

Bolton Cares (A) Limited

Mere Hall View

Inspection report

7 Merehall Street
Bolton
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mere Hall View is a service for people with learning, physical and sensory disabilities. The service offers short-term breaks for up to seven guests. At the time of the inspection four guests were staying at the home.

For this report people staying at the service are referred to as guests.

The home is a two-storey building with bedrooms on both floors. The service does not have a passenger lift therefore, guests occupying bedrooms on the first floor must be independently mobile.

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

Guests using this service were regular visitors to the home. Families can book throughout the year to enable carers to have a holiday or break. During their stay guests continued their regular routines, for example attending day centres. Families arranged transport to and from the day centres before guests checked in.

Systems were in place to help keep guests safe and staff had appropriate training. Health and safety checks and required certificates were in place and were valid.

Staff were recruited safely, and staffing levels were sufficient to meet guests needs. There was an ongoing training programme. Specialist training was provided when needed.

Care files were comprehensive and were reviewed and updated prior to guests arriving at the service. Guests personal care and oral hygiene needs were recorded.

Guests were involved in selecting the menus during their stay. Staff offered a nutritional and well-balanced diet and any special dietary needs were catered for.

The environment was safe, clean and well maintained. All bedrooms were single occupancy with bathing and toilet facilities in close proximity. Guests had access to a communal lounge and dining area.

Staff were trained in equality and diversity. Staff confirmed that guests privacy and dignity was always respected.

A range of activities were available at within the home. Most guests had televisions in their rooms.

Systems were in place for receiving and responding to complaints or concerns. Following a guests stay a follow-up feedback telephone call is made to families to check if guests had enjoyed their stay.

The registered manager and staff team were dedicated to providing care and support of a high standard to ensure that guests had a pleasurable stay at Mere Hall View.

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 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Mere Hall View

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 was carried out by one inspector.

Mere Hall View 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted the registered manager to be able to assist with the inspection.

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 to us in the provider information return (PIR). This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We use all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included two guests care records and medication records. We received information from the human resource team from Bolton local authority confirming that all staff had been

safely recruited and had an enhanced check from the Disclosure and Barring Service (DBS). A DBS check informs the provider of any criminal convictions against the applicant. We looked at staff supervisions and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the registered manager and four staff. No guests were available to speak with us, all had gone out to their regular day centres and activities. We received positive feedback from families whose relatives had stayed at the service.

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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep guests safe during their stay. There were up to date safeguarding and whistleblowing policies in place for staff to refer to if required.
- Staff confirmed they had undertaken safeguarding training.
- The registered manager was aware of the responsibility of reporting and recording any safeguarding concerns to relevant agencies.

Assessing risk, safety monitoring and management

- Health and safety checks were in place and certificates were up to date and valid.
- Personal emergency evacuation plans (PEEPs) were in place for each guest. A PEEP informs the emergency services of what assistance guests would need to evacuate them safely from the building.
- Guests care records included assessments of specific risks posed to them and guidance for staff about how to support guests to reduce the risk of avoidable harm.

Staffing and recruitment

- Staff were safely recruited in line with the Bolton local authority recruitment policies and procedures.
- Sufficient staff were on duty. Rotas were written monthly and written around the guests who are staying at the service. The service called each family to confirm the booking and to discuss if there are any changes had been made since the last stay. The rotas were then compiled and staffing levels assessed and based around guests needs.

Using medicines safely

- Medication was brought to the service by guests and checked in on arrival. Medicines were safely stored and recorded on individual medication administration record sheets (MARs). Guests brought enough medication with them for the duration of their stay.
- Staff responsible for administering medication had completed medication training and had their competency assessed.

Preventing and controlling infection

- All areas of the home were clean and fresh.
- Staff had completed training in infection control and prevention. Personal protective equipment (PPE) was available when providing personal care.

Learning lessons when things go wrong

- The service addressed any issues identified through regular checks and audits.
- Accidents and incidents were recorded and monitored by the registered manager for patterns or trends.

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

- Care files contained detailed information included health care, personal details, choices and daily routines. Guests needs were reassessed prior to each visit and care plans updated to ensure information was current.
- Mere Hall View had recently merged with a similar service. Therefore care files were in a different style. The registered manager told us that all care files were in the process of being transferred on to a new format for consistency.

