

Autism Together

The Bungalow

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: The Bungalow is a small residential property that accommodates three people living with learning difficulties who required help with personal care.

People's experience of using this service:

In June 2017, CQC published guidance called 'Registering the Right Support'. This along with other associated good practice guidance sets out the values and standards of support expected for services supporting people with a learning disability and or autism.

The principles of 'Registering the Right Support' is on ensuring that people who use services can live as full a life as possible and achieve the best possible outcomes. They reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The Bungalow was built and developed prior to this guidance being published. This meant that there were some aspects of the service that did not comply with this guidance.

The home was located in a campus style setting with other autism together services which did not meet the principles of Registering the Right Support. There were signs on the campus site which identified to anyone visiting The Bungalow that the home was part of a range of services for people living with learning difficulties. These aspects of service design did not comply with the principles of Registering the Right Support.

People living in the home however were supported to be independent as much as possible, were encouraged to make informed and positive choices and led meaningful lives in the community. They had access to community services for social and recreational pursuits and health care services in support of their well-being. This was good practice and reflected the fundamental principles of Registering the Right Support.

There were systems in place to check the environment, medicines, care planning and service delivery. Some of these systems were not always effective. For instance, they failed to identify that staff training was not always completed or that best interest decision making at the service required improvement.

The number of medicines administered at the home was minimal. Records showed medicines were managed correctly. Records indicated however that some staff had not completed training in medication administration. This increased the risk of errors and poor practice. Training information provided by the manager also indicated that some staff members had not completed training in safeguarding, mental capacity act, first aid and MAPA (management of challenging behaviours). This aspect of service delivery required improvement.

Where people found it difficult to make specific decisions about their care, their capacity to consent was assessed in line with the Mental Capacity Act 2005. But where decisions were made on people's behalf, there

was little evidence of their involvement or the involvement of relevant others (i.e., family members, social worker) in this process. This required improvement.

People's needs and risks were assessed and staff had clear guidance on how to provide safe and appropriate person centred care. It was clear staff knew people well. People who lived at the home looked happy, relaxed and comfortable with staff and feedback on the service and the staff team was positive.

People received enough to eat and drink and they were involved in menu planning and meal preparation with staff support. People's needs were met by a range of health and social care professionals and staff supported people to attend external appointments in support of their mental and physical well-being.

Regular meetings took place with people living in the home and staff to ensure that their views and opinions with regards to the service were sought.

Staffing levels were sufficient to meet people's needs and staff employed at the service had been recruited safely. Staff told us they felt supported by the manager and records showed they received regular supervision in their job role.

The culture of the service was open and transparent. It was clear that there were aspects of the service that were well-led. People liked living in the home, the staff team were positive and committed to their job role and people's care was well managed.

Rating at last inspection and why we inspected: This was a planned inspection based on the previous rating. The overall rating at the last inspection was good (published 15 December 2016). At this inspection, the overall rating has changed to 'Requires Improvement'.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

The Bungalow

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was undertaken by one adult social care inspector.

Service and service type: The Bungalow is a small '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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced the day before the inspection. This was because the care home is small and we needed to be sure that staff and people living there would be in when we visited.

What we did: Before the inspection we reviewed any information we had about the service since the last inspection. This included looking at the provider's provider information return which gives us key information about the service, what the service does well and information on the improvements the provider plans to make. Provider are required to submit this information at least once a year. We also contacted the local authority to gain their feedback on the service and then used all this information to plan our inspection.

We talked with one person who used the service and a relative. We spoke with the registered manager, the house manager and a support worker.

We reviewed a range of records. This included two people's care records, staff records and other records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- On entry to the home, there was a strong smell of damp and mould. The manager told us and we saw evidence to confirm that investigations into the cause were underway. We asked the manager to ensure that this issue was resolved without delay. Other than this, the premises were well maintained.
- People's needs and risks were assessed and staff had clear guidance on what support people needed with regards to their health and wellbeing.
- People were supported to take positive risks in support of their lifestyle choices and independence. For example, with regards to daily living activities and going out in the community with or without support.
- People's care records contained personalised information about what made them anxious or upset and staff had advice on how to support each person appropriately.
- Personal emergency evacuation plans were in place. These gave staff and emergency personnel important information on the support each person required to evacuate the building in the event of an emergency.

