Bolton Cares (A) Limited

Bolton Extra Care

Inspection report

37 Connaught Square
Bolton
Lancashire
BL2 2JA

Tel: 01204337650

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06 February 2018

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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 06 February 2018 and was announced.

This service provides care and support to people living in specialist 'extra care' housing within ten schemes across the borough. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Bolton Extra Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. 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. Recruitment of staff was handled centrally by the provider and all appropriate documentation was retained by them.

The service had a safeguarding policy and procedure and linked in with the local authority processes. All staff had received training in safeguarding. There were appropriate policies and procedures in place for medicines management and staff had undertaken training.

Accidents and incidents were recorded and followed up with action where necessary. There were appropriate individual risk assessments within people's care files. Each of the buildings had good arrangements in place for maintenance of the building.

Staff undertook a thorough induction and further training and refreshers were on-going. Supervisions and appraisals were undertaken on a regular basis.

Care files included a range of health and personal information. The service worked closely with other agencies to help ensure good joined up working. Information produced by the service was available in a number of formats to help ensure the information was accessible to as many people as possible.

The service was working within the requirements of the Mental Capacity Act 2005 (MCA).

Staff members we spoke with demonstrated good values and a caring attitude. People told us staff were caring and respectful.

The care plans evidenced people's involvement in the planning of their care and support. People's strengths and abilities were recorded and the importance of empowering people and encouraging independence was recognised.

There was a guide to the service which was given to prospective users to help them make an informed decision. The service ensured equality and diversity was respected.

The care offered was person-centred and care files included information about people's preferences, choices and beliefs. Care plans were reviewed regularly and signed by the person who used the service.

Some of the schemes had a committee made up of people who used the service to arrange activities. However, social activities and social gatherings varied from scheme to scheme.

The complaints procedure was outlined within the service user guide, but there had been no recent concerns raised. We saw a number of thank you cards and compliments received by the service. Staff had undertaken end of life training and people's wishes for when they were nearing the end of their lives were respected.

There was a registered manager in post who had an overview of all ten schemes. There were service managers in charge of each of the schemes and they were responsible for the day to day running of those schemes.

Staff meetings took place on a regular basis. Surveys were completed with people who used the service and service managers completed monthly audits.

There was an Extra Care Housing Plan which included details of meetings and actions, with tasks achieved over all the schemes.

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. Recruitment of staff was handled centrally by the provider and all appropriate documentation was retained by them.

The service had appropriate policies in place for safeguarding and medicines management. All staff had undertaken appropriate training in these areas.

Accidents and incidents were recorded and followed up with action where necessary. There were appropriate individual risk assessments and each of the buildings had good arrangements in place for maintenance of the building.

Is the service effective?

Good

The service was effective.

Staff undertook a thorough induction and further training and refreshers were on-going. Supervisions and appraisals were undertaken on a regular basis.

Care files included a range of health and personal information. The service worked in partnership with other agencies to help ensure good joined up working. Information produced by the service was available in a number of formats to help ensure it was accessible to as many people as possible.

The service was working within the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff members we spoke with demonstrated good values and a caring attitude. People told us staff were caring and respectful.

Care plans evidenced people's involvement in the planning of

their care and support. People's strengths and abilities were recorded and the importance of empowering people and encouraging independence was recognised.

There was a guide to the service which was given to prospective users to help them make an informed decision. The service ensured equality and diversity was respected.

Is the service responsive?

Good

The service was responsive.

The care offered was person-centred. Care plans were reviewed regularly and signed by the person who used the service.

Some of the schemes had a committee made up of people who used the service to arrange activities. However, social activities and social gatherings varied from scheme to scheme.

The complaints procedure was outlined within the service user guide, but there had been no recent concerns raised. We saw a number of thank you cards and compliments received by the service. Staff had undertaken end of life training and people's wishes for when they were nearing the end of their lives were respected.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who had an overview of all ten schemes. There were service managers responsible for the day to day running of those schemes.

Staff meetings took place on a regular basis. Surveys were completed with people who used the service and service managers completed monthly audits.

There was an Extra Care Housing Plan which included details of meetings and actions, with tasks achieved over all the schemes.

Bolton Extra Care

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 06 February 2018 and was announced. We gave the service four days' notice of the inspection site visit we needed to be sure that the manager would be available to facilitate the inspection.

