

Parkcare Homes (No.2) Limited

The Bungalow

Inspection report

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Lydd
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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 is a service for up to five people with learning disabilities and /or autistic spectrum disorder who may also have behaviours that can be challenging. The service is a single storey property close to the village of Lydd and on the same site as a larger service owned by the provider. There were five people living at the service when we inspected who were all male.

The Bungalow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service who was supported by two deputy managers. 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 last inspection on 3 November 2016, we asked the provider to take action to make improvements related to concerns about fire safety, staff training and induction, management of medicines and completion of records. Also quality auditing systems used by the provider had not identified the shortfalls found at our inspection and complaints had not been dealt with appropriately and this action has been completed."

People were supported to understand how to stay safe and to recognise when they were vulnerable. Staff had received training about safeguarding and understood their responsibilities in relation to reporting any concerns. The registered manager had built a positive working relationship with the local authority safeguarding team and contracted them as required. People were involved in identifying and managing their own risks. Risk assessments gave staff the guidance they required to keep people safe. Risks to the environment were assessed and mitigated. People were now involved in regular fire drills and equipment had been put in place to alert people with hearing loss of a fire. People and staff understood how to minimise the risk of infection and used personal protective equipment when required.

People were supported by staff who had been recruited safely and staffing levels were based on people's needs and activities. Staff had a thorough induction when they began working at the service. A comprehensive training schedule was in place to ensure staff had the skills they required to meet people's needs. Staff told us they were supported by the registered manager and deputy managers. All staff attended regular supervision meetings and completed annual appraisals. The registered manager and staff team worked closely with other agencies to ensure they had the knowledge required to meet people's needs and follow good practice.

People's medicines were managed safely and in the way they preferred. People were encouraged to be involved in managing their medicines if appropriate. Some people at the service were living with long term health conditions such as diabetes or epilepsy, there was clear guidance for staff about how to support people with their health. People were supported to access health professionals when appropriate and encouraged to take a lead in their appointments. People chose their own menus and were involved in preparing their meals. Staff supported and encouraged them to have a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this. Staff used effective systems to ensure that they communicated any changes in people's needs and to learn from incidents. People's care plans were person centred and used pictures to support people's understanding. People were treated with kindness and compassion by staff who had built positive relationships with them. People were supported to express their views using a range of communication tools. People were treated with dignity and respect.

People were encouraged to learn new things and develop their daily living skills. Some people went into the local town independently and had part time work. Complaints were recorded and responded to appropriately and resolved taking into account the wishes of the complainant.

The service was designed to meet the needs of the people, with enough room for people to have their own space or share communal areas. There was a large garden which people told us they enjoyed spending time in. People and staff worked together to keep the service clean and to minimise the risk of infection through the use of gloves and aprons when required.

There was a clear vision at the service which was led by the people and their goals. Care and support was designed around meeting people's needs and preferences. Feedback about the service was sought and acted upon when appropriate. People and staff are involved in developing the service and trying new ways of working. The registered manager and staff team continually seek to improve the service taking into account the needs and opinions of the people they support. Audits had been used effectively to drive improvement and identify any shortfalls.

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.

People were supported to understand how to stay safe and were supported by a staff team who understood their responsibilities in relation to safeguarding.

People were involved in identifying and managing risks.

There were enough staff to meet people's needs and they had been recruited safely.

People were involved in managing their own medicines where possible. Medicines were managed safely by trained and competent staff.

The service was clean, people and staff understood how to minimise the risk of infection.

Accidents and incidents were reviewed and analysed for learning.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and support was delivered in line with current legislation and guidance.

People were supported by staff who had the training and support required to carry out their role.

People were supported to plan and prepare their own meals and have a balanced diet.

People were encouraged to be involved in managing their health and to take part in health appointments.

People were supported to make decisions about their day to day care and asked for consent before staff provided support.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who treated them with compassion and kindness.

People were encouraged to express their views and a ranges of communication tools were available to facilitate this.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and gave staff the information required to meet people's needs and preferences.

People took part in a wide range of activities and were encouraged to try new things.

Is the service well-led?

Good ●

The service was well-led.

There was a clear vision for the service which was shared by all and focussed on the needs and preferences of people.

