

# Really Flexible Care Ltd

# The Bungalow

## Inspection report

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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

The Bungalow provides care and support for up to four people with a learning disability for short periods of care (respite service). At the time of our inspection there were three people staying at the service, with another 18 people using the service when required.

At the last inspection in July 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service has a registered manager. 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.

There were effective safeguarding systems in place. Staff understood their responsibilities with regards to safeguarding people and were confident in reporting any concerns. They had received effective safeguarding training.

Personalised risk assessments were in place that gave guidance to staff on how individual risks to people could be minimised. Medicines were stored appropriately, managed safely and audits completed.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment processes were in place and had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Staff were well trained and completed an effective induction programme when they commenced work at the service. Staff were supported in their roles and received regular supervision and appraisals.

Positive relationships existed between people and staff. Staff treated people with kindness and were considerate and friendly. People's privacy and dignity was promoted throughout, their care and consent was gained before any care was provided.

People's needs had been assessed and care plans took account of their individual needs, preferences and choices. Care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People were encouraged and supported to participate in a range of activities and received relevant information regarding the services available to them.

The service was led by a registered manager who was visible and approachable.

There was an open culture. People and their relatives were asked for their feedback on the service and comments were encouraged. Quality monitoring systems and processes were used effectively to drive improvements in the service and identify where action needed to be taken.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 10 March 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home providing a respite service and we needed to be sure that people would be using the service during our inspection and staff would be available to support the inspection.

The inspection was undertaken by one inspector.

Before the inspection, we reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with one person who was using the service and carried out observations of the interactions between staff and people. We also spoke with two members of care staff, the deputy manager and the registered manager.

We reviewed the care records and risk assessments of two people who used the service, and also checked medicines administration records to ensure these were reflective of people's current needs. We also looked at two staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

People were safeguarded from the risk of harm by knowledgeable staff. All the members of staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would raise. One member of staff said, "I would raise any concerns about people with [Name of deputy manager] or a senior member of staff. I completed safeguarding training about 5 months ago and know the procedures we have in place here."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the lounge.

There were personalised risk assessments in place for each person who used the service. Staff told us that care plans and the associated risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them. Any actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. This included identified support regarding communication, personal care, continence care, medicines and participating in activities. For some people, these assessments also identified specific support with regards to behaviour that may present a risk of harm to themselves and others and the steps that staff should take to keep people safe.

Staff we spoke with told us that there was enough staff on duty. One member of staff told us, "There are always enough staff on duty for us to provide the service and any activities that people want to take part in whilst they are here." We observed that staff were available to meet the needs of people using the service when required or requested and there was a visible staff presence. The registered manager planned the staff rota in accordance with the number of people using the service at a time, their assessed level of need and the activities planned. A review of past rotas showed that staffing levels fluctuated and were reflective of the varying levels of demand for the service.

We looked at the recruitment files for two staff including a member of staff that had recently started work at the service. The provider organisation had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity. This enabled the registered manager to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

Medicines were managed safely. There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines.

# Is the service effective?

## Our findings

Staff were knowledgeable and had the skills required to care for people who used the service. There was a comprehensive induction period for new members of staff and an ongoing training programme in place. The staff we spoke with were confident that the training provided gave them the skills they required for their roles and their personal development continued via the additional courses which were available to them. This was supported by the records we checked.

Staff felt supported in their roles and received supervision, formally and informally on a regular basis. One member of staff told us, "We have regular 1:1 meetings with [Name of deputy manager] but can always go to him anytime or approach [Name of registered manager]." Staff we spoke with confirmed that they had received an appraisal. Records showed that staff received regular supervisions and that appraisals had taken place or were planned in line with the provider policy.

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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people and were documented within their care plans.

Members of staff told us that they sought people's consent. One member of staff told us, "It's second nature here to ask people. People come for respite and it's all about what they want to do." Our observations confirmed that staff obtained people's consent before assisting them with personal care, supporting them in completing a task or joining in with an activity. Where people refused, we saw that their decisions were respected. Records confirmed that people, or their relatives where appropriate, had given their written consent to the care being provided.

