

Selborne Care Limited

The Bungalow

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The Bungalow is a residential care service providing the regulated activity of accommodation for persons who require nursing or personal care to a maximum of 6 people. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were 5 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People's risks were known and met by enough staff who had the skills and knowledge to meet people's varying needs. Medicines were managed safely.

Right Care

People's care and support plans reflected their individual needs. People's wellbeing was promoted as people were supported with a variety of different activities to enjoy. Staff understood how to protect people from the risk of harm or abuse. People were protected from the risk of infection by safe infection, prevention, and control measures.

Right Culture

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager and deputy manager sought, listened, and responded to feedback about the service to continually improve the quality of care. This had resulted in an inclusive and open culture.

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 1 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Bungalow is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Bungalow is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 members of staff including the registered and deputy managers. The people living in the service were unable to verbally feedback their experience of the service to us. We spent a short time in a communal area and used observations to gather information on the experience of the people living in the service. We reviewed a range of records. This included two people's care records including care plans, risk assessments, and records of daily interactions. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We communicated with 4 relatives about their views of the care provided to their family members. We also sought feedback from 8 health and social care professionals who work with 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the service was safe. One relative commented, "[Person's name] is very safe. It's a lovely place I feel very well informed." Another relative said, "I trust them. I feel it's safe there."
- The provider had a thorough safeguarding system in place to ensure people remained safe.
- Staff undertook a variety of training including safeguarding to ensure they understood what was meant by abuse. Staff confirmed if they had any concerns about a person's safety, they would contact the management team.
- Staff were aware of the provider's whistleblowing procedure and explained they could report concerns to external health and social care agencies such as the local authority or CQC if required.

Assessing risk, safety monitoring and management

- People's risks were assessed and monitored to ensure people remained safe, both within the home and wider community. For example, when using a vehicle or in relation to a healthcare condition.
- Staff knew and understood people's risks and how to manage them safely, such as in relation to food preparation.
- Personal Emergency Evacuation Plans (PEEPS) were in place. These detailed the level of support individuals required to evacuate the premises in the event of an emergency safely.
- Environmental risk assessments were in place and health and safety checks were completed which included maintenance of equipment.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- The registered manager and staff team understood their responsibilities in relation to the MCA.
- Mental Capacity Assessments were completed where people displayed signs that they might lack capacity to make a particular decision.
- The registered manager had made applications to the local authority for DoLS where necessary.
- People were supported by staff to have as much control and independence as they could.

Staffing and recruitment

- People received one to one or two to one support to ensure they remained safe.
- Agency staff were used when required to ensure there were enough numbers of suitably qualified staff available to meet people's needs and support people's various activities.
- Inductions were in place to ensure any new staff were appropriately equipped with the skills and knowledge to meet people's individual needs.
- Staff records indicated staff were recruited safely. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. Other checks included references, identity and reviewing full employment history. This information helps employers make safer recruitment decisions.

Using medicines safely

- Staff followed processes to administer, record and store medicines safely. This included training and competency checks for those staff responsible for supporting people with their medicines.
- People received their medicines as prescribed, and systems were in place to support people to receive their medicines when they were out in the community or visiting their families.
- Systems were in place for medicines administered 'as required' to ensure people received their medicine when needed.
- Audits were completed, and action taken where any errors or omissions were identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from their relatives safely. Family members confirmed they were welcomed at the service.

Learning lessons when things go wrong

- Systems and processes were in place to learn lessons to reduce the likelihood of incidents happening again.
- Where incidents and accidents had occurred, we saw action had been taken which included notifying the

local authority and CQC and updating care records and learning activities.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 registered and deputy managers encouraged an open and inclusive culture within the service and regularly sought feedback about the quality of care given.
- Relatives said the management and staff team were knowledgeable about their family member's needs, likes and dislikes and worked hard to ensure people experienced excellent care and achieved good outcomes.
- Since the last inspection new staff had been appointed, they explained they felt supported in their roles and morale within the service was good. One member of staff said, "Happy here, it's a happy place to work."

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

- The registered manager understood their responsibilities under the duty of candour. They ensured relevant people were kept informed and apologised if any mistakes had occurred.
- Processes were established and embedded into practice detailing who the provider had shared information with, which included the local authority and CQC.
- Relatives told us they felt well informed about their family member as staff kept them updated.
- Staff told us the management team were always available to offer advice or assistance when needed.

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

- Staff were clear about their roles and responsibilities and felt supported by the management team.
- Staff confirmed they received supervision's and had regular team meetings. These provided an opportunity to discuss staff development as well as sharing information and receiving updates.
- The Management team were open to suggestions and feedback to ensure people received a high standard of care and support.
- Clear and effective quality assurance systems were in place that monitored all areas of the service provided. For example, medicine management and infection, prevention, and control.
- Relatives were positive about the service and care provided to their loved ones. One relative said, "[Registered manager] is the best, so knowledgeable and approachable. It's a lovely place people are well looked after."

- The management team were extremely knowledgeable about people's risks, needs and preferences and worked hard to ensure people received safe, effective and responsive care.

Continuous learning and improving care; Working in partnership with others

- Staff received training and on-going support to ensure their learning and knowledge were up to date and to confirm they had the skills to support people safely.
- The service worked collaboratively with health and social care professionals to ensure people received person centred care. One professional commented, "I feel the support [people] receive is excellent. The staff are competent with all care needs and know how to raise a concern if there is ever a problem." Another healthcare professional said, "I have no worries or concerns. [Staff] appear very caring and will seek advice/clarification when needed. They will question to ensure that information is correct and best for their client. The paperwork I would expect is always present and completed. The staff appear happy and supported with-in their roles."