Learning lessons when things go wrong

- Accident and incidents were properly documented with the action taken by staff to support the person's wellbeing and safety at the time the accident or incident recorded.
- This information was reviewed and considered in the planning of people's future care in order to learn from and reduce the risk of a repeat occurrence.

Staffing and recruitment

- No new staff had been employed since our last inspection.
- A criminal conviction check of some staff had not been renewed for over three years. This meant there was a risk that this information may be out of date. We spoke with the HR department about this.
- One staff member was on duty at all times and this was sufficient to meet people's needs. There was also 24 hour on-call support from a manager seven days a week.
- The manager told us that staffing levels were increased as and when required in order to enable people to pursue activities outside of the home independently from others who may wish to stay at home.
- For example, on the day of our inspection, a staff member was taking two people to the cinema. The third person did not want to go so an additional member of staff was on duty to enable them to remain at home.

Using medicines safely

- Not all of the staff employed to work at the home however had completed up to date training in the administration of medication. This aspect of medication management required review.
- Only one person at the home had medication prescribed from them. We saw that this medication was

stored securely and administered appropriately.

- People has access to homely remedies such as Paracetamol for general pain relief. There were adequate systems in place to safely manage their administration.

Systems and processes to safeguard people from the risk of abuse

- No safeguarding incidents had occurred at the service since the last inspection.
- Staff spoken with knew the action to take if they had any concerns about potential abuse.
- People were provided with information about abuse and how to raise concerns.

Preventing and controlling infection

- Staff had access to training in infection control to ensure that they knew what precautions to take to prevent the spread of infection.
- The home was adequately clean for infection control purposes.

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.

The effectiveness of people's care, treatment and support was not always assured as staff had not completed sufficient training. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Some staff had not completed training in safeguarding, first aid, medication administration, infection control or MAPA (management of physical aggression training). This meant there was a risk that their skills and knowledge was insufficient or out of date.
- We asked the manager about the gaps in staff training. They told us that staff members had completed this training previously but did not provide any evidence to substantiate this. They acknowledged that some training was also out of date.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that staff members received regular supervision and had an appraisal of their skills and abilities each year.
- A staff told us that they felt supported in their job role.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty via a judicial DoLS had been authorised and whether any conditions on such authorisations were being met.

- Where people's capacity to make specific decisions was in question, we saw that their capacity to do so had been assessed in line with the MCA. Some improvements were needed to the quality of capacity assessments and best interest documentation however to demonstrate the correct procedures were followed.
- We spoke with the manager who acknowledged that evidence of best interest decision making was not always present in people's capacity assessment information.

- For example, where people's ability to manage their own finances was in question, the financial assessment documentation was not always signed by them or relevant others to show that decisions with regards to this were made in their best interests.
- We saw however that people's support was provided in the least restrictive way as possible. For example, people had access to their own pre-paid card, that gave them access to their own money in a safe way. This enabled them to be able to make their own purchases whilst minimising financial risk.
- Care plans contained clear information on people's level of understanding and how to support them to make decisions.
- Where people were unable to communicate their consent or their choices verbally, their care records contained information about the gestures, facial expressions or behaviours they would display when they were happy or unhappy with choices available. This was good practice.

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

- An assessment of people's needs, and choices was completed and care plans developed accordingly. People's care plans clearly identified their needs and care.
- People's care was person centred and their daily records showed they were involved in making choices as much as possible.

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

- People received enough to eat and drink and enjoyed a healthy and varied diet.
- People's dietary needs and preferences were noted in their care plan for staff to be aware of and staff supported people to be involved in shopping for and preparing meals within the home as much as possible.
- People were able to make their own snacks and drink in between meals with support from staff as and when they required.

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

- The service design did not fully adhere to the best practice guidelines set out in 'Registering the Right Support'. This was because the home was set in a campus style setting with other autism together services.
- The Bungalow was designed to be like a 'family home'. It was pleasantly decorated and suitable for the people living there.
- People chose the décor in their own bedrooms. They had personalised their bedrooms with the items that were important to them.

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

- People's care files contained "All about my health" information which gave other professionals details about the person's health that may be important to know in an emergency.
- Staff encouraged and supported people to lead active lifestyles. People participated in the provider's day services which gave people the opportunity to participate in a range of educational, social and physical pursuits.