People were supported to have a varied and balanced diet at the service. The menu we viewed offered people a variety of meals, in line with their dietary preferences and taking into consideration any cultural requirements. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments.

## Is the service caring?

### Our findings

Positive relationships existed between staff and people who used the service. People we observed appeared comfortable and relaxed in the company of staff. Staff knew people well and understood their preferences. Review meetings were held with people, and their relatives, to review the information within care plans, talk about the experiences had by the person during their stays and record any additional information that would assist staff in providing personalised support. The detailed information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

We observed positive interactions between staff and people that used the service and found these to be caring and friendly. We observed members of staff using each person's preferred name, taking the time to answer people's questions and responding to requests for assistance. Staff engaged people in playful conversation and we observed people laughing and joking with staff during our inspection.

The promotion of people's privacy and dignity was observed. Staff members were able to describe ways in which people's dignity was preserved such as knocking on doors before entering, making sure they offered assistance with personal care to people in a discreet manner and ensuring that doors were closed when providing personal care in bathrooms or in bedrooms. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

There was a range of information displayed within the entrance hallway and in the lounge which included information about the service, safeguarding, the complaints procedure and fire safety notices. We also saw the monthly newsletter compiled for people and their relatives. This meant that people and their relatives received information on the services that were available to them.



## Is the service responsive?

### Our findings

Records showed that assessments were undertaken to establish whether the service could provide the care people needed prior to them having a respite service. The care plans followed a standard template which included information on their personal background, their preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plan reflected people's individual needs and had been updated regularly with changes as they occurred.

People's likes, dislikes and preferences of how care was to be carried out were assessed at the time of starting using the service and reviewed on a regular basis. Staff that we spoke with demonstrated a good knowledge of what was important to people who used the service and this enabled them to provide care in a way that was appropriate to the person.

People took part in a wide variety of activities during their stays at the service. One person told us, "I like it. I'm busy." A member of staff told us, "We do a lot of activities with people and are often out and about." Records showed that activities were consistently planned and, once completed, evaluated to determine the level of participation by people and any outcomes achieved.

People we spoke with confirmed they knew who to speak to if they were unhappy. One person we spoke to told us, "I speak to staff and tell them what the matter is." During our inspection we observed a member of staff discussing with a person an issue which they were unhappy about. This was recorded in the care records for the person and shared appropriately with the other staff on duty.

We saw that any formal complaints that had been received were recorded. An investigation into each concern was completed and the actions to be taken in response included in the file. Each complainant had received a response to their concern and the registered manager had recorded the outcome from each. There was an up to date complaints policy in place and an accessible poster containing the complaints procedure displayed in the lounge.

## Is the service well-led?

### Our findings

There was a registered manager in post at the service who was supported by a deputy manager. 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.

During our inspection we saw that the registered manager had a good rapport with people and staff. They spoke with people and staff to find out how they were and were actively involved in the running of the service. They took the time to ensure they were available to support the wellbeing of people using the service and greeted each person on their arrival. We also saw they responded in a positive, supportive manner when approached by the care staff on duty.

Staff told us there was positive leadership in place from the registered manager and there was a very open culture. One member of staff told us, "I feel I can go to [Registered manager] anytime. She provides support to everyone in the team and, with [Name of deputy manager] manages the service really well." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff to be motivated and committed to providing the best possible care.

There was an effective quality assurance system in place. We found that there were a range of audits and systems put in place by the provider organisation to monitor the quality of the service. Audits completed covered a range of areas, including incidents and accidents, health and safety, medicines and an audit of care plans. Any issues in these audits were recorded as an action. This demonstrated how the registered manager used the audit process to drive improvements at the service.

The registered manager showed us the results of a satisfaction survey that had recently been sent to relatives of people who used the service. All of the responses seen were positive. There were no additional comments or feedback received in the process and an action plan was not completed in response, however we saw that a response had been compiled and shared.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Members of staff we spoke with confirmed that they were given the opportunity to request any topics for discussion at meetings.