Somerset County Council (LD Services)

Oak Bungalow

Inspection report

Six Acres Close
Roman Road
Taunton
Somerset
TA1 2BD

Tel: 01823327715

Date of inspection visit:
25 February 2016
26 February 2016

Date of publication:
23 March 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 25 and 26 February 2016 and was unannounced.

The last inspection of the service was carried out on 27 November 2013. No concerns were identified with the care being provided to people at that inspection.

Oak Bungalow provides short stay/respite placements to adults who have a learning disability. The service comprises of four separate buildings on the same site. Oak Bungalow can accommodate up to four people. Meadow View/Shanta provides flexible accommodation as it can be combined or can provide separate accommodation depending on the needs and mix of the people staying there. Meadow View/Shanta have a total of four bedrooms. There are also two single occupancy self- contained flats. The service is staffed 24 hours a day and the deployment of staff is based on the assessed needs of the people staying there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

At the time of our inspection we were able to meet with the five people who were using the service. The majority of the people we met with had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

Some areas of the service did not protect people from the risks associated with the control and spread of infection. The standard of décor in Oak Bungalow was poor.

People who were able, told us they felt safe. One person said "There is always a member of staff here day and night. That makes me feel really safe here and I don't have to worry about anything." People looked comfortable with the staff who supported them.

There was a good staff presence and staff were allocated to support people based on their skills, experience and preferences of the people using the service.

People saw health care professionals when they needed to. People's health needs were monitored and staff implemented any recommendations made.

People needed staff to manage and administer their medicines. This was only carried out by staff that had been trained to do so. People received their medicines when they needed them and medicines were stored securely. However; we have recommended the provider reviews how medicines are administered to people who lived in buildings other than Oak Bungalow.

There were procedures in place to reduce risks to the people who lived at the home. Staff had received training and they knew how to recognise and report any signs of abuse. All were confident in reporting concerns and felt confident concerns would be taken seriously to make sure people were safe. Checks were made on prospective staff to make sure they were appropriate and safe to work with vulnerable people.

Staff knew how to make sure people's legal and human rights were protected. They knew the procedures to follow where a person lacked the capacity to make certain decisions about their day to day lives or health care needs. This helped to ensure that decisions had been properly considered and agreed to be in the person's best interests.

We found the service to be in breach of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

Some aspects of the service were not safe.

People were not always protected from the risks associated with the control and spread of infection.

People received their medicines when they needed them however; some improvements are needed to ensure all medicines are administered safely.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

The standard of maintenance and décor in one part of the service was poor and did not provide a pleasant environment for the person who lived there.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important

people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Oak 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 25 and 26 February 2016 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were five people using the service. During the inspection we met each person. We spoke with the registered manager, four care workers and two visitors. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Requires Improvement

Is the service safe?

Our findings

Some areas of the home did not protect people from the risks associated with the control and spread of infection. In Oak Bungalow the floor covering in the bathroom was badly damaged exposing a large area of permeable concrete. The floor covering was also cracked along the length of one wall. The laundry room in Oak Bungalow was small and cluttered making it very difficult to clean or access hand washing facilities. The laundry room in Meadow View and Shanta did not have a sink, taps or hand washing facilities. Staff told us they accessed the laundry room through the kitchen. This could increase the risk of the spread of infection.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were procedures for the management and administration of people's medicines. These were generally safe however; the arrangements for administering medicines to people who lived in one of the flats was not in accordance with current guidance on the safe administration of medicines. Staff removed medicines from a sealed monitored dosage system, transferring them in to a pot and then carried the pot out of the building, across a car parking area to the person's flat. We recommend that the service consider current guidance on the safe administration of medicines in care homes and take action to update their practice accordingly.

