

Mrs M L Lowe

# The Bungalow

## Inspection report

54-56 Mossfield Road  
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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

This inspection took place on 15 February 2016 and was unannounced. The Bungalow is in the Farnworth area of Bolton and is close to local amenities and public transport. The home is registered to provide residential care for 19 people. Parking is available at the front of the home. There is an enclosed garden at the rear of the home.

We last inspected this service in October 2013. At that inspection we found the service was meeting all the regulations we reviewed.

The provider of the service was also the manager registered. A registered manager is a person who has registered with CQC to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. The registered manager oversees two other homes. The registered manager was available to assist with the inspection with the support of the senior carer.

gap

Staff spoken with were able to demonstrate their understanding of the whistle-blowing procedure and knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found the people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff had received essential training and support to enable them to do their job effectively and care for people safely.

People who used the service told us they felt staff had the skills and experience to meet their needs. People we spoke with told us they felt safe living at the home and spoke positively about the kindness and caring attitude of the staff.

We found that systems for managing medicines were safe and we saw how staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

We saw that risk assessments were in place for the management of the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection.

Systems were in place to deal with any emergency that could affect the provision of care such as a failure of the electricity or gas supply.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in

place to eliminate the risk. People and their relatives (where appropriate) were involved and consulted about the development of their care plans. This helped to ensure the wishes of people who used the service were considered and planned for.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions

Staff spoken with had a good understanding of the care and support that people required. We saw that people looked well cared for and there was enough equipment to promote people's safety and independence.

Food stocks were good and the meals provided were varied and nutritious. People we spoke with told us the food was good and there was plenty of it.

We saw that a basic system was in place to monitor and assess the quality of the service provided.

The registered manager spent time at the home two or three days a week and held a 'manager's surgery' should anyone wish to meet with her.

## 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.

Sufficiently suitably trained staff who had been safely recruited, were available at all times to meet people's needs.

The system for managing medicines was safe and people received their medicines in a timely manner.

Suitable arrangements were in place to help safeguard people from abuse.

Risk assessments were in place for the safety of the premises. People lived and worked in a safe, clean and well maintained environment.

### Is the service effective?

Good ●

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and safely.

Staff received regular supervision and appraisals.

People were provided with a choice of nutritious food and drink to ensure their health care needs were met.

Appropriate arrangements were in place to consent to their care and treatment.

The provider was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People spoke positively about the kindness and caring attitude of the staff. We saw that staff treated the people who used the service with dignity and respect.

The staff showed they had a good understanding of the needs of the people they were caring for.

We saw staff promoted the privacy of people who used the service and of their visitors. People could meet with visitors in the privacy of their own rooms or in the communal areas.

Staff had completed specialist training to enable them to care for people who were nearing the end of their life.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained with them was fully reflective of the person's current support needs.

The provider had systems in place for receiving, handling and responding to complaints.

In the event of a person being transferred to hospital, information about the person's care needs the medication they were receiving was sent with them to help ensure continuity of care.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider of the service was also the registered manager.

Staff spoke positively about working at the home. They told us that management were approachable and supportive.

A basic system was in place to monitor and assess the quality of the service, however audits need to be more detailed.

# The Bungalow

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 February 2016 and was unannounced. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed the previous inspection report and notifications we received from the service. We also contacted the local authority commissioners and other professional bodies to seek their views about the service. They told us they had no concerns regarding The Bungalow.

During the inspection we spoke with all the staff on duty three people who used the service, a relative and the district nurse, the cook and the provider. We did this to gain their views about the service provided. We looked around the home and people invited us look in their bedrooms. We looked at three care plans, three staff personnel files, medication records and records about the management of the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the home. One person said, "I feel totally safe living here, I am well looked after and well cared for." Another said, "Yes I feel safe the girls [staff] are lovely, they are really kind and helpful". "It's great here, I have everything I need". A relative spoken with said they had no concerns about the safety of their relative.

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust to help protect people being cared for by suitable staff. The files contained an application form, references and other forms of identification. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable people.

We looked around the home and saw that areas of the home and garden were safely accessible to people who used the service. We saw that the communal areas, bathrooms and bedrooms were clean and there was no unpleasant odours detected.

Prior to the inspection we received a report from the Community Infection Prevention & Control Team (IPCT), the team identified some areas of concern that the provider was addressing. The IPCT team will revisit the home to ensure their findings have been actioned. We saw that staff had access to disposable aprons and gloves when providing personal care. We saw that bathrooms toilets were equipped with liquid soap and paper towels. This helped to prevent the risk of cross infection.

Records showed risk assessments were in place for areas of the general environment and policies and procedures were in place in relation to ensuring compliance with health and safety regulations. The records showed that any equipment within the home was maintained in accordance with the manufacturer's instructions. The home has a maintenance man on site; there was a maintenance book for staff to record any repairs or jobs that required his attention. This also included testing of small electrical appliances. The maintenance was signed off when the work had been actioned.

