

Bolton Cares (A) Limited

Bolton Supported Living

Inspection report

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Date of inspection visit:

11 January 2023

17 January 2023

18 January 2023

21 January 2023

22 January 2023

25 January 2023

26 January 2023

08 February 2023

14 February 2023

Date of publication:

20 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bolton Supported Living Service is a supported living service providing personal care to people living in the Bolton area. The service provides support to people with a learning disability and autistic people as well as people with mental health needs. At the time of our inspection there were 218 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

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

Right Support: People's independence was promoted where possible by the provider and some staff; however, due to staff shortages across the health and social care sector the provider was not fully staffed with Bolton Cares staff. This had led to a higher than ideal use of agency across the service at various times. In some services this limited the number of staff working with people who knew them well. In some services people's choices were limited, particularly in relation to activities.

The provider acknowledged the service was in the process of transition following a restructure within the management team and had identified areas for improvement before we started our inspection. However, at the time of our inspection systems being implemented had not become standard practice across the service. The level of quality varied across each supported living service particularly in relation to paperwork. In some instances we found support plans to be person centred and contained sufficient detail to enable staff to understand who people were and how to support them; in others we found further information was required to amend language used and some support plans needed linking to relevant risk assessments.

Where permanent contracted staffing levels allowed, we found examples of people being supported to achieve positive outcomes following innovative and creative support. However, in other areas of the service we found people's goals and aspirations had not been met and some people were only able to access the community in the form of 'going for a drive out'. The provider shared how they had promoted recruitment; this included promotional videos, continuous recruitment drives and analysis of staff's feedback on why people were leaving their roles.

People were not always supported to have maximum choice and control of their lives. However, 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 received kind and compassionate care. Staff protected people's privacy and dignity. Regular staff understood and responded to individuals needs in a way they were comfortable with. People had access to healthcare professionals when they needed them. Medicines were not always managed safely; we found evidence medication errors had occurred; this included an incident where untrained staff had administered medication in error and other incidents where medical advice was not sought following missed medicines. Following our inspection, the provider immediately arranged to review audits which generally showed medication practice to be scored at '100%' while at the same time identifying that medicines had not always been administered safely.

Right Culture: Staff feedback on working in partnership with the provider and senior leadership team was mixed. On the whole staff reported they felt Bolton Cares was a supportive company to work for, particularly in relation to career progression and practical development. However, the same staff also felt a disconnect had developed between the provider and staff working within the supported settings resulting in a lack of understanding of the challenges staff were facing. The provider evidenced attempts to engage with staff; however, these hadn't had the desired impact. For example, the provider setup sessions where staff could meet with the Nominated Individual and Managing Director; attendance at these sessions was poor. We discussed this with the provider who demonstrated a commitment to finding new ways to engage with staff.

The service had two registered managers (registered manager 1 and registered manager 2) for Bolton Supported Living Service. Both had been working for Bolton Cares in other areas but became the services registered managers within the 12 months prior to the start of our inspection. We found they had identified similar issues to those we found during this inspection and they shared these openly along with the work they had already done to start addressing some of the issues. One example of this was staff's compliance with training which had been impacted by a frequent turnover of staff and a new team of assistant operating managers (AOMs) had been recruited. Part of their role was to manage and improve training compliance locally within the supported settings. The registered managers felt the AOMs in post at the time of our inspection would continue to improve compliance and showed evidence this had already started.

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 this service was good (published 20 October 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bolton Supported Living

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 two inspectors, an expert by experience and a medicines inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

This service provides care and support to people living in 32 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 were two registered managers in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 January 2023 and ended on 14 February 2023. We visited the location's head office on 11 and 26 January 2023. We visited several supported settings on 17, 18, 21, 22, 25 and 26

January 2023. We reviewed further evidence remotely between 1 and 14 February 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. 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 information gathered as part of monitoring activity which took place on 2 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 21 people and 6 relatives to understand their experience of care and support from the service. We also spoke with 22 staff including the nominated individual, 2 registered managers, assistant operating managers, senior support workers and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 peoples support plans and risk assessments, records relating to the daily care and support of multiple people across 9 supported settings. We reviewed medication records across 4 supported settings and reviewed 5 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including policies and audits were also reviewed.

