans were signed, where possible, by the person who used the service, to confirm their involvement and agreement. Another person who had difficulty communicating verbally indicated to us that they were shown choices, for example of clothes, and they could make their choice by pointing.

There was a service user guide and we saw an easy read version which helped ensure people could understand and use the guide effectively. Issues covered included staff, support, risks, other services, confidentiality, safeguarding, equality and diversity, services offered, quality, compliments and complaints.

We saw that privacy and dignity was respected within the houses we visited. There were notices on people's bedroom doors asking people to 'please knock' and we saw that staff ensured they did this. People who used the service were aware that they could not go uninvited into anyone else's room and respected each other's privacy. Doors could be locked if the individual wished to do this. As part of Dignity Action Month the service had devised a Dignity Challenge Direct observation which all staff were required to complete with their line manager. Practice was to be observed and questions asked around dignity to help staff understand the principles of dignity in care.

There were relevant policies and procedures around confidentiality, data protection and diversity in care. Staff were aware of the policies and the importance of all of these issues. Information was stored in locked cupboards and cabinets or if electronically stored via password protected systems in line with the data

protection act.

Good

Is the service responsive?

Our findings

We asked people if the service was responsive to their needs. One person who used the service said, "I have a team of all females. I don't like working with males". This demonstrated that the service responded to people's wishes and preferences.

Care files we looked at included a range of health and personal information. The files were person-centred and included sections on what constituted good and bad days for an individual, a 'listen to me' workbook, which included information from the individual about their wishes, likes and dislikes, what is good about me. These were completed with meaningful information which was personal to each individual. There were goals and outcomes recorded for people to achieve. One person who used the service told us they had been supported to stop smoking by staff and they were very proud of their achievement. There was evidence of lots of partnership working with other agencies to help ensure people's health and well-being were maintained to the best they could be. Care plans were reviewed on an annual basis or when changes occurred.

The service actively sought feedback from people who used the service and relatives via surveys and the 'tell us how it is' cards, which were readily available to people. Quality circles meetings, which were forums for staff to raise concerns or put forward suggestions for service improvements, were held so that staff could explore particular issues or concerns and how best to respond to them to effect continuous improvement in services.

Activities were varied and tailored to the individual. They were also flexible and staff told us that, although they had a programme of activities within the houses, these were not set in stone and could be changed to reflect the mood, well-being or wishes of the individuals. Activities included attending social clubs, meals out, trampolining, swimming, horse riding, walking, bowling, bingo, cinema and holidays. Weekly planners were displayed on the notice board in the houses so that people could see what activities were planned for the week. One individual had recently had a birthday party which was 'Beatles' themed and they had thoroughly enjoyed. Two people were supported to go to church every week and one of them told us how much this meant to them and how they enjoyed this experience.

A relative told us, "[Relative] enjoys having lunch, nails done, hair done and going on holiday. She is always clean and well-presented and the staff bend over backwards to find the things she likes".

We saw evidence that house meetings were held regularly to discuss any issues, concerns or suggestions about people's care and support. One person who used the service said, "We had a house meeting yesterday, they are every month". We saw notes from the meetings and discussions included holidays, outings and activities, health and safety, household bills, repairs, fire procedures and complaints and compliments.

There was an appropriate complaints policy and there had been one recent complaint which had been followed up appropriately. There was a complaints and compliments log and we saw that the provider

analysed complaints to facilitate 'lessons learned' discussions from them. One person who used the service said, "No complaints whatsoever". We saw a number of compliments received by the service including, "You've done them [people who used the service] a credit"; "Caring staff looking after service users". A professional had commented about the service, "Exceptionally professional".

There was a quarterly Customer Voice newsletter, which included news of all the services run by the provider. This informed staff of compliments and complaints received. The aim of the newsletter was to thank and congratulate staff who had been complimented by customers for their work and to share the learning gained from complaints so that all services could benefit and improve as a result. We saw examples of learning and service improvement within the Customer Voice.

Good

Is the service well-led?

Our findings

There was a manager for the service who was going through the process of registering with CQC and a Safeguarding and Quality Board oversaw the delivery of services. The assistant service managers in the houses we visited were knowledgeable and well informed about the running of the service and the people they were responsible for. Leadership competency frameworks were in place for senior positions within the service, which outlined the roles, responsibilities, personal qualities and expectations of the position. There was a Leadership Development programme offered by the provider which had been designed following conversations with service managers and senior leaders to support staff in their development.

We asked people who used the service how accessible and approachable the management of the service were. All those who were able to tell us were positive about staff and management. One person said, "You can get hold of anyone. I want to live there with staff for ever and ever". A relative told us, "The managers are very approachable. If you need to ring for anything you can get hold of them. I would give them ten out of ten. I have no concerns at all". Another said, "I would contact someone if there was a problem, but there are no bad vibes about the place".

Staff we spoke with felt the management were approachable and supportive. Comments included; "The managers are all approachable and supportive and there is good teamwork"; "We get a lot of support. The manager can't do enough. We have regular supervisions and the managers muck in – we are more valued now"; "The managers have no airs and graces and you can talk to them. I believe it's a good service and going in the right direction"; "The transition [change of provider] was stressful but I have no issues with Bolton Cares. I get support from the managers and they are always available"; "We are very well supported in all things by the manager".

There was a monthly dashboard in which we saw accidents and incidents, compliments, complaints and medicines issues were analysed. Any issues were recorded and addressed appropriately in order to drive improvement to the service delivery. Root cause analysis took place for more serious incidents and we saw evidence of lessons learned from this process.

We saw the results of a supported living, outreach and respite survey, responded to by 54 people who used the service. This was categorised under the areas of safe, effective, caring, responsive and well-led. All areas looked at evidenced positive responses and the results showed that 87% of respondents would recommend the service to family or friends.

Team meetings took place regularly as well as weekly locality meetings. Supervisions and observations of practice were meaningful and were undertaken on a regular basis. We saw minutes of meetings which evidenced discussions about people who used the service, activities, safeguarding, quality assurance, audits and health and safety.

We saw evidence in the houses we visited of audits for issues such as health and safety issues, fire equipment and emergency lighting, first aid box, hand hygiene and equipment and medicines. House

checks were undertaken on a daily and monthly basis by the assistant service managers and supervisions and observations of practice were undertaken on a regular basis. Systems and processes were reviewed on a monthly basis to ensure these were still effective and fit for purpose.