There was a culture of learning and improvement, which was supported by effective auditing systems and regular feedback from people.

The service worked in partnership with other professionals to meet the needs of people.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities.

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 18 December 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spent time with all of the people who live at the service and spoke with two of them. We spoke with the registered manager, deputy manager, and two staff. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected the service on November 2016 and found four breaches of regulation.

Is the service safe?

Our findings

People told us that staff at the service helped them to stay safe and encouraged them to think about staying safe when they were out. One person said, "When I want to try something new, the staff and I talk about what things could go wrong and the best way to stop that happening or deal with problems when they happen. Sometimes it is little things like knowing which parts of the road from town have no lights, so if I come home after dark I am extra careful at those spots."

At our last inspection we identified some concerns around staff taking part in fire drills and fire alarms not meeting the needs of people who had hearing loss. At this inspection improvements had been made. Fire drills had been completed at various times of the day and night enabling all staff to take part. Records showed how each drill had been completed and highlighted any issues such as some people refusing to leave their rooms. This information was then recorded in the person's personal emergency evacuation plan (PEEP). PEEPs give guidance about the physical and emotional support people will need to leave the premises in the event of an emergency such as a fire. When people had hearing loss, the fire alarm in their room included a flashing light to warn them of an emergency.

When we previously inspected the service there had been inconsistencies in the management of people's medicines. Action had been taken and this was now resolved. People's medicines were administered by trained and competent staff. People's medication administration records (MAR) had been completed fully and accurately. Alongside their MAR each person had a document stating how they prefer to have their medicines and what they are able to do for themselves. No one at the service chose to manage their own medicines but they were encouraged by staff to be involved in the process and do what they could. Some people were living with diabetes, they were encouraged to take their own blood sugar levels and administer their insulin with staff support to monitor the dose given was correct. Some medicines have a limited time in which they need to be used once opened. These medicines were marked with an opening date and staff checked to ensure they were still suitable for use. Audits of medicines had been completed by the registered manager and local pharmacy. Any shortfalls identified had been actioned.

People were supported by staff who had received training in relation to safeguarding and supporting people with challenging behaviour. Staff understood their responsibilities in relation to reporting any concerns. People were given support to develop their understanding of relationships and friendships and how to keep safe. When people had argued with their peers or had concerns about another person's behaviour they were supported to express their views and find a resolution. When people left the service unaccompanied, staff had worked with them to identify how to stay safe and how to call for assistance if required. People were supported to build relationships in the local community which increased understanding and minimised the risk of them being discriminated against.

When people were at risk of harming themselves or others due to becoming distressed their care plans gave staff clear guidance about how to support them to be safe. Care plans contained details of triggers which may cause people distress and the best ways to help people to calm down. There were also details of who could be contacted for support in a crisis, such as the local mental health team.

People told us they were involved in managing their risks and planning how to stay safe. One person had begun visiting the local shop independently; staff had shadowed them initially to ensure they were safe and were gradually reducing the level of support as the person's confidence grew. People were involved in keeping their home clean and tidy. They told us how they used gloves and aprons to protect themselves whilst cleaning. Risks to the environment were identified, assessed and plans were in place to mitigate risks. Regular audits were undertaken of the environment and action was taken to address any shortfalls or maintenance required.

Incidents and accidents were analysed and reviewed to identify any learning or themes. Staff were offered debrief sessions following incidents of challenging behaviour, staff told us these were opportunities to think about their part in any incidents and look for ways to minimise the risk of them reoccurring. For example, one person had become upset whilst staff were washing the lounge floor area and had hit out at staff. During the debrief the staff member suggested that the team work with the person to review the cleaning schedule for the day, basing it around their plans and minimising the impact on them. People's support was based on their assessed care needs and there were enough staff to keep them safe. Staff had been recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

One person told us, "I can have what I want to eat within reason. I helped make lunch for everyone today and we always make each other teas and coffees." Another said, "We do our own shopping and can choose what we buy, we add up the money and can use the rest to buy treats like puddings or extra fruit and yoghurts. There is always something you like to eat."