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found medicines were not always managed safely. Multiple medication errors were found to have occurred across several settings. This included an error where medication had been administered incorrectly by untrained staff, errors where people had missed medication which could cause a risk of harm when not taken and occasions appropriate advice was not sought. We also identified errors which hadn't been reported to the registered manager 1 so they could follow the providers policy and report to the appropriate bodies.
- We found some people's hospital passports had not been reviewed for several years and contained information which didn't match with their current MAR. We discussed this with the provider who stated the preferred method is for people to have a hospital passport which instructs staff to take people's MAR to show the medication people are on, so if it changes the passport isn't out of date. We found this was the case in other people's passports.
- At one service we found more information was needed in peoples care plans for 'when required' medicines were needed so staff were able to recognise when people who did not communicate verbally were in pain and required pain relief.
- At another service, 'body maps' were not in place as per medicine policy to show staff which area a cream should be applied. We also found use of prescribed thickener was not always recorded when it was used to thicken the drinks of people who were at risk of choking.

The provider had failed to ensure safe systems for the management and administration of medicines. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Examples of STOMP (Stop Over Medicating People with a Learning Disability) were seen for four people within the service. Medicines had been stopped or reduced effectively.

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

- The provider had introduced a new system for reporting accident and incidents. However, when accidents and incidents had occurred within supported settings they weren't always reported on the system and some staff stated they weren't always recorded at all. One staff said, 'With the incident (staff described an incident between 2 people), nothing was recorded about that and that happens quite a bit when agency staff are on.'
- A system was in place for a health and safety manager to review and approve accident and incident forms. However, we found examples where there was a gap of several months before the record was reviewed across a number of forms. This meant any risk from incidents could be missed and lessons learnt would not

be identified in a timely manner.

The provider had failed to assess, monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had risk assessment systems in place and generally these were robust when completed. However, risk assessments were not always related to relevant support plans and risk scores did not always reflect the information contained within risk assessments. Registered Manager 1 explained before we started visiting supported settings they were aware paperwork was not always at the standard they expected. We saw examples of where this had been addressed and were assured further gaps in risk assessments would be following our inspection.

We recommend the provider reviews risk assessments to ensure risk ratings reflect identified risks and are related to relevant support plans.

- 'AOM audits' often identified health and safety checks had not been completed. However, audit outcomes were scored at '100%' which provided a false reflection on health and safety audits to the provider and registered managers. On one audit we identified health and safety checks had not been completed for 10 days of the month, the outcome of this audit was '100%'. We discussed this with the registered managers and provider who responded immediately by arranging sessions to review auditing systems. Please see the well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the support provided was safe. The provider had a robust safeguarding policy in place which provided staff with clear guidance on what to do in the event of identifying any potential safeguarding concerns. We also reviewed evidence of registered manager 1 making this process clear to AOM's who had recently been recruited.
- Staff had a good understanding of how to report safeguarding concerns and who to. One staff said, '(I'd report it) to the manager or I would whistle-blow to the council.'
- In relation to whether people were supported safely one person said, 'Oh yes I feel very safe.' One relative said, '[Person] is undoubtedly safe there, it gives me peace of mind.'

Staffing and recruitment

- Staff were recruited safely with appropriate checks in place to assess the candidate's suitability to work with vulnerable adults. This included obtaining references, evidence of right to work and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The number of permanent staff contracted to work for the provider had been impacted by the staffing crisis across the adult social care sector. This meant frequent use of agency staff to meet the staffing levels allocated to people's support and care. The provider had developed a booking system with an agency provider which improved consistency.
- The provider demonstrated ways in which they were promoting continuous recruitment. They explained further plans to reduce the amount of agency staff by extending the booking system to Bolton Cares bank staff. Registered manager 2 said, 'We want to improve our pool of bank staff. In terms of numbers we have a lot of bank staff but when we come to covering shifts, we're still having to use more agency staff than we would like. I think we need to do some work around finding out which bank staff do want to pick shifts up

and then focus on the shifts being offered to them.'

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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Compliance with training was significantly low in some areas. However, the provider evidenced the cause for this in some areas was related to staff turnover and new starters not having completed their training programme.
- In some cases, longer standing staff hadn't completed training courses in accordance with the providers timescales. However, the provider evidenced they had assessed the cause of this had been an absence of AOM's and showed compliance with training was improving. AOM's met with registered managers each month and compliance with training was reviewed.

We recommend the provider continues to review and improve compliance with training.

