

# Cornwall Council

# 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?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This was an announced inspection, carried out on 2 March 2016. As the service provides respite support to people we gave short notice of the inspection visit to ensure staff were available. This is the first Comprehensive inspection since the service was registered with the Care Quality Commission in January 2016.

The Bungalow is a respite service that provides care and support for people who have a learning disabilities and other complex needs. The Bungalow can accommodate up to a maximum of 10 people, although due to the nature of the service this fluctuates on a daily basis. The service is owned and operated by Cornwall Council.

The service is required to have a registered manager and at the time of the inspection visit a registered manager was in post. However, the registered manager was also registered for another service and was not always working at The Bungalow. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. 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. In November 2015 a deputy manager had been appointed to manage the day-to-day running of the service with overview from the registered manager.

People using the service had a range of learning, sensory and physical disabilities and there were a range of aids and adaptations in place which met those needs. Rooms and lounge areas incorporated a range of seating and equipment to support people with physical disabilities. However a bath and shower room could not be used for people with specific mobility needs as there was not enough room to accommodate the necessary equipment.

A concern had been raised at a staff meeting in November 2015 about the regulation of water temperature when using showers. Shower heads now had temperature monitors which alerted staff when they rose above a safe level.

All care plans were being reviewed and updated. However, two of the four care plans we looked at contained the previous provider's information. In those files there was no evidence of reviews taking place from January 2015 to November 2015. Since then where reviews had taken place not all the information had been added to the care plan review section. Staff told us it had been a difficult twelve months when there had been specific staffing problems resulting in agency staff being used to support the core staff team. Comments from staff included, "It has been a really difficult time. We have just got on with the job of supporting guests" and "It has calmed down a lot since Christmas because we have got the staffing right".

Where staff had been recruited there was limited information to show if they had had the necessary safety checks to work in the service. The deputy manager had requested the information from Cornwall Councils Human Resource department. It was confirmed all checks were in place but evidence of this had not yet

been sent to the service.

The general maintenance of the building since registration in January 2015 had been limited. Woodwork was damaged and chipped throughout the service due to the use of equipment to support people. Paintwork was damaged in some of the rooms. Furniture did not match in most rooms.

Where people required specific equipment to support them, for example track hoists and bathing facilities they used the same rooms when using the respite service. A relative said, "(Persons name) likes a certain room and staff try and make sure they get that room when they stay". People brought their own personal items to make their rooms more familiar to them.

The service complaints procedure had been made available to relatives. One relative told us "I have the information and would know who to speak with. I have never had to make a complaint but think I am confident they would listen. A document called 'Have Your Say' was available to support people with learning disabilities to raise a complaint, make a comment or compliment. However, the format was kept in an office file and not made available to people using the service.

There were enough staff working in the service to safely support people at the time of the inspection visit.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. Staff told us they were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

There were suitable storage facilities to make sure medicines were stored safely. Medicines were signed in and out for each short stay at the service. Records were accurate and audited following each stay.

On the day of the inspection visit there were no guests using the service during the day. Five people arrived later in the afternoon. Staff were on duty and ready to support people. People engaged in a number of activities with staff who clearly understood people's individual routines.

Staff were trained in a range of subjects which were relevant to the needs of the people they supported. New employees undertook a structured induction programme which prepared them for their role. The staff team were supported by the deputy manager through daily communication. A formal supervision programme was in place to support staff personally in their learning and personal development.

We identified a breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

## 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. Staffing levels met care and support needs of the people that used the respite service. The staffing provision was arranged in advance to ensure people were supported by sufficient numbers of suitably qualified staff.

People were supported with their medicines in a safe way by staff who had the right knowledge and skills.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

### Is the service effective?

Requires Improvement ●

The service was not effective. The environment had not been adequately maintained. People did not have access to all the bathing facilities in the service.

The requirements of the Mental Capacity Act 2005 had not been adhered to.

People were supported to make choices in relation to their food and drink and were encouraged to eat a balanced diet.

### Is the service caring?

Good ●

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

Staff worked to help ensure people's preferred method of communication was identified and respected.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive. Care plans were not regularly reviewed and some review records were incomplete.