The service had a contingency plan in place for dealing with emergencies such as gas or electrical failures. We saw that emergency exits were clear and from any obstructions. Testing of emergency lighting and alarm systems were in place. There was a plan of the building next to the fire panel. We saw that personal emergency evacuation plans (PEEPs) were not available in a 'grab file'. PEEPs provided information to the fire service to show where people were in the building and what assistance they required. For example; not mobile or needs two to assist. By the end of the inspection there was a draft PEEPs in place.

We saw sufficient numbers of staff were on duty to meet people's needs. People who used the service told, there were always staff around to assist when needed. A relative told us, "I don't think there's a problem with staff?, they seem experience and well trained".

Suitable arrangements were in place to help safeguard people who used the service from harm or abuse. All

staff had received training in the protection of vulnerable adults. Staff spoken with were aware of who to contact if they suspected or witnessed any form of abuse with the home.

Staff had access to whistle-blowing procedures and knew who to contact if they felt their concerns would not be listened to or taken seriously.

The care records we looked at showed any risks to people's health and well-being had been actioned, for example where there were any concerns about people's nutrition and hydration a food and fluid chart was been put in place so staff could monitor what people were having to eat and drink. If required a referral to dietician or GP would be made.

We looked to see how medicines were managed. Staff who administered medicines had been suitably trained. The service used the Biodose system. This is where medication is stored in a pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, this helped minimise medication mistakes. We saw medication was checked before being offered to people and then recorded on the individual's medication administration record sheet (MARs). We saw that medicines including controlled drugs were securely stored in a locked cupboard in the office. The senior on duty kept the keys to the cupboard on her person. The MARs showed that people had received their medication as prescribed, ensuring their health and well-being were protected.



## Is the service effective?

### Our findings

We spoke with people who used the service and visitors. People told us they felt the staff were suitably trained and experienced to meet people's needs. One person told us, "I have no problems with any of the staff here, they go out of their way to look after us". A relative told us, "I know my [relative] is happy and well looked after, it's very difficult when people can't manage at home, but I have no concerns about [relative] being here. A visiting professional told us that they had no concerns with any of their patients at the home. They confirmed that staff worked well with them and acted on any advice given.

We saw in the care records we looked at prior to people moving into the home a pre-admission assessment was completed by senior staff. This was to ensure that the home was suitable and that the staff could meet the individual needs and preferences.

We were shown the induction programme which was completed by new staff on starting work at the home. This contained information to help staff understand their role and responsibilities. New staff also completed a four day induction programme organised by Bolton Council. Staff turnover was low, most of the staff had worked at the home for several years. We looked at the staff training matrix and saw that staff had completed essential training, for example safeguarding, including the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), how to move and handle people safely, fire training, safe handling of medicines, first aid, caring for people living with dementia and infection control. Staff spoken with confirmed that they had completed training relevant to their role and refresher training was ongoing. The staff files we looked at contained up to date training certificates.

We saw that a system was in place for staff supervisions and appraisals. Supervision meetings provide staff with an opportunity to discuss with the registered manager any concerns they may have and any further training and development they wish to undertake.

We checked whether the service was working within the principles of the Mental Capacity Act (2005) (MCA). 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 interest and legal authorised under the MCA.

We asked the registered manager and the senior on duty what arrangements were in place to enable people to make informed choices and to give care and consent to their care and treatment. Most of the people were able to make their own choices and decisions, for example what time they got up and when they went to bed, whether they preferred a shower or bath, how they spent their day and who they wished to spend it with. One person told us, "I try and do a lot of things for myself like having a wash and getting dressed. If I struggle with anything the girls are always on hand to help". We asked one person if they were they happy that staff took control of their medicines. They told us, "I have no problem with that, it's one less thing for me

to think about".

For some people who could not make decisions for themselves we asked the registered manager to tell us how they ensured that the care and support provided was in their best interest. The registered manager told us that if an assessment showed a person did not have mental capacity to make their own decision then a 'best interest' meeting would be arranged. A 'best interest' meeting is where relevant professionals and family where appropriate decide the best course of action to be taken for the person using the service.

We asked the registered manager and staff about their understanding of the MCA and DoLS. From their responses it was clear they had a clear understanding of the importance of determining if a person in their care had the capacity to give consent to their care and treatment.

During our inspection we observed that people were provided with a choice of suitable nutritious food and drink to ensure their health needs were being met. People we spoke with told us the food was good and there was plenty of it. We were told by the registered manager and the chef that the home received regular deliveries of fresh food, meat and milk, the home used mainly frozen vegetables. We spoke with one person who told us that they would occasionally like full English breakfast. We mentioned this to the registered manager who confirmed that this was not a problem and they would make sure this request would be provided.

We saw that the daily menu was displayed on a wall mounted menu board in the dining room in both a written and pictorial images of the day meals. The pictures helped people to choose what meal they would like.

We saw that where any concerns had been identified in relation to the risk of inadequate nutrition and hydration staff would commence a record of food and fluid intake to monitor what people had to eat and drink. We saw where necessary the GP had been contacted and if required a referral to the dietician was actioned.