Staff support: induction, training, skills and experience

- All staff completed an induction programme on commencing work at the service.
- The organisation provided core training such as moving and handling, first aid, medication health and safety and mental capacity. There was also service specific training such as percutaneous endoscopic gastrostomy (PEG) feeding and behaviours that challenge autism.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies. For example, GPs and the Speech and Language Therapy team (SALT).

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

- Guests were encouraged to bring some of their personal items with during their stay.
- The service was well maintained and had suitable adaptations in place.

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

- Guests health and nutritional needs were addressed as required. Food and fluid charts were in place for those people who required monitoring.
- Guests were involved in menu planning with staff.

Supporting people to live healthier lives, access to healthcare services and support.

- Staff worked in partnership with other agencies to support guests effectively. We saw evidence that the management and staff worked with other healthcare professionals

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager and staff had a good understanding of MCA and best interest decision making.

As guests were only staying at the service for a respite break DoLS were not always appropriate. There was no one subject to a DoLS at the time of the inspection.

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

- Family and friends were actively encouraged to visit the service. Many families dropped off luggage before the start of a break. This provided a good opportunity for the family to update the staff and to share information about the care and support required.
- Staff were trained in equality and diversity. For example, female staff would be on duty to provide personal care when female guests were staying or if there were cultural preferences that required gender specific care.
- Staff were mindful when booking guests in at the service regarding compatibility with others. This was to ensure that all guests could have a pleasant and relaxing break.

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

- Care files showed that guests who used the service and their families were involved in decisions about their care and support.
- Follow up calls were made to families to ask for feedback on guests stay at the service.

Respecting and promoting people's privacy, dignity and independence

- All guests had their own bedrooms and there was a room upstairs that family could also use if they wished for more privacy when visiting.
- Staff ensured guests dignity was maintained at all times when assisting with personal care.

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

- Care plans detailed information to guide staff on how guests wished to be care for during their stay.
- Guests choices and preferences were recorded and respected.

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.

- The service had developed a number of new recording and information tools. For example, picture versions of menus and daily reports so that they have more meaning and relevance.
- Within the organisation there was access to staff who speak several languages which staff could access when needed to communicate with families who don't have English as a first language.
- There was a clothing list in two languages that a family had helped to write.

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

- Guests continued with their interests and hobbies during their stay. Arrangements were place to ensure that guests regular transport that took them to their day centre or club was organised by families prior to their stay.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with and respond to any complains or concerns. There had been no complaints about the service in the last 12 months.
- The service had several compliments from families thanking the staff for the care their relatives had received during their stay. Comments included, "Our [relative] always looks forward to coming to stay with you. [Relative] leaves home very happy, which is nice for us to know that they are happy with you." Another said, "Keep up the good work". A professional visitor to the service emailed the registered manager saying, "Please pass on my sincere thanks to all the team at Mere Hall for the help and support with an emergency booking over the last few weeks."

End of life care and support

- The service does not support guests with end of life care. In the event of a person falling ill families would be contacted immediately along with other healthcare professionals.

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

- The service had a registered manager in post. It was clear from our discussions with them that the registered manager was passionate and committed to providing a person-centred service. They wanted guests to have an enjoyable stay and provide a much-needed break for their carers.
- There was an open and honest culture within the home. Several changes had been made within the service and the registered manager had kept guests, families and staff up to date.

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

- Quality assurance systems were in place. Any shortfalls were identified and addressed. Staff meetings were held on a regular basis.
- Audits and checks were undertaken by the registered managers and by senior management.
- The registered manager was aware of reporting any serious accidents or incidents to the CQC.
- Staff at all levels were aware of their roles and responsibilities. It was clear from our discussions with staff that the registered manager engaged with them and supported staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- With recent changes within the service the registered manager had valued input from staff.
- Staff from another service had moved over to Mere Hall View. The staff confirmed that both teams were well together and were sharing new ideas.

Working in partnership with others

- The service worked well with other agencies. For example, GPs, district nurses and SALT team.
- The service was based in a residential area. The registered manager told us that service had built good relationships with direct neighbours.