There was a system to receive and handle complaints or concerns. However, an easy read format was not made available to people using the service.

People were supported to engage with the local community, and to access a variety of recreational activities and employment.

**Is the service well-led?**

The service was not always well led. There was a lack of clear leadership within the service.

Systems to assess and monitor the quality of the service provided to people were not all effective.

The service did not actively seek the views of people about their experience of using the service.

**Requires Improvement** 

# 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 was planned to check 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 2 March 2015 and was announced the day before to make sure somebody was available as the service is not always used during week days until later in the day. The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we observed five people who were using the respite service at The Bungalow. Following the inspection visit we spoke with three relatives and two external professionals who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered manager, deputy manager and four support staff. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and other records relating to the running of the service.

# Is the service safe?

## Our findings

Relatives told us they were very happy with the care and support the service provided and that their relatives were safe. They said, "It's a fantastic place for people. I think it's very safe and I have peace of mind when (Persons name) is there", "(Persons name) has been there for years. I trust them completely" and "I would not leave (Persons name) there if I had any concerns at all". People using the service were not able to communicate with us verbally therefore we observed them and their interactions with staff during the inspection visit. When people returned from daytime activities people were seen to be engaged and interacting with staff. We could see they were comfortable and relaxed in the service and familiar with the environment.

The recruitment process helped ensure new employees had the appropriate skills and knowledge required to meet people's needs. The most recent recruitment files did not have all the information in place including some application forms, references and Disclose and Barring (DBS) details. However, the deputy manager confirmed with Cornwall Councils human resource department that all checks were in place prior to commencing work to show people were safe to work in a care environment. The deputy manager was aware of the need to have the information available for inspection should it be requested.

Care planning records were undergoing a complete review. Not all plans had been reviewed but this was an ongoing process and in accordance with the services action plan. Completed plans were centred on the person's individual needs and risk assessments which were specific to the care needs of the person. For example, there was guidance that directed staff on how many people and what equipment was needed to move a person safely.

Staff had been concerned about temperature regulation at shower heads. This was brought to the attention of the deputy manager and acted upon during a staff meeting. All showers now had temperature indicators in place. When hot water reached a level above 41degrees it a light warned staff to regulate. This demonstrated action was taken to address safety concerns in the environment in a timely way.

People using the service had a range of mobility needs and those needs varied on a day to day basis due to the nature of the respite service. People who could move around independently had access throughout the service. Staff had been trained in using mobility equipment including hoists and people were transferred safely.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff accurately described the actions they would take to ensure people were protected. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed poor practice and would also report their concerns to the registered manager. There was literature available in a format suitable for people with learning disabilities about what abuse was and who to speak with if they had any concerns.

There was a safe system in place to support people to manage monies brought into the service when they

had respite. Arrangements were in place for people to keep their money securely in the service. Records of when staff supported people to make purchases were kept and regularly audited.

There were sufficient numbers of staff on duty to support people to take part in individual activities and engage in routines. Some people engaged in games, music and drawing. Another person preferred to walk around the service and they did this without restriction. Some people required more than one staff member to support them. Staff said, "It's different every day because people come in at different times. Everybody has their own likes and most have been coming for years" and "We have got the staffing levels right now. They do change because we have different numbers of people here all the time, but it's got much better".

Medicines were managed safely at The Bungalow. All medicines were stored appropriately and records of medicines administered had been recorded. Medicines were signed into the service at the beginning of a respite stay and signed out when the person left. We checked medicines for one person who was staying at the service and they tallied with what had been recorded. Staff on duty talked us through the process of administering medicines and how they would be recorded. This demonstrated staff were competent in the process and that it was a safe system. Where people required rescue medicines (medicine which the person needed with them when out of the service in case of an emergency situation) there was a ledger recording the date and time the medicine had been taken out of the service. This was signed for by the staff member responsible.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. In addition there were personal emergency evacuation plans (PEEPS). These plans ensured people would be safe in any incident within the service which required an evacuation. Staff were made familiar with the plans in order to be able to act on them if necessary.

Service certificates were in place however the electrical certificate could not be found at the time of the inspection visit but was provided following the inspection. There were records that showed daily checks were taking place for hoists and slings to make sure they were safe for people to use.