We saw that in September 2015 the home received a '3 Star Food Hygiene' rating from the local environmental health officer. This meant that improvements were required as the highest rating is '5 Star'.

We saw in the care records we looked at the people who used the service had access to external health services for example, community nurses, podiatrist and opticians. The registered manager told us that it was difficult to obtain the services of a dentist in the area so people could have regular access to dental care.

## Is the service caring?

### Our findings

People who used the service were complimentary about their registered manager and the staff. Comments included ; "They are marvellous", "Nothing is too much trouble, they look after me really well". A relative told us, " All the staff are really good, they are really kind and helpful".

We saw that people looked well-groomed and well cared for. People's clothes had been nicely laundered . We observed that some ladies had makeup and jewellery on, as was their choice.

We observed that some people were sat in the lounge in their dressing gown and slippers. We asked people why they were not dressed and one person told us, "I am going to have a bath and my hair washed so there's was no point getting dressed first thing".

One relative told us, "I can visit at any time, the staff always make you feel welcome. They keep me informed of how [my relative] is. I have no concerns about the care my [relative ] receives". We saw that people who used the service were meeting with their visitors in the lounge area or in the privacy of their own rooms.

Staff spoken with had a good understanding of needs and preferences of the people they were caring for. One member of staff told us, "I love coming to work, if anyone is ill I really worry and ring up to see how they are. They [people who used the service] are like my family".

During the day we observed that people were treated with dignity and respect. We saw that staff knocked on people's door and waited for a response before entering. There was a friendly and relaxed atmosphere in the home. Staff were seen spending time chatting to people and their visitors.

We asked the registered manager to tell us how staff cared for people who were ill and nearing the end of their life. We were told that the home had completed the 'Six Steps' end of life training programme. The training ensures that staff are able to care for people at the home so they are cared for by people who know them and they trust. We were told that resources were made available to ensure that people had a dignified and pain free death.

## Is the service responsive?

### Our findings

People who used the service spoke positively of about the staff and their care and commitment. Comments included, "The staff are wonderful, if I need help with anything they are straight there". Another said, "They [staff] make sure I get my tablets on time and if I need the doctor they ring for me". We spoke with a visiting professional who told us they had no concerns about the care provided to their patients. They told us "The staff are very good, they are helpful and act on any advice given".

We looked at three care records. The records contained information to inform staff on the care and support each person required. Information included likes and dislikes, personal preferences, a social history and medical details. We saw that the care records had been reviewed regularly and any changes in people's health and well-being was reflected in the updated information.

People who used the service and relatives were aware of the care records and had been involved in the care planning and any decision making. People who used the service where possible had signed their own care records.

We saw that in the event of a person being transferred to hospital, information about the person's care needs and medication would be sent with them on a hospital transfer document.

We asked people who used the service how they spent their day and what activities they liked taking part in. One person told us that a small group of people played dominoes in the afternoon. On the day of our visit we saw people sat in the dining room enjoying dominoes and alcoholic or soft beverage of their choice. One person told us they enjoyed trips out to the local shops. A range of activities was displayed on the activities board.

We saw that there were adequate aids and adaptations available to safely assist people and promote their independence. This included grab rails, walking aids and assisted bathing facilities.

The complaints procedure was clearly displayed in the entrance hallway. The provider had a complaints procedure in place for receiving and responding to any complaints. People who used the service told us, "I have no complaints at all. If I was worried about anything I would tell the girls, they would sort it out". A relative told us they had not had any reason to raise a complaint but felt sure if they had the registered manager would deal with it.

## Is the service well-led?

### Our findings

The service had a registered manager in place. The registered manager was also the provider. There was a designated senior carer on each shift who deputised in the registered manager's absence. The registered manager had another home in the Bolton area and one in Bury. On the day of the inspection the registered manager was at The Bungalow and assisted with the inspection.

We asked the registered manager to show us how they monitored and assessed the quality of the service provided. We saw that checks and audits had been undertaken, for example care records, mattress and pillow checks, the environment and medication. The checks were recorded and any improvements identified were recorded and dated when completed. We discussed with the registered manager that the audits were basic and could be improved. The registered manager agreed to look at implementing a more detailed and robust system of auditing.

The registered manager sought feedback from people who used the service and relatives through meetings and satisfaction questionnaires. Comments were positive and included; good food, plenty of drinks, staff very helpful and courteous and they help me achieve things. One relative stated; 'The quality of the care is excellent and lovely helpful staff. Thank you very much for all you do'.

Staff spoken with spoke positively about working at the home. Several of the staff had worked at the home for a number of years. One member of staff told us that people living at the home were like their extended family. The staff worked well together as a team and told us they were supported by the manager and could approach her at any time.

The registered manager held a weekly surgery so that relatives could speak with her if needed.

We saw the provided had Investors in People accreditation. This recognised the provider's and staff achievements in the quality of care, staff development and the management of the home.

We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been forwarded by the registered manager. This meant we were able to see if appropriate action had been taken by staff to ensure people were kept safe.