- The registered managers had identified the providers past induction programme wasn't sufficiently informing staff of what they could expect on starting in their roles. We found feedback from staff indicated this had improved. One staff said, 'The induction programme has been overhauled and were seeing a difference when people start because we can focus on the people and staff supporting their needs.'
- We reviewed the induction programme and found it included courses relevant to providing support to people in supported living settings. These included courses such as positive behavioural support, mental capacity and moving and positioning. However, some courses were only necessary if staff hadn't completed similar training previously. This created a risk, as the provider would not necessarily know the quality of training courses previously carried out by candidates.

We recommend the provider reviews how they seek assurances of the quality of someone's training prior to commencing employment and undertaking their own induction programme.

- We noted an autism course was not part of the mandatory training or the induction. We discussed this with the provider following recent legislation which states all health and social care providers are to provide staff with training equivalent to 'Oliver McGowan' training. 'Oliver McGowan' training is tiered and is specialised training for any staff who are involved in the process of, or who are directly supporting autistic people and people with a learning disability. The provider evidenced training they were accessing and would be making mandatory to all staff, not only staff who work with autistic people within the service.
- People and relatives felt staff were skilled in the way they provided support to people. One relative said,

'Staff are extremely well trained and skilled. They understand [person] well, very well. They are careful to explain things to [person] so they don't get upset at changes to plans which is really important to [person].'

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

- The provider worked proactively with external partners, particularly local authority colleagues, such as Social Workers, Quality Contract Officers and Commissioners. If people required support of external professionals, staff supported people to access this.
- People described how staff supported them to seek support from external professionals by arranging appointments or providing direct support. One person said, 'I'm going to the opticians later, staff helped me sort the appointment out didn't you (pointed to AOM) to have another eye test, going to see if I can get in the dentist as well.'
- Support plans relating to people's health were generally completed well. We reviewed some records which were in the process of being transferred over to the electronic system which did not always reconcile with information found in other parts of people's care plans. For example, we identified one person was identified as having 'Epilepsy' in their support plan and how this was well managed with medication. In the same persons 'Health and Medication Plan' there was no reference to epilepsy. We discussed this with the manager of the service who advised some information had not pulled through when downloading information from their system, but they were aware, and this would be updated as the system was reviewed and updated service wide.

We recommend the provider ensures information is accurate across people's records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to receiving support from the provider. Information was gathered from people, their relatives and professionals involved in people's care. The information was used to develop people's care and support plans and identify individual's needs.
- The provider promoted people's involvement in reviews which reflected on what people had recently achieved and goals they wanted to achieve in the future. For example, one person aspired to work in paid employment and the provider had supported them to take steps towards achieving this goal through staff support and volunteering at a local business.
- Protected characteristics such as age, religion and sexuality were considered in people's assessments. There was a culture throughout the service which promoted people's right to express who they were and be in control of their relationships. For example, the provider had worked with two people in a relationship to support them both to understand healthy boundaries and how to be mindful of each other's wellbeing.

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

- People had diet plans in place and these reflected any medical conditions people had. Where associated risks were identified these had been assessed. However, in some cases risk assessments had not been linked to support plans and further work was needed during the providers migration to an electronic recording system.
- People felt they were supported well with their dietary needs. One person said, 'I try to eat healthy. My parents always say (it's important) and staff support me, they do a good job.'
- Relatives felt staff balanced promoting people's choice and having a healthy diet well. One relative said, '[Person] is always ready for their food. Staff make sure the food is all home cooked, nothing bought out or nothing like that. It's all healthy.'

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood and worked within the principles of the MCA and only used Deprivation of Liberty Safeguards (DoLS) where appropriate. On occasion DoLS had not been authorised but this was due to a delay in processing applications rather than an issue with the provider not identifying when DoLS were needed. Any restrictions were agreed with people who could consent or with relatives and professionals involved as part of a best interest 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with said they were happy with support they received from staff. One person said, 'The staff are caring and they helped me with emotional support recently. They listen to me.'
- Interactions we observed between people and staff demonstrated people being in control of their care. Interactions were natural, warm and caring.
- Evidence was present during the inspection of some people achieving important goals and ambitions. When we spoke with people who had been supported to do so they praised the role staff had in helping them to realise their aspirations.