The team comprised of two adult social care inspectors 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. We also contacted four health and social care professionals to ask about their experience of the service. We did not receive any negative comments.

During the inspection we spoke with the registered manager, three scheme managers and eight care staff.

We spent time at the office and looked at six care files, staff personnel information, training records, staff supervision records, service user satisfaction surveys, strategic information, meeting minutes and audits. We also visited four schemes where people were supported, looked at a further two care plans and spoke with 14 people who used the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe at the service. One person told us, "I feel safe. I know who is coming in and out". Another said, "They [staff] check the call bell regularly to ensure it is in working order. We also have regular fire drills".

Some of the schemes had staff cover overnight, either with a sleep in staff member or waking staff. Others had the local Careline scheme, which is the housing provider, Bolton at Home's, emergency social alarm service, operating from a control centre and responding to calls 24 hours a day 365 days a year. People could press their Careline pendant for help if needed. One of the schemes had cover provided by another neighbouring scheme, where there was an overnight member of staff. However, it could take staff some time to get from one building to another in the event of an emergency; and they may already be dealing with an incident at the place they were based at. One member of staff said, "People have said they would feel safer knowing there was a member of staff in the building". We discussed this with the registered manager who was looking at future planning with a view to making all the schemes consistent in terms of cover arrangements.

Recruitment of staff was handled centrally by the provider. All appropriate documentation, such as proof of identity, employment history and references were retained by them. Disclosure and Barring Service (DBS) checks were undertaken on all new employees. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

The service had a safeguarding policy and procedure and linked in with the local authority processes. There was a safeguarding log in place to ensure concerns were monitored and learning could be taken from them. We saw some individual safeguarding information within care files, where there had been issues of possible exploitation or vulnerability in the past. This helped staff be aware of particular risks and keep people as safe as possible. Staff had received training in safeguarding and were confident around how to recognise and report any concerns. They were also aware of whistle blowing procedures, which allowed them safely to report any poor practice they may witness.

Staff had undertaken training in infection control and wore personal protective equipment (PPE) to perform personal care tasks. Accidents and incidents were recorded, logged on an electronic incident reporting system and followed up with actions. They were monitored by the provider for patterns and trends. All incidents, accidents, hazards and near misses were graded one to five according to the level of harm, with five being the most severe. Actions and learning were recorded and anything above a level three was investigated to identify root causes, learning and service improvement.

We saw appropriate individual risk assessments within people's care files. These related to areas such as behaviours, environment, equipment, activities and moving and handling. The service was checked regularly by a specialist contractor for Legionella and these visits were recorded.

Each of the buildings we visited had good arrangements in place with the landlord for maintenance of the building. There were maintenance files of jobs and contact numbers of contractors for the passenger lift, where required, fire extinguishers and alarms. Fire procedures were in place and people who used the service told us fire drills took place on a regular basis to help ensure their safety. Fire exits were clearly marked and there were magnetic fire doors. The buildings' fire alarms were linked to the local Careline service for a rapid response. We saw that personal emergency evacuation plans (PEEPs) were held in a file in the main reception areas of the schemes.

There were appropriate policies and procedures in place for medicines management and staff had undertaken training. This was regularly refreshed and their practice was observed on a regular basis to ensure they retained the correct level of skills and knowledge to administer medicines safely. We looked at medicines administration records (MAR) sheets in the care plans we saw. These were completed appropriately. Where topical creams were administered, there were body maps of where this was to be applied and guidance around how and when to do this.

Good

Is the service effective?

Our findings

Staff undertook a thorough induction on being employed at the service. 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. All mandatory training was undertaken and the service's electronic system helped ensure staff were placed on refresher training in a timely manner.

We saw that bespoke training sessions were arranged for staff for specific areas such as dementia, alcohol related health problems, catheter care and end of life care. All staff said the training had improved. A mix of training methods was used via some e learning and some face to face training. There was evidence of regular supervision sessions for staff. These offered an opportunity for staff to raise any concerns and look at future training and development needs.

Staff members we spoke with were happy in their work. One staff member told us, "We work together as a team. There is a good atmosphere here". Others agreed that they enjoyed the job and had job satisfaction at the end of the day.