There were sufficient staff to meet people's needs and help keep them safe. Staff did not express any concerns about meeting people's assessed needs. People had been provided with one to one staffing where they had been assessed as requiring this level of support. There was a staff allocation board which showed which staff would provide support for which person. The registered manager and a senior support worker told us they considered each staff member's skills and experience before allocating them to support the people who lived at the home. A member of staff told us "We also like to match a member of staff with each client. For example, similar interests or where we know a client gets on well with a particular member of staff. A person who lived at the home told us "There is always a member of staff here day and night. That makes me feel really safe here and I don't have to worry about anything."

People were supported to live their lives with reduced risks to themselves or to the staff supporting them. Care plans contained risk assessments which identified the risks to the person and how these should be managed by staff in the least restrictive way. Examples included accessing the community and travelling in a vehicle.

Some people had challenging behaviours. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised. The care and support plans we looked at contained 'behavioural support plans' which had been developed and agreed with appropriate professionals and with staff who knew the individuals well. These plans were in place to manage certain behaviours where the person, or others, may be at risk of harm. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

Risks of abuse to people were minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system which meant they were able to obtain extra support to help manage emergencies.

Requires Improvement

Is the service effective?

Our findings

Some parts of the service were not well-maintained and did not promote a homely environment for the people using the service. In Oak Bungalow, the standard of décor was poor. The lounge was in need of redecoration and the architrave around the kitchen door leading off from the lounge was damaged. The plaster around the inside and outside of a bedroom was badly damaged exposing concrete block work. The occupied bedroom required redecoration. Walls and the ceiling were covered in stains and the wall behind the sink was damaged. Above the window there was a wooden baton with screws in it. Staff told us this was used to hang a blanket on at night as the person would pull curtains down. The corridors also required redecoration. In one area the ceiling was covered in stains and the door to a toilet was cracked. There were wardrobes in one corridor which were not currently used. These had no doors exposing dirty/stained shelving.

This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no curtains in bedrooms or communal areas in Meadow View and Shanta however; we were informed that curtains were being made and were nearing completion. There were no curtains throughout Oak Bungalow. Whilst we were informed that this was due to the behaviours of the person who lived at there, we recommend the service consider current guidance on how to adapt the environment for people who may have behaviours that challenge and take action to update their practice accordingly.

Staff knew people well and they knew how to communicate with people using their preferred method of communication. Some of the people who lived at the home were unable to communicate verbally. We saw staff were skilled at recognising when a person wanted something or were becoming anxious. People's care plans contained detailed information about how each person communicated. For example, what signs to look for which meant the person was happy or unhappy or if they were in pain. We observed staff respond quickly when people became anxious or behaviours escalated.

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. The 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. Decisions had been made in people's best interests by health and social care professionals along with people who knew the person well. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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). Assessments about people's capacity to consent to living at the home had been completed and DoLS authorisations had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans contained important information to help hospital staff support people with a learning disability when they are admitted to hospital.

Staff were confident and competent in their interactions with people. Staff told us training opportunities were very good. They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as autism awareness and caring for people who have epilepsy.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Good

Is the service caring?

Our findings

Staff were caring and compassionate when they told us about the people they supported. It was evident they wanted people to live life to their full potential and to support people to experience a smooth transition when they moved on from the service. It was stated in their Provider Information Return (PIR) "Behavioural issues are managed with a positive behavioural support strategy this means we whenever possible withdraw from incidents of challenging behaviour rather than use restraint and we use no sanctions or 'reward' systems but encourage service users into positive activities where possible."

People looked comfortable with the staff who supported them and some were heard enjoying friendly banter with staff. One person told us "I like living here. I know I can't stay here forever. The staff are nice." Another person said "It's very good here and all the staff are lovely. I can do what I want. The staff never force me to do anything." A visitor said "The staff and the care my [relative] gets is excellent. We have no concerns there."

Staff treated people with respect. They consulted with people about the day's routines and activities; no one was made to do anything they did not want to. People were asked throughout the day what they wanted to do and chose how to spend their time.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

The home had received positive feedback about the service provided. One comment included "We are fortunate to have such a wonderful caring team of individuals looking out for our [relative].

