

Bolton Cares (A) Limited

New Lane

Inspection report

2-4 New Lane
Brightmet
Bolton
Lancashire
BL2 5BN

Tel: 01204337830

Date of inspection visit:
10 September 2019

Date of publication:
03 October 2019

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

New Lane is a care home providing short term accommodation and personal care for up to seven older and younger adults whom may have learning disabilities or autistic spectrum disorder, physical disability, mental health needs, an eating disorder or misuse drugs and alcohol, in one building. The aims of the service are to provide a short-term intervention to prevent hospital admission. People could also stay at the service on discharge from hospital to be reviewed as a planned discharge to their home. At the time of our inspection, there was five people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe while staying at the service. Known risks people presented were assessed and staff were aware of strategies to manage them. Staff members were recruited safely, and pre-employment checks were in place before they commenced employment. Medicines were safely managed. Staff administering medicines were fully trained. The health and safety of the premises was regularly monitored.

People received a detailed referral and assessment of their needs to ensure they were suitable for the service. People were supported to eat a healthy and nutritious diet. Staff supported people to attend appointments for health and welfare reasons. Staff received an appropriate induction into the service. Staff received regular training in line with their job role.

People said the staff team were kind and caring. We saw staff promoted people to remain as independent as possible and offered support when people were unwell. Staff encouraged people to make decisions about their care and their future. Staff supported people to attend meetings and plan for moving on. Staff observed people's privacy and dignity.

People had care plans in place for staff to follow. Care plans captured goals and gave staff the information needed to correctly support each person in times of crisis. People were encouraged to join local drop in groups to gain advice about housing or benefits. A robust complaints policy was in place. People were confident they could make a complaint and be responded to appropriately.

Staff felt well supported by the registered manager and enjoyed working at the service. Audits to monitor and improve the service were in place. The registered manager understood the requirements of their registration and had submitted all notifications to the Care Quality Commission as required. The local

authority quality team had rated the service as compliant on their most recent visit.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The rating for this service was good (published 28 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

New Lane

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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

New Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four members of staff including the registered manager and three care workers

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the health and safety of the home, audits which monitored the quality of the service and training records were reviewed

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People felt safe while living at the service and told us they could raise any concerns they had with the staff team. Comments included, "Oh yes, I can speak with staff, they are like the family I never had." and "I could tell them anything. I feel they would listen to me."
- The staff team demonstrated an awareness of what they would do to report any safeguarding concerns. One staff member told us they would speak with the senior or registered manager and another staff member told us they could go to higher management or the local authority or the police if needed. Staff received training in safeguarding vulnerable people from abuse and all staff and people we spoke with felt assured any concerns would be listened to and acted upon.

Assessing risk, safety monitoring and management

- People were protected against any risks which had been identified. Risk assessments were put into place dependent upon the persons needs and regularly reviewed to ensure they remained factual and up to date.
- Staff were able to describe the risks each person presented and ways of managing the risk to keep people safe. There was an agreement in place to ensure people returned to the service and missing procedures were followed if this did not happen. One staff member said, "We are always aware of risks. We go through risk assessments together to ensure all risks have been identified."
- The safety of the premises was regularly reviewed internally and by competent maintenance professionals.

Staffing and recruitment

- Staff members were recruited safely and had satisfactory pre-employment checks in place, prior to commencing employment.
- Rotas showed consistent staffing levels and staff told us there was always enough staff members on duty. People we spoke with confirmed this and additional staff could be brought in to support people to attend appointments.

Using medicines safely

- People received their medicines as prescribed. Medicines were securely stored and documented on medication administration records.
- Where medicines were a risk to people, the risk was carefully assessed.
- Where people could self-administer their own medicines, this was clearly recorded in their care files. One

person told us they liked staff to administer their medicines when staying at the service as it gave them security to know it was being administered correctly. Another person told us they continued to administer their own medicines as it helped them retain their independence.

- Audits took place to ensure medicines were being recorded and administered as prescribed. We checked the medicines for two people and found they were correctly recorded, stored and stock levels were correct.
- Staff were trained to administer medicines and received regular competency checks.

Preventing and controlling infection

- The service was clean and tidy. Rooms were given a deep clean as people moved on and the service had good stocks of cleaning products.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents for wider learning and to reduce the risk of the accident or incident occurring again. A de-brief was completed for more serious incidents and staff told us they had felt well supported after this type of incident.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Prior to people being placed at the service, a detailed referral was sent to the registered manager for the staff team to review and ensure the placement was suitable. From the referral, a pre-assessment was completed. The staff team ensured the person was suitable to be placed with the current group of people living at the service and the accessibility of the building was also suitable.
- Often, people being placed at the service were in crisis and the provider was responsive in accepting suitable people to avoid hospital admission. One person told us, "When I am unwell, and I know I am coming back here, I know I am coming to rest and get straight. I know they know me and will help me."

Staff support: induction, training, skills and experience

- Staff received an appropriate induction into the service which included regular training. Staff were given support from a more experienced staff member to learn how the service operated.
- Training was service specific which included mental health training. The registered manager was pursuing further training around mental health conditions to enhance the staff's knowledge.
- Staff received regular supervision and felt well supported. Staff told us as there was a small staff team, they saw each other regularly and were able to share ideas and thoughts with each other. One staff member said, "In my supervision, I can address issues, personal or work related, they are supportive."

