

Bolton Cares (A) Limited

Crawford Street

Inspection report

7 Crawford Street
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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

Crawford Street provides a short stay respite service for up to six adults with a learning disability. The home is a single storey building close to Bolton town centre. On the day of the inspection there were two people using the service.

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

There were appropriate systems in place to help safeguard people from the risk of abuse. Staff had completed safeguarding training. Individual risks were assessed, monitored and managed well. Health and safety measures and checks were in place. Systems were in place to manage people's medicines safely. Infection control systems were appropriate and all guidance was followed. The premises were designed and decorated in a way that met people's accessibility and mobility needs.

Staff were recruited safely and staffing levels were sufficient to meet people's needs. Training opportunities were plentiful and regular refreshers of training required by the provider were completed. Staff were supported with regular meetings and one to one supervision sessions.

People's needs were assessed and continually updated. People were supported to maintain a balanced diet and follow any individual dietary needs or requirements. Referrals to other agencies or professionals were made as 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.

Relatives felt their loved ones were treated with respect and observations showed staff interacted in a friendly and caring way with people. Staff demonstrated a real understanding of the individuals and their requirements and communication needs.

Complaints were followed up in an appropriate and timely way. Quality performance was monitored via regular audits and checks. Any issues identified were addressed with actions.

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 service was committed to ensuring a positive culture which emphasized choice

and independence and respected people's individuality.

Rating at last inspection

This service was registered with us under a new provider on 15 October 2018 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 22 February 2018.

Why we inspected

This was a planned inspection because the service had not been inspected before under the new provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 

Crawford Street

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Crawford Street is a 'care home' providing a respite service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which had been carried out when the service was under a previous provider. 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 used all of this information to plan our inspection and we took this into account when we inspected the

service and made the judgements in this report.

During the inspection

The people currently using the service were unable to speak with us, but we observed staff interactions with people who used the service throughout the day. We spoke with three members of staff including a senior support worker and two support workers. The registered manager was unavailable on the day of the inspection.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a staff file 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 spoke with five relatives and contacted two professionals who regularly visited the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted the registered manager to seek some further evidence.

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 service under the new provider. 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

- There were appropriate systems in place for the service to help safeguard people from the risk of abuse.
- Staff had completed safeguarding training and there was a file containing guidance and information which staff could consult if required.
- The service worked within the requirements of the local authority policy and procedure.
- Staff were aware of how to raise a concern or use the whistle blowing procedure if they witnessed any poor practice.

Assessing risk, safety monitoring and management

- People's risks and safety issues were assessed and continually monitored and updated to ensure the level of risk remained current.
- Measures needed to manage those risks were clearly recorded within people's care and support files. A health and social care professional said, "I feel [staff] refer to the health guidelines that we provide prior to the patient's stay and will ask if they are not sure about something, which to me demonstrates their approach is safe and responsible."
- All required health and safety measures and checks were in place and these were complete and up to date.
- Certificates relating to fire safety and other health and safety requirements were up to date.

Staffing and recruitment

- Staff were recruited safely, as per the provider's policy and procedure.
- All required documentation was included in staff files to help ensure people's suitability for employment at the service.
- Staffing levels were flexible, depending on the needs and numbers of people using the service at any given time.
- Staff we spoke with told us staffing levels were satisfactory to meet the needs of the people currently using the service.

Using medicines safely

- Systems were in place to manage people's medicines safely.
- All medicines were checked in on the person's arrival at the service, stored safely and administered as instructed.
- Medicines counts were completed twice daily to ensure correct doses were given.
- Medicines administration records were completed and audited regularly.
- Staff had completed initial medicines training and refresher courses to the required level. Competence was

assessed regularly to ensure people's skills and knowledge remained current.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service ensured lessons were learned when things went wrong.
- Accidents and incidents forms were in place to record the events and analyse any issues which could be improved.
- Complaints and feedback were used to aid learning and improvement.

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 service under the new provider. 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 thoroughly assessed and updated on each visit to the service to ensure they remained current.
- Care and support was delivered according to the guidance in people's care and support plans.
- Where people sometimes displayed distressed behaviour, there were strategies in place to manage this and detailed guidance for staff to follow.

Staff support: induction, training, skills and experience

- Staff were supported with a thorough induction to the service and training in subjects considered mandatory by the provider.
- Staff received training throughout their employment and told us there were plenty of opportunities for training and development.
- Training records evidenced staff were up to date with all required training. A health and social care professional told us, "I have found the staff [at Crawford Street] to be very competent, caring and committed to the care of people staying at the property."

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

- People were supported to maintain a balanced diet and their particular dietary needs were clearly recorded within their care and support plans.
- One person who was currently using the service had a food allergy, special diet and required thickening agent adding to drinks, due to the risk of choking. Although all these needs were clearly documented within the care and support plan, there were no food and fluid charts in place to ensure dietary and fluid requirements were accurately recorded on a daily basis. We discussed this with the senior member of staff, who immediately implemented charts.