Fire alarms and evacuation procedures were checked by staff and external contractors, to ensure they worked. There was a record of regular fire drills.



## Is the service effective?

### Our findings

Families told us they thought the staff team were knowledgeable in their roles and understood their relative's needs. They said, "The staff are very good at what they do" and "They (staff) know (Persons name) very well and can recognise when there might be a seizure coming on. They were very good when (Persons name) wasn't too well". A professional told us, "Staff follow the guidelines we provide and keep in touch with us if they have any concerns or queries".

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.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people did not have the capacity to make certain decisions, there were no applications or authorisations in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. For example, one person's movement was restricted due to the use of bed sides to stop them falling out of bed. There was also a key pad entry lock to the main entrance. This meant people who were unable to operate the lock were unable to leave the building independently.

The service had not considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Referrals had not been made where people's right to liberty was restricted.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There were a number of bathing facilities for people to use. Two rooms included shower areas which were accessed from the bed by a track hoist. This supported people who, due to a physical disability, would find it difficult to use bathrooms. A shower room was available to people who required more space due to the need to use equipment. Another two bathrooms with a bath and shower were not used due to them not having the space to use equipment which most people required. A professional told us this had a negative impact on a person using the service as they liked to have a bath rather than a shower. This meant there was a reduced choice of bathing facilities for people. A staff member said, "Not everybody likes a shower".

Parts of the premises needed updating. Woodwork was damaged and chipped throughout the service due to the use of equipment to support people. Paintwork was damaged in some of the rooms. Furniture did not match in most rooms and all rooms were sparse. This meant the building did not contribute to people's

well-being.

It is recommended the service considers options to improve the current range of bathing facilities available and general maintenance of the building.

Where people required specific equipment to support them, for example track hoists and bathing facilities they used the same rooms when using the respite service. A relative said, "(Persons name) likes a certain room and staff try and make sure they get that room when they stay". People brought their own personal items to make their rooms more familiar to them.

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. Most people had used the service for a number of years. It was clear through observation staff understood people's specific needs. Where staff had recently joined the service they were supported by more senior colleagues about how to support people to make sure they received consistent care and support.

Staff had access to a wide range of training which was designed to support the needs of people using the respite services at The Bungalow. The training plan had recently been reviewed to show what training individual staff had done as well as when training which had an expiry date needed updating.

There was an induction process in place which included modules focused on understanding the challenges of supporting people with learning disabilities and other complex needs. The deputy manager told us the in-house training unit had recently been disbanded and that all future training would be external. Induction training was in line with the Care Certificate framework. This replaced the Common Induction Standards with effect from 1 April 2015. The Care Certificate is designed to help ensure care staff had a wide theoretical knowledge of good working practice within the care sector.

Staff told us they felt well supported by the deputy manager. Staff were receiving formal supervision to support them in their role as well as looking at how they could develop their skills as a support worker. Supervision records showed the sessions were used to highlight any training needs as well as discuss working practice issues. Staff comments included; "It has got so much better since we have a regular manager. I feel I can go in and discuss any issues with them" and, "Always feel supported but sometimes requests are beyond the manager's control."

Most people had complex health needs and had access to a range of healthcare and social care professionals. Each person had a health plan in place which covered the person's physical health and mental welfare. People were supported to access a range of other health and social care professionals, including GP's, social workers and district nurses. Multi-disciplinary meetings were held when necessary to help ensure all aspects of people's needs were taken into consideration when planning care. A health professional told us the service listened and acted on their advice and staff clearly understood the needs of people they were supporting.

Health plans had identified if a person needed support in a particular area. For example where people required emergency medicines and clinical dietary support. Care records contained details regarding other health professionals and their contact details. The plans were being reviewed and updated to ensure the information was current and accurate.

People had a choice of meals, snacks and drinks. A pictorial communication board was in place for people

who were unable to verbalise their choice of foods as well as a more varied communication book. Some people required special diets and clinical feeding support. For example 'peg feeds'. Staff had been supported with training to understand and respond to people's specific dietary needs.