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

- People were supported to eat a healthy and nutritious diet. Some people prepared their own meals for themselves or contributed in making a larger meal for others. Meals were made from fresh ingredients and home cooked.
- Where any concerns were noted about people's nutrition or weight, this was reported to the relevant health and social care professional.

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

- While staying at the service, people were prompted and supported to attend appointments as they would at home. We saw staff prompted people to contact local housing groups and support groups to obtain information for their return home.
- Some people had visited a local drop in centre with staff to gain advice on benefits, have access to social groups, gain assistance with housing issues or help finding a job.

- People remained with their local GP and the staff team supported each person to order medicines when required and arrange delivery or collection.

Adapting service, design, decoration to meet people's needs

- The building was a large house with gardens to the front and rear. The rear garden was well kept and had a sheltered smoking area for people. People were not permitted to smoke in the property.
- The provider provided each room with a bed, bedding, bedroom furniture and TV. People could bring in some small personal items for the duration of their stay. The communal lounge, dining room and kitchen were spacious and bright and there was a conservatory for people to have some quiet time in.

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.

- People currently living at the service were not subject to any deprivations of liberty.
- As part of the referral process, people needed to consent to temporarily stay at the service and were free to leave at any time.
- Staff received mental capacity and DoLS training and were able to describe how people could be deprived of their liberty, but this was not applicable in this setting.
- Staff were aware any conditions to people being placed at the home from hospital and what action to take should the person need to return to hospital.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Positive relationships were developed between people and the staff team. People told us they felt the staff team formed part of their wider family and felt supported and valued while they were struggling with their mental health. One person said, "It's a lovely place, perfect staff, amazing, constantly asking if I am okay."
- People told us they were treated as individuals and were given time and space to gather their thoughts. One person who came to the service in crisis told us, "They [the staff] have been great, they didn't put pressure on me, they accepted me, they helped me. They often know I am not right before I know I am not right."
- Staff told us when people came to the service, they wanted to make people feel safe and secure. Staff had empathy with people and told us they listened to people without judgement. Staff told us when people's mental health had improved, they often visited the service to say hello. One person told us, "The staff are nice and friendly, they are all in the right job. They talk to you over anything."

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

- People are given the option of coming into the service before a referral is made. The service is there to provide a short-term intervention to prevent hospital admission, further isolation and deterioration in mental health and crisis.
- We observed the staff being supportive to people when talking about when they return home or to a new property. One person told us, staff had arranged for a meeting with their care manager and they were viewing a new property during our inspection, which better met their living needs.

Respecting and promoting people's privacy, dignity and independence

- We observed staff referring to people by their preferred name. We observed staff knocking on doors and gaining permission to enter bedrooms.
- People told us there was no pressure on them and they were aware staff were available to talk to them when they needed.
- People were prompted to be involved in household tasks to remain independent.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 had short term care plans in place and most of the information was taken from the initial referral and by speaking with people on their arrival.
- The care plans captured any likes, dislikes and personal preferences including if the person would like to make their own meals and where they preferred to spend time.
- A priority care plan was in place which highlighted the goals people were working towards, for example, for one person, the priority was finding a property in a particular area to enable them to be closer to family.
- Should a person be re-referred to the service, a new referral, assessment and care plan would be completed to ensure the service had the most up to date information.

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 had access to information written about the service. The staff team were aware of the AIS. However, the service did not usually identify with people who had specific communication needs. The provider would obtain further information for example, information in other language formats, should this need arise.

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 were supported to maintain relationships with their friends and family if they wished. One person told us, "My sister can visit, or I can visit her." The staff team told us, people are more than welcome to have visitors and often families or partners drop in to say hello.
- Some people while staying at the service brought with them their own materials for arts and crafts or games. Staff told us, this would encourage some of the other people to join in.
- There were games, jigsaws, books and DVDs available and people could link up to the providers WIFI to access information online.
- Away from the service, people were supported to attend drop in centres for advice on housing and benefits. Staff would arrange appointments and support people if that was their wish.

Improving care quality in response to complaints or concerns

- The service has a robust policy in place for the management of concerns. There had been no complaints raised since the last inspection.
- People told us they knew who to complain to and felt they would be listened to. One person told us, "I feel confident to complain."

End of life care and support

- The service does not actively support people who are at the end of their life. Staff we spoke to told us they would always seek medical help should a person be unwell.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; 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 a clear vision of the service they wanted to provide, and the emphasis was to prevent people going into hospital at times of crisis or to be a trial placement for people who were suitable for discharge from hospital and who wanted to return to a property of their own.
- People were positive about the management and staff team at the service and felt supported while being placed there.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team had attended training for managing the well-being of staff to promote positive mental health in the workplace.

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

- The registered manager and the staff team understood the requirements of the registration with the Care Quality Commission and had submitted any notification of events affecting the service. The previous rating of the service was clearly displayed within the service to alert people using the service of their current rating.
- Regular audits were in place to monitor and improve the service. Where audits highlighted shortfalls, actions were put into place to ensure improvements were made in a timely manner.
- Staff were given the opportunity to progress in their job role and were supported to complete qualifications in health and social care as well as a "Generating future leaders" course.

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

- The registered manager had begun to seek feedback from people who had temporarily stayed at the service. So far feedback had been positive but had not been fully collated. We will review this at the next inspection.
- Regular staff meetings were held to share ideas and update the staff team. One staff member told us, "The support is brilliant."

Working in partnership with others

- The provider worked with the local authority quality team to ensure a quality service was being provided. We spoke with a quality monitoring officer who raised no concerns about the service and was compliant in the most recent quality monitoring visit.