At the last two inspections we identified that staff were not always receiving an appropriate induction or the training they required to meet people's needs. At this inspection improvements had been made. Staff completed a comprehensive induction which included checks on their competency and performance. A regular schedule of training was completed by staff which included core subjects such as fire safety and safeguarding. Staff also received training in subjects relating to the specific needs of people they supported such as autism, diabetes and epilepsy. People told us staff understood how to support them and staff told us they felt confident in their roles. Staff spoke knowledgeably about people's support needs and health conditions. For example, they could explain to us the signs they would look for if someone's blood sugar levels were too high or low and the action they would take.

Staff had regular supervision meetings with their line managers. This gave staff a chance to discuss their performance, any concerns and their professional development. Staff told us they could ask for support at any time and did not need to wait for a formal supervision. Additional support was offered to staff following any incidents of behaviours which could challenge. Including a review of the incident and identifying any support or training the staff member may need to continue supporting people effectively.

At our previous inspection staff had not been completing documents relating to people's health consistently or accurately. At this inspection we found this was no longer a concern. Records relating to people's health were completed in a timely fashion and were detailed. When people had long term health conditions staff maintained regular contact with the relevant health care professional and any advice received was added to people's care plans. People were encouraged to take the lead in managing their own health needs where possible. One person had recently begun attending routine appointments with their GP independently. The GP wrote down any information which staff needed to be aware of to ensure nothing was missed. The person chose to have staff continue to attend hospital appointments, but it was hoped that eventually they would feel confident enough to attend these independently. People had access to regular check-ups with their dentist and optician.

People's needs were assessed using an assessment tool which covered all areas of their lives, prior to them moving into the service. This supported the registered manager to review if the service could meet people's needs, if the person was compatible with other people living at the service and if any additional staff training would be required. The resulting care plan was developed taking into account good practice and the principles of person centred planning. Some people had moved to the service from another service owned by the provider. When people moved into or out of the service, staff developed effective systems to share information. This minimised the disruption to people in transition. One person was planning to move out of the service. Staff had worked closely with the new provider to support the person to build relationships with

their new support staff and get used to their new home.

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. Staff understood the MCA and how it impacted on their support of people. One staff member told us, "I think for most decisions the guys we support have capacity. You have to think of different ways to help them understand and make the decision. It can take some time but it is worth it." Assessments of people's capacity had been completed for specific decisions. When people lacked the capacity to make a decision this was made in their best interest. Where necessary this included input from an Independent Mental Capacity Advocate (IMCA.)

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been submitted when required.

People had access to the kitchen at all times and were seen throughout the inspection to get themselves drinks and snacks. People agreed on a menu in their house meeting, but could always choose to have a different meal. People worked alongside staff preparing meals for themselves and others, taking pride in what they had made, showing it to staff and the inspectors. People chose where they ate with some people choosing to eat together at the dining room table. People chatted to staff as they ate. Staff encouraged people to have a balanced and healthy diet which met their health needs. Staff also recognise that people could make unwise choices in relation to what they ate and drank. They spoke to people about understanding the risks of these choices and minimising the impact to their health.

Improvements had been made to the environment, which was uncluttered, clean and comfortable. People space to spend time alone or with others. People had been involved in choosing decoration and furnishings. At the time of inspection the lounge area was decorated for Christmas and people pointed out the decorations they had made or put up.

Is the service caring?

Our findings

People told us that the staff were caring and kind to them. Interactions between people and staff were relaxed and humorous. One person said, "I like the staff, they are fun and we can have a laugh."

Staff knew people well and used this knowledge to anticipate their needs. This minimised the risks of people becoming distressed or agitated. Staff offered people reassurance and reminded them of what was coming next throughout the day.

Some people at the service were living with a hearing loss. Staff used Makaton to communicate with people alongside other communication tools such as pictures. People responded well to this and were animated in their interactions with staff. People had care plans which used easy read formats to enable people to access them. People were encouraged to say how they wanted to be supported and by who. Regular house meetings were held, this gave people the opportunity to make plans and resolve any issues.

People were encouraged to be independent and develop their daily living skills. People worked alongside staff to complete housework tasks. Some people had specific tasks for which they were responsible such as taking out the rubbish or mowing the lawn. The registered manager told us they were working with people to develop these skills in order to enable them to move on to a supported living service with less support. Staff spoke proudly about people's achievements and the progress they had made. People told us about how they shared the care of Del Boy the cat, people fussed the cat throughout the day and checked he had food. One person said, "It's great having the old boy here, we all love him and it makes a house a home having a cat." One person had been supported by staff to decorate their own bedroom and buy new furniture, they were very proud of their room and enjoyed spending time relaxing there.