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

- People were supported to express their views. In one service we found a person had expressed an interest in chairing tenancy meetings. We saw evidence of how they were supported with anxiety they had about being a chair in a meeting. We found through staffs support the person had then chaired tenancy meetings.
- People felt their voice was considered by the provider and in particular the staff who supported them. One person said, 'If I wasn't happy, I know I could talk to the staff and they always listen.'
- Relatives reported they were given the opportunity to feedback on people's care in several ways. Relatives were able to request calls with staff, seniors, AOM's and the registered managers. Relatives state they had completed feedback forms in the past, 'I've done questionnaire's in the past, I'm not sure when though.'

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff understood how to promote independence and worked in a way which promoted people's dignity and privacy.
- In relation to promoting independence one staff said, 'We support people to express their opinion and help where we need to so they can do things like manage their own finances and choose how they want to live their life. One person we support said to [staff] they wanted to meet someone. So, we risk assessed and talked about how they wanted to do that. They wanted to go to a night club, so we talked about what made them anxious and started small, by taking them to a local pub once a week, where they started to make friends. Then we took a step back and they go on their own now. It's about empowering people.'
- In relation to respecting people's privacy and dignity one staff said, 'It's just making sure, if someone is having personal care, to close windows and curtains. Make sure the door is closed and cover people, so you protect their dignity.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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 access to activities varied from one supported setting to another. We found people's access to activities had been impacted for several reasons. These included, unfamiliar agency staff, regular staff not being able to leave agency staff who couldn't administer medication and a lack of planning for people to access activities or the community.
- The provider, managers and staff did not have access to people's financial information. This meant forward planning couldn't be carried out for more expensive activities such as day trips and holidays. We discussed this with the provider who evidenced they had raised this with Bolton Council's Appointee service who advised sharing this information would be a breach of GDPR. The provider had tried to evidence it was in people's best interests for access to people's financial information to be granted to facilitate longer term planning. At the time of inspection this had not been resolved.
- Some people also felt the current arrangement for how finances were managed had an impact on them being able to do what they wanted. When asked what could improve at the service one person said, 'Something to do with banking, ponti (appointee) banking I think and it's annoying I want to get off it. When I see [social worker] next I'll have a chat.'
- We identified current auditing systems for finances were not always being completed in accordance with the providers policy. This meant the provider would not be able to demonstrate robust oversight of people's finances at the time of inspection. Please refer to the well-led section of this report.

We recommend the provider continues to discuss a level of access to people's finances to facilitate their access to planning and saving for more expensive activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The quality of people's care plans was inconsistent. In some cases, people's care plans were detailed and contained person centred information which provided staff with clear guidance on how to support people. However, some care plans contained language which was negative and needed updating. Other care plans needed further detail to accurately reflect the support people needed. The provider was aware of this and acknowledged the quality of some care plans needed improvement. They evidenced work had started to address this before the start of our inspection.

We recommend the provider ensures all care and support plans are completed to the same standard and level of quality.

- When care plans reflected the principles of right care, right support and right culture they clearly stated when people wished to be independent and what they required support with. People preferences relating to activities and community interaction were also clearly recorded.
- The registered manager, AOM's, seniors and staff demonstrated a good understanding of people's needs. They were able to tell us in detail people's likes, dislikes, need and preferences. For example, during one of our visits we were speaking with one person who asked staff to explain what support they needed specifically around an emotional event they had experienced. After the member of staff explained in detail how they had supported the person during this time, the person confirmed this was accurate and praised the staff for their support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans in place and staff had a good understanding of how to promote communication with people. During our visits we observed staff interacting with people with varying communication needs and found staff demonstrated a nuanced understanding of how people communicated effectively.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy in place. People and relatives, we spoke with reported they had not needed to make any complaints but would feel comfortable to do so. One person said, 'I have no complaints at all. I'd tell [AOM] if I needed to and they know that.'
- The provider recorded complaints made and demonstrated how they logged any communication and outcomes. They also described how complaints had been used to identify any lessons learnt.

End of life care and support

- The provider wasn't supporting anyone with end of life care. However, the provider ensured people's wishes on how they wanted to be supported at the end of their life were recorded. We reviewed evidence of how one person and their family had been supported at the end of their life and found the provider and staff had followed and understood the principles of end of life care.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers quality assurance systems did not promote a consistent level of quality across the service. Auditing systems were not robust and outcomes from audits did not reflect the findings recorded within them or our findings at this inspection.