## Is the service caring?

### Our findings

Families told us they thought the staff team were very caring and respected their relative's needs. They told us, "It's a service that goes over and above. I cannot think of a more caring place", "It's just one of those places that makes you feel good when you go in" and "It's homely and friendly and very, very caring. Couldn't wish for more".

The Bungalow was a respite service therefore occupancy levels varied throughout the week. During the week most people arrived at the service after daytime activities such as day support facilities or work placements. Staff told us week-ends were the busiest times when the service was often full. Five people were using the service during the inspection visit. We spent time in the lounge and dining area. Interactions between staff and people were open and friendly. For example, one person recognised the member of staff as soon as they arrived and went straight over to them. The situation was very positive and showed how comfortable the person was.

Staff were supportive, patient and encouraged people to engage in activities they knew they liked. There was conversation, laughing and engagement through music which people responded well to. Although, the atmosphere in the service was generally one of fun and high energy, staff appreciated that sometimes people preferred to be on their own. This demonstrated staff were able to identify people's individual preferences.

Routines were flexible and arranged around people's individual and collective needs. People were provided with the choice of spending time anywhere in the premises including their own rooms and the garden area. People who were independently mobile had freedom of movement around the building and were able to make decisions for themselves. For example one person liked to look out of the windows in various parts of the service. Staff asked if they were alright when passing and respected the way the person wanted to spend their time.

People were supported in a way which ensured their privacy and dignity was upheld. For example when a person required personal care, staff were discreet and ensured doors were closed. Staff could be seen kneeling or bending down to make sure people they spoke with were at eye level. Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. Staff told us it was important people were supported to retain their privacy and dignity.

Staff told us they were 'totally committed' to caring and supporting people who used the service. They told us, "I love working here. I really am passionate about making sure they get the care they need and more" and "It can be hard at times but we work really well as a team and it has all come together in the last few months. People are definitely well cared for here".

People's care plans showed their styles of communication were identified and respected. For example some people responded verbally and others needed picture symbols as a visual tool to assist them. The care records we looked at were written in a person centred way. This meant the person was at the centre of their care which was arranged around their individual needs. Care records contained detailed and personalised

information to help staff to deliver care that met the person's preferences. People's individual preferences were described, for example their choice of clothing, personal care and preferred time of getting up and going to bed.

Staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when people were happy or anxious and what sort of interests stimulated them. This showed staff understood the care and support people needed.

## Is the service responsive?

### Our findings

The registered manager and staff knew about people's needs and how to respond to them. Relatives we spoke with us told us the staff responded to their family members needs and they were looked after well. Comments included, "They (staff) can't do enough for (Persons name). They go over and above" and "I was ill and they (staff) sorted everything out for me. I don't know what I would have done without them." Staff told us, "The focus is on the guest and we respond to their needs" and "It can be different everyday. There are always enough of us to do the things people want to do".

Staff knew how to support people. They told us, "We have been looking after people for a long time. Guests get to know us and we know them so well. We pick up on anything that changes". Although staff members were able to tell us about how they met people's needs care plans were not all up to date. The service had a change of ownership twelve months previously. Care plans were being updated to reflect Cornwall Councils format. However, only 30% of records had been fully updated in a twelve month transition. Some of the reviewed risk assessment information had been loosely written on the back of a previous review record. This meant the updated information might be overlooked by staff. While staff could tell us about changes in people's needs the records were not presented in a way which would support staff who were not as familiar with people's needs.

Where reviews had taken place not all the information had been added to the care plan review section. For example, an external review highlighted a change in the frequency of a person's seizures specifically at night. The specific area of the review plan was not updated to include this, but the daily narrative reported this information. Not updating care plans and review records in a timely manner meant staff may not have had the current information they required to respond to people's needs.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where possible and appropriate relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. Relative's told us, "I am invited to reviews. If I cannot make them I get the information about the review and whether I agree or want to add anything" and "We feel involved and share information".

Staff were responsible for keeping daily records about how people were being supported and documented any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a persons care and support. A member of staff said, "It has been a tough twelve months but we have made sure all the daily records were completed and we speak with other professionals and families all the time". A relative said, "If there is every any change in (persons name) I tell the staff or they tell me if something has changed when they are staying at The Bungalow".