Care files included a range of health and personal information. We looked at some care files in the office and others on site in people's homes. In some cases there were two files in the office. The registered manager was working on streamlining the information to ensure there was no duplication. Files included a photograph of the person, records of care visits and tasks to be completed and communication records. People's support needs were clearly documented and these included areas such as mobility, nutrition, continence management, finances, physical and mental health. We saw that where there were issues relating to areas such as nutrition, diet, weight, food and fluid intake were monitored as necessary.

The service worked closely with other agencies, such as GPs, district nurses and occupational therapists to help ensure good joined up working. 'This is me' transfer document, which included important information to help ensure people would receive the support they required if they were admitted to hospital. There was a system in place to record Do Not Resuscitate orders that ensured all staff were aware when one was in place and where to locate the relevant paperwork when needed.

We looked around the premises at the schemes we visited. The buildings were fit for purpose, with large corridors and doorways to aid people with restricted mobility and passenger lifts where required. There were spacious, pleasant communal lounges and dining rooms for people to use for meeting and socialising in.

Information produced by the service was available in a number of formats, including Braille, large print and other languages as needed. This helped ensure the information was accessible to as many people as possible.

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. All care and support plans were signed by the person who used the service or their advocate and individual risk assessments were shared with the person who used the service for them to sign or evidence their agreement. If they did not agree, an explanation was documented. Similarly consent for issues such as the sharing of information and authorisation to administer medicines was signed by the person who used the service, where possible, or their representative. We saw that service managers and care staff attended best interests meetings where necessary to ensure the service could respond effectively to a person's changing capacity.

We saw appropriate information about people's capacity held within the care files. Staff we spoke with demonstrated an understanding of the principles of MCA and knew about DoLS.

Good

Is the service caring?

Our findings

We asked people about their experience of the service. One person said, "It's the best decision I ever made. I don't think the care could be any better. You get to know the girls and the same teams are here regularly". Another told us, "Excellent. All the staff are nice". A third commented, "Staff are brilliant, very hard working and caring. They would do anything for you".

The staff members we spoke with demonstrated good values and a caring attitude. We observed them interacting with people who used the service and saw that they were respectful and friendly at all times. Staff were trained in person- centred practice to instil the importance of treating people with respect, dignity and kindness. Direct observations of staff practices were completed by managers to help ensure dignified and personalised care was provided.

We asked people if the staff were respectful of them. One person told us, "They are definitely respectful. It feels comfortable, they respect if I don't want to come down. If I'm having a bad day and am upset they will be there to speak to and they keep my confidence. That means a lot". Another person said, "They always respect privacy and dignity. They knock on my door and wait till I answer. They ask before they come in, no matter who is on duty".

Some people who used the service were involved in recruiting staff by sitting on the interview panels. This helped them feel included. The care plans we looked at evidenced people's involvement in the planning of their care and support.

We saw that people's strengths and abilities were recorded and saw that the importance of empowering people and encouraging independence was recognised. One person we spoke with told us, "They [the service] have increased my self-esteem. I wasn't coping, but I feel better".

There was a guide to the service which was given to prospective users to help them make an informed decision. The guide included a welcome to the scheme, information about the service and how to move in, staffing, charges, rights, quality, health and safety and emergency procedures. There was also information on moving on, how to deal with harassment and abuse, how records were kept at the service and how to complain. The statement of purpose, outlining the values and mission of the provider was also included.

The workforce was diverse and represented the efforts of the service to be as inclusive and non-discriminatory as possible. People who used the service were also from different backgrounds and had varying degrees of ability, strengths and needs. There were loop systems within the buildings to help ensure people with hearing impairments did not feel excluded from what was going on.

Good

Is the service responsive?

Our findings

We saw within the care plans that the care offered was person-centred. They included people's preferred name or form of address, daily routines, choices, food likes and dislikes, activities and background history. There was information about people's beliefs and religions and we saw that people were supported to keep up their religious observances if they wished to.

Care and support plans were reviewed regularly and signed by the person who used the service. This was usually after six weeks of moving in, then six monthly unless any changes occurred. Care plans were updated with any changes, along with input from the person who used the service and any relevant professionals.

People told us staff were responsive to their needs. One person said, "They come quickly when I ring the bell". Another said, "The care is personal to each individual and they support you as needed".