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

- Care and support plans evidenced appropriate referrals to other agencies or professionals where needed.
- Guidance and advice from other agencies was clearly documented and followed by staff.

Adapting service, design, decoration to meet people's

- The premises had recently been refurbished and were designed and decorated in a way that met people's needs.
- Doorways and corridors were wide and easily accessible to people with mobility restrictions or requiring

the use of a wheelchair.

- The building was bright, warm and clean and there was a pleasant, enclosed outdoor area which people could use safely.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Most people who used the service lacked capacity to make decisions about their care and support. However, relevant involved family members were consulted and had consented to this on their behalf.
- We saw evidence of best interests' meetings where appropriate, for example, to decide whether medicines could be administered covertly, that is hidden in food or drink. The best interests meeting we looked at had followed all legal requirements and appropriate professionals and family members had been involved in the decision-making process.

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 service under the new provider. This key question has been rated good. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives we spoke with told us their loved ones were treated without discrimination.
- People's particular needs, requirements and preferences were clearly documented and staff ensured they treated people as individuals. One staff member told us, "Everyone is different and we read their care plans and provide the support according to their particular needs."
- We observed friendly interactions between people using the service and staff throughout the day. A relative said, "They [staff] are kind and caring, a lot of the staff have been there a while, which is a good sign. They make a fuss of [person] and it is genuine, not put on."

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

- People were supported to express their views and be involved in making decisions to whatever extent they were able.
- Some people who used the service were more able to be involved than others. However, staff ensured they explained to people what they were doing, asked if people needed assistance and endeavoured to understand people's views in whatever way they communicated them.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected by staff and relatives were happy with the way their loved ones were treated. One relative said, "[Person] likes it at Crawford Street. He is always showered and clean and his room is clean. I am happy with it."
- People were encouraged to be as independent as possible, with the use of equipment or assistance from staff as required.

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 service under the new provider. 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

- People's care and support was planned to help ensure they had as much choice and control as possible. A relative told us, "They [staff] are fantastic and they always give [person] the room he likes."
- Staff we spoke with demonstrated a real understanding of the individuals they supported, their requirements and choices. A relative told us, "They [staff] really know [person] and he likes going." Another relative said, "It is so good [person] didn't want to come home when we went to pick him up. He wanted to stay."

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.

- People's communication needs varied considerably and support plans included guidance and information on how to meet individual communication needs.
- Staff were aware of the methods of communication to use with each individual.
- People using the service on the day of the inspection were non-verbal. Their methods of communication were clearly recorded and staff were able to interpret people's body language, facial expressions and behaviours. This ensured they knew how people were feeling and what they needed.

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 relationships benefited from the regular respite breaks provided by the service.
- A range of activities was offered according to people's abilities, preferences and interests.
- Some people liked to be involved in activities, others liked to watch TV and some were unable to participate in any formal activity. A staff member told us, "[Person] is unable to even sit and watch TV. He likes to walk around the building and can do that safely here."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place.
- We saw evidence the complaints procedure was followed to ensure complaints were addressed appropriately and in a timely way.
- Relatives we spoke with told us they had no complaints whatsoever.

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 service under the new provider. 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

- The service promoted a positive culture which was reflected in the person-centred care plans we saw.
- Support plans included guidance for staff to ensure people were encouraged to be as independent as possible.
- People's personal goals were documented and staff worked to ensure they could achieve these.
- Staff had completed training in equality and diversity and those we spoke with demonstrated values that encompassed inclusivity and fairness.

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 endeavoured to provide open and honest responses to complaints and concerns. We saw evidence of complaints being addressed in this way.
- The registered manager was aware of their requirement to submit notifications to CQC about significant incidents, such as injuries, abuse and deaths.

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

- The provider understood quality performance, risks and regulatory requirements.
- Staff we spoke with demonstrated an understanding of their roles. One staff member said, "We all have different strengths, so we work well together."
- The provider had systems in place to ensure regular quality checks were completed, documented and followed up with actions.

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

- The management and staff ensured they engaged with people. One relative told us, "The [registered] manager will bend over backwards to help you." Another relative said, "They don't fuss and ring for every little thing but they keep me informed very well."
- Staff were supported via regular one to one supervision sessions and staff meetings.

Continuous learning and improving care

- A number of audits and checks were completed and any issues were identified and addressed with

appropriate actions.

- The service sought feedback from relatives following each stay, asking if the person was happy, whether they received a quality service and if anything else could have made their stay better. The contents of these questionnaires were used to inform improvements to care provision.

Working in partnership with others

- The service worked well with partner agencies and other professionals to help ensure good joined up care provision.