- Audits were identifying shortfalls, gaps and errors in practice however the outcomes and scoring system from audits recorded in most cases a '100%' compliance score. This meant each level of managements auditing was producing a false compliance score and had not identified the error in quality assurance systems.

- The flaws in governance systems meant the level of quality across all supported living settings was inconsistent and varied significantly. For example, in one service, we found records where mistakes and errors had been addressed and amended; in others, we found gaps in paperwork for several months.

The provider had failed to assess, monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Areas where we found inconsistencies, gaps and an absence of checks included health and safety records, people's care records, finance checks, daily notes, medication records and a lack of organisation in paperwork. For example, we found in one service a notice of first aiders for the service with dates of when their first aid training expired. All had expired between May and December 2021; next to this record was a copy of the first aid policy which stated the provider was required to, 'provide refresher training annually' and 'display details of first-aiders at work on site'.

- In another service we found finance checks had not been completed consistently since August 2022.

The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record the care and treatment provided to the service used and of decisions taken in relation to the care and treatment provider. This was a breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found the current management team had a good understanding of the areas of the service which required improvement. They talked openly and transparently about where improvements were needed. They shared reasons of why there were areas of non-compliance and had plans and timelines for when they

wanted improvements to be made by. This provided assurances in the long term the issues identified at this inspection would be addressed.

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 had not always submitted notifications in accordance with legislation. We found medication errors which could have caused harm had not always been reported. We reviewed reportable errors and found no impact had occurred. The provider responded immediately and advised auditing of medication errors was to be reviewed and provided assurance any reportable medication errors would be submitted in the future. We felt this was related in part to governance systems and shared guidance with the registered managers on what incidents needed referring to CQC.

We recommend the provider ensures guidance is reviewed and systems implemented to ensure the timely submission of notifications.

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

- Staff feedback was mixed on the support they received from the provider. However, the provider felt attempts they had made to engage with staff, which were evidenced during our inspection, had not been well attended. The provider evidenced they were reviewing further ways they could support and engage with staff.
- Staffs more critical feedback related to a disconnect with the provider and with the decision makers for policy, procedures and systems. The use of agency and the impact it had on people's access to activities, standard of support and their lack of engagement with people was frequently raised.
- We reviewed records which showed the provider taking on board feedback from staff who had attended the feedback sessions and acting on it. The provider acknowledged however; this could be better communicated to staff so they could see action taken following feedback received.

We recommend the provider continues encouraging staff engagement and with the plans to improve communication.

- The registered managers felt a stable AOM team would support this further and would improve staff's accessibility to a manager who could address their concerns. Staff felt registered manager 1 promoted a culture of being able to raise concerns and seek support. One staff said, 'I can only speak for myself and [registered manager 1], [AOM] have really helped me with adjusting my rota to support me with (personal responsibilities). They couldn't have done more and they've been really accommodating.'
- Relatives felt managers at all levels were accessible and proactive in communicating with them and sharing any update. One relative said, 'I don't know the manager personally, but I've spoken to them and they are friendly and approachable, we're so happy with the service.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw the provider promoted a culture of person-centred care with innovative and empowering support in supported settings where there was a strong registered manager presence. However, we found in some supported settings the providers increased use of agency staff impacted the promotion of person-centred care as people's choices were restricted by not having staff available to meet their needs and who understood how to effectively support them.
- Staff also reported this impact but acknowledged the difficulties the provider had in recruiting enough

staff to avoid using agency staff. One staff said, 'The staff we have in the house are amazing, the permanent Bolton Cares staff. But I know how fed up we are because of inconsistency and agency use. There have been lots of incidents where things haven't happened how they should and things don't get done, but I know [the provider] is trying to recruit staff. It's hard.'

- People and relatives also reported the use of agency staff and how this impacted people being supported by staff who knew them well and how they wished to be supported. However, relatives understood the difficulties faced in addressing this issue and praised staff for reducing the impact on people wherever possible. One relative said, 'They have agency staff every week, but I think [the provider] is careful to try and keep the same permanent staff which helps [person] remain settled and happy.'

Working in partnership with others

- The provider worked well in partnership with external professionals and organisations. The providers commitment to working holistically was evident throughout people's records and people's feedback of visiting professionals being involved in their care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure safe systems for the management and administration of medicines. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provider. This was a breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>