There were regular tenants meetings held and some of the schemes had a committee made up of people who used the service. They collected money for social activities and put forward suggestions for future activities. One person told us, "Carers are more than willing to bring me to activities". Another told us, "We play dominoes, have a pool table, play darts, play records and the radio. They help me use my computer". A third person said, "We have a good social life. Tea and biscuits, luncheon club, tuck shop, entertainers and parties, magicians and trips out". A fourth person said, "I have made friends. The tables are all full at the luncheon club. I can't think of anything to improve". We saw photographs of activities and trips undertaken at some of the schemes including gardening, arts and crafts, Friday club, birthday parties and other events.

However, social activities and social gatherings varied from scheme to scheme. Some were better facilitated than others and the registered manager explained that at some schemes it was part of the staff remit to support activities, but not at others. We discussed the need to have consistency within the service going forward, which the registered manager had already identified as an issue to be addressed.

The extra care guide included a 'Tell us what you think' section for people to use to record any comments suggestions or concerns. There were also leaflets around each building for people to use. The complaints procedure was outlined within the guide and this included other contacts for people to use if they wished. There had been no concerns or complaints raised, but there was a system in place to respond to these if needed. There was also information available at the schemes about other services available.

We saw a number of thank you cards received by the service. People had commented, "Just to say thank you very much for your patience and kindness looking after [relative]"; "Thank you very much for all the care and support you gave to [name]. You enabled her to have another five years of independence".

Questionnaires were sent out regularly, the last one being in December 2017. There was positive feedback about how involved people felt in planning their care, how they felt listened to, being encouraged to do things for themselves, being treated with respect, supported to see family and friends, feeling safe and secure, the service meeting requirements and whether they would recommend the service to a friend.

Comments included, "You already provide a fine service. I like the staff. They meet my requirements and more and nothing is too much trouble for the staff"; "More than happy"; "This is a great place to live and everyone is kind"; I feel safe and happy here".

Staff had undertaken end of life training and people's wishes for when they were nearing the end of their lives were respected. Family involvement was supported and family members were able to stay with their loved ones if they wished to. The service worked closely with the district nursing service and the Macmillan nurses to help ensure people were supported appropriately at the end of their lives.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had an overview of all ten schemes and visited each one on a regular basis. She had experience of extra care provision, but was quite new to this service and was working through a programme of improvements to help make the service more consistent over the ten schemes. There were service managers in charge of each of the schemes and they were responsible for the day to day running of those schemes.

The registered manager had achieved NVQ 4 management and QCF 5 in leadership. Two service managers had achieved their QCF in leadership and another two were currently working towards achieving this.

Staff at the schemes we visited had confidence in the registered manager and comments included; "Much better now new manager here, she is brilliant and great to work with, very supportive". All agreed things were better now the new manager was in place. They all felt the management were more approachable and supportive.

Supervisions and staff meetings took place on a regular basis and staff told us these were helpful to their practice. Direct observations of staff were carried out by managers throughout the year, to help ensure staff maintained skills, knowledge and good practice. These included observing activities, personal care, liaising with professionals, dealing with medicines and finances. Constructive feedback was given to individual staff members via supervisions and observations.

Management team meetings were held regularly and included discussions on sharing good practice, learning from complex cases and how the service could develop and improve. The registered manager also attended benchmarking meetings with other authorities to share best practice and identify areas for improvement.

Surveys were completed with people who used the service on an annual basis and the feedback was collated and analysed. This was then used to help improve the service delivery. We saw evidence of regular care file audits with actions recorded and followed up where required. Service managers completed and recorded monthly audits on medication administration, service user finance books, hand hygiene audits, building and office safety checks. The service was supported by Bolton council's human resource department and occupational health unit.

The electronic monitoring system ensured that all incidents were monitored and analysed. A monthly performance dashboard was sent to the registered manager, including referrals, outcomes for people who used the service, staff sickness, accidents and incidents, so that she could retain an overview of the service to inform future planning.

We saw that there was an Extra Care Housing Plan. This included details of meetings and actions, with tasks achieved over all the schemes. The plan included discussions about how things could be resolved and how people who used the service could continue to be in receipt of an excellent service. There was evidence of

regular quality monitoring of all the schemes by Bolton council.