People's health and well-being was supported by a range of health and social care professionals such as social workers, psychiatrists, dentist, opticians and other medical specialists.

- Care records showed people had access to support from their own GP, community nurses, dentists, chiropody and optician as and when required.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were reflected in their care plans. It was clear that the manager and the staff team respected people's lifestyle choices and supported them as much as possible.
- For example, some people living in the home used non-verbal communication to express their needs, wishes and choices. Communication guidelines were in place to advise staff on the various facial expressions, gestures and behaviours people would use to communicate their needs and wishes. This helped staff ensure they were able to equally participate in the same activities, lifestyle choices and level of support as everyone else.
- We saw that staff interacted with people in a positive way. They were friendly and helpful and conversations about everyday things were natural and spontaneous. It was obvious that the people living in the home had a trusting and warm relationship with them.
- It was evident all staff knew all people well; they were able to tell us about the things that were important to them and spoke with genuine affection about the people they supported.
- A relative we spoke with told us they thought their loved one was "Very happy" at the home.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them.
- People chose how they spent their time and staff respected their privacy in their own bedrooms.
- Staff supported people to maintain and develop independent living skills as much as possible. This included involving people in household tasks and supporting them to undertake their own laundry, washing up and making meals.
- Records were stored securely and staff were respectful when discussing people's support needs.

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

- Regular meetings took place with people on a one to one basis to encourage them to express their views on the service and any improvements required. The manager told us that they had found one to one meetings more effective than resident meetings (in a group) to do this.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support needs were planned for in a personalised way. For example, support plans contained information about their backgrounds, life history, likes and dislikes and preferred daily routines. It was clear that people or those closest to them had been involved in discussing the person's care and what was important to them.
- People led busy active lives and were supported to pursue their hobbies and interests.
- For example, one person had recently enjoyed activities such as swimming, information technology and performing arts. This person told us that the activity they most enjoyed was gardening and showed us a potted plant decoration that they had recently made.
- The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. We found that the provider was meeting this standard.
- Information about people's communication needs were included within care records and information about the home was available in easy read format. Easy read uses simple language and pictures to aid people's understanding.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure displayed in the home for people and visitors to refer to. The procedure was in easy read format to help people understand how to raise a complaint.
- We asked a person living at the home if they were happy and liked living there. They said yes.
- The manager also told us that no complaints about the service had been made since the last inspection.
- A relative we spoke with had no concerns about the service.

End of life care and support

- At the time of the inspection, no-one living at the home required end of life care. People living in the home were younger adults under the age of 65 years, in good health.

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

Service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- The provider's electronic monitoring system failed to enable managers to be able to identify and address the gaps in the training of some staff members.
- The provider had not ensured that appropriate action was taken to ensure that the service complied in full with 'Registering the Right Support' best practice guidance. The manager told us the provider was currently reviewing the service in accordance with this guidance.
- The provider's safeguarding system had not identified that people's financial risk assessments were not been signed by them to show that they had participated in and consented to staff managing finances on their behalf.
- Checks were completed in key areas such as medicines, the environment, staffing levels, care planning and accidents and incidents. These checks were effective in ensuring people received safe and appropriate care.
- The staff, managers and team leaders we spoke with were clear about their role and responsibilities with regards to the service. There was a clear management structure across the service which everyone was familiar with.
- All of the staff spoken with were positive about the service and committed to continuous improvement.
- The service and its staff worked well with other services managed by the provider to share best practice and support each other. For example, to ensure vacancies or gaps in staff rota's were covered.
- Regular staff and management meetings took place to discuss issues associated with the service and best practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager and home manager planned and promoted person-centred, high-quality care for people. The culture of the service was caring and inclusive.
- People's care was well managed, person centred and supportive of people's independence and day to day choices.
- A relative we spoke with told us that the staff team were "Very good" at keeping in touch with them about the person's progress and felt the service was open and well-led.
- The manager understood CQC's statutory notification process which requires providers to notify CQC of certain events that occur in the service. For example, serious injuries and allegations or incidents of potential abuse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had good partnership links with local healthcare providers, social work teams, community and vocational services.
- Records showed that people were supported to attend external appointments to maintain their well-being.

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
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Some staff members had not completed the provider's mandatory training programme. This meant the provider could not be assured they had the skills and knowledge to do their job role effectively.