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided information on how to make a complaint. An easy read version was

also available which used pictorial symbols alongside simple and limited text. However, this version was kept in the office and people did not have easy access to it. We spoke with the deputy manager who agreed it should be made available to people as well as supporting them to understand if they might use it. The deputy manager agreed to use this as a talking point for future meetings they planned to have with people using the service.

Respite breaks were planned in advance so staff were able to plan and respond to people's individual needs. In some instances emergency placements were made. In these instances staff aimed to gain all the information they could to respond to a person's needs.

There were a range of games and activities people could take part in with in the service. People were using puzzles and artwork. A sensory area was available to people although it was within an open plan dining and lounge area. If people needed a quiet time, the sensory area would not have been suitable. Some people liked to use their own rooms and there was another lounge available for people if they wanted to be on their own. Some people found music enjoyable and there was a selection of music available to them through CD's. A member of staff was spending time with people using a guitar and singing. People were responding well to this. Some people brought their own music equipment with them.

The service did not have a dedicated transport vehicle but had access to a local day centre vehicle at weekends. There was also a volunteer driver available on Saturdays. Staff also supported people to access the community.

## Is the service well-led?

### Our findings

People told us they thought the service met their relative's needs and that they were listened to. They said, "Have been using The Bungalow for years. I think we are very well supported" and "There have been changes but the care and support is always there. I think they listen and act on what we say".

There was no clear leadership within the service. The registered manager was also registered and responsible for another respite service. This had resulted in limited management oversight at The Bungalow during 2015 until a deputy manager had taken up post in November 2015. The result of this was that systems and records had not been updated to reflect the providers own policies, procedures and care planning documentation. Staff told us there had been a lot of changes, but since November 2015 they felt supported by the deputy manager. They told us staff meetings were now taking place and they felt listened to. This was evident when action was taken to address the issue of temperature regulators on shower heads. Staff told us, "Much better now we have more staff and a manager here all the time" and "It is getting better. We (staff) have always made sure the guests have had everything they need. There has never been any question of that". The service action plan showed monthly monitoring and updates in all operational areas of the service.

There were regular operational audits taking place and reported through the councils Information Technology (IT) system. The deputy manager was responsible for providing this information used by the organisation for monitoring purposes. An action plan had been put in place to support staff with changes to policies and procedures following the change of provider in January 2015. The action plan was introduced in August 2015 seven months after the registration. The plan regularly reviewed all operational tasks the most recent review had occurred in February 2016. The action plan was still being monitored because not all care plans and risk assessments had been updated. This has been reported on in the safe and responsive sections in this report.

Policies and procedures were being reviewed to bring them in line with the current provider's organisational systems. They contained current information relating to good practice guidance and legislation. The auditing process provided opportunities to review accident and incidents, medication and care records.

The registered manager and deputy manager told us an area manager provided background support although there were no reports available to show when visits to The Bungalow had been made and what the outcome was. Staff told us there had been limited management support between January 2015 and November 2015 and this had created a negative culture due to uncertainty in the future of the service. However they told us this had improved with a deputy manager available on a day to day basis.

Relatives told us they were kept informed about what was happening in the service for example the introduction of the deputy manager. However there were no systems in place to take account of what people using the service and their relatives thought of the support they received. Staff told us they felt listened to and that they were encouraged by the manager to contribute to monthly team meetings.



This contributed to a breach of Regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were being held regularly and minutes were made available for all those who were unable to attend. Most topics were about operational issues and changes which had occurred. For example more staff had been recruited in December meaning less reliance on agency staff. A staff member said that while there had been a lot of changes, "We (Staff) give 100% and I think we do a good job. It has settled down and we are getting on with the job".

Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. Staff told us they felt confident the manager would listen and act on their views. A staff member said, "Besides all the changes nothing has changed which would affect people using the service. It's business as usual".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Referrals had not been made when the service was concerned about people's right to liberty being restricted. Regulation 11(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operated effectively to enable the registered person to respond to people's needs, monitor and improve the quality of the service. Regulation 17 (2) (c) (e)