Good

Is the service responsive?

Our findings

Routines in the home were based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning, when they went to bed and how they spent their day. We observed people arriving for meals at different times during the day and staff were available to respond to people's needs and requests.

People contributed to the assessment and planning of their care as far as they were able. Each person had a support for living plan which encompassed person centred approaches detailing what people could do for themselves, the level of support required and how risks were managed in the least restrictive way. The care plans we looked at had been regularly reviewed and were reflective of people's current needs. Reviews looked at what was important to the person, what was working and what was not working. Care plans had been updated where required and staff had responded to any highlighted changes.

People's care was tailored to their individual needs and staff responded promptly to any changes in people's health or well-being. For example, staff noticed one person had a possible infection. Records showed the person's GP had been contacted and staff had implemented the GP's recommendations.

People were supported to maintain contact with their family and friends. We met with two visitors who told us they were welcome to visit their relative any time and were always made to feel welcome.

People had opportunities for social stimulation in accordance with their preferences. When we visited one person went into town, another went shopping with a member of staff and one was going to a disco later in the day.

The registered manager operated an open door policy and was accessible and visible around the home. There had been no formal complaints in the last year however; staff told us they felt confident any concerns would be taken seriously and appropriate action would be taken to address their concerns.

Good

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was available on the second day of our inspection. A senior support worker assisted us with the first day of our inspection.

The registered manager completed the Provider Information Return (PIR) prior to this inspection. In this they described their management approach, philosophy and how they kept themselves up to date with current guidance and best practice. They said "I encourage an open, transparent and mutually supportive philosophy within the team. Above me we have a service manager who calls in at least once a week and together we review all management tasks in a service report every two months. I receive regular supervision from her along with dissemination of latest policy and practice guidelines and directives. I also attend a monthly 'Cluster' meeting with several other team managers in my locality; this is for information sharing, good practice and ideas sharing as well as a forum for information giving or guest speakers."

The registered manager shared our concerns regarding the standard of the environment and infection control issues. We saw they had already raised the issues with the provider's property department but as yet; there were no timescales to indicate when this work would commence.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The registered manager submitted monthly audits to the provider's service manager who then carried out unannounced visits to the home to monitor and highlight any areas for improvement. We looked at the findings of a recent audit which had been carried out in December 2015. We were able to see that actions identified at a previous visit had been addressed. These related to staff supervisions.

There was learning from any accidents or incidents. We looked at records relating to incidents. These mainly related to behaviours exhibited by people. The registered manager explained that all incidents were sent to their head office for analysis and also to people's care managers. They explained people's care managers would visit the home if there was an increase in people's behaviours. The registered manager explained before it got to this stage, they would request a review of people's medicines and review the behaviour support plan to make sure it remained effective.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there were senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff morale was good and staff told us they received good support from the management team and their peers. The rotas identified who was responsible for leading the shift and which staff were allocated to support each person who used the service. There was a service manager on call duty rota available weekdays and a team manager on call duty rota at weekends. This ensured people always had access to senior staff to monitor their well-being and less experienced staff were able to seek advice and support.

Staff were positive about their role and of the support they received. One member of staff said "We have a great team here who are all really supportive." Another told us "You get all the training you need and I also have supervisions. I find these useful as I can discuss any issues or training. In their completed PIR, the registered manager stated "I Conduct regular supervisions with all senior staff to delegate tasks/ discuss the performance and development of both them and the staff they supervise and exchange ideas on the running of the house. I also conduct 'one off' supervisions from time to time with support workers to gain feedback direct from them which they may not want to share at a staff meeting." They also said "I work hands-on shifts, including weekends and outside office hours to monitor staff performance and also to be sure I know all the issues staff and residents face on a daily basis."

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the control and spread of infection because of inadequate maintenance and infection control procedures. Regulation 12(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and décor. Regulation 15 (1) (e).