People were supported to maintain and develop relationships with family members. One person told us they were going to visit their family over Christmas for the first time in many years. Staff told us they had supported the person to build the relationship with their family to the point this was possible. Visits had been built up over time and had increased in length. Some people's relatives lived a long way from the service and staff facilitated the journeys to enable visits. Some people had lost family members, staff recognised how important it was to them to remember their loved ones and supported them to visit their graves and take flowers. People were encouraged to speak openly about their loss and how they were feeling. Staff offered compassion and understanding.

When people chose to develop romantic relationships, staff offered support and encouragement. People were encouraged to be open about their sexuality and had agreed for this information to be recorded in their care plan. When people struggled with relationships or the emotional impact of relationships ending, staff had helped them to access support from appropriate professionals. People were also supported to access information and support about sexual health and staying safe. People told us they had friends in the providers other local services. They were supported to spend time at each other's homes and take part in activities together.

People's privacy and dignity was promoted by staff. People were encouraged to close their bedroom doors when they were dressing. Staff offered people the opportunity to speak privately about any concerns or worries they had. People could use the phone in a private area when they contacted friends or family members if they wished.

Is the service responsive?

Our findings

People told us they took part in a range of activities, which they enjoyed. One person said, "We all do different things and the staff help us to try new things all the time."

At our last inspection we found that the service was not dealing with people's complaints appropriately. Concerns raised by people had not been treated in line with the provider's complaints policy. Improvements had been made; records showed that all concerns raised by people were now recorded. People were spoken to about how they preferred their concern to be dealt with. When concerns related to the behaviour of their peers, people were supported to address this themselves with staff support or have staff speak to the other person for them.

People told us that they could complain and felt they were listened to. For example, one person was unhappy with how a member of staff treated them. They felt the member of staff did not listen and could be 'bossy.' The member of staff was spoken to about their approach and offered additional training. The member of staff subsequently moved to a larger service where they could be more closely monitored and have additional role modelling from staff within a larger staff team. The person told us they were very happy with the outcome. They told us, "They weren't a bad person; they just weren't the right person to support the people who live here. We are very independent."

People's care plans were detailed and gave staff clear guidance about the support people needed and how they preferred it to be offered. People's care plans included information about how they preferred to be supported when they were upset or distressed and how staff could recognise this. Staff tailored their interactions to each individual and supported them in line with their care plans. People were involved in reviewing and updating their care plans when appropriate. One person said, "I know exactly what is in there as I talk to my key worker about it." A keyworker is a member of staff who takes a lead role in their care.

People had identified goals they wished to work toward. There were plans to reach these goals which clearly identified actions, who was responsible for them and agreed timelines. People's goals included going to watch their favourite football club play a match and planning holidays. People had achieved some of their goals and proudly showed us photographs of their outings and spoke about what they want to do next. People also had goals that related to developing their independence, such as using public transport independently or finding work. One person at the service had been supported to gain voluntary employment in a local shop, which they told us they enjoyed. Another person had volunteered at a local animal rescue however; they found this had a negative impact on them emotionally. Staff praised the person for the work they had done and reassured them they would support them to find other opportunities. Staff told us, "We wanted them to know it was a success not a failure. They tried really hard and now they know that type of work isn't for them. We will find something that they will enjoy."

People took part in a wide range of activities. Each person had a weekly meeting to plan their activities for the week and these were recorded in a planner. Staff told us they had found this was the best way to

motivate people to take part in activities. People could change their plans on the day if they chose to and staff worked to accommodate their choices. People would be encouraged to plan a preferred activity after a non-preferred one, such as housework to motivate them to take part. People's activities included, discos, cooking, going to see local shows, visiting friends and household tasks. Some people at the service could be reluctant to take part in activities. People's daily notes showed staff continued to offer them activities and encouraged them to take part. People's care plans offered guidance and staff spoke knowledgeably about the different ways they used to encourage each individual to take part in meaningful activities. For example, one person could be reluctant to do things for themselves, but likes to help other people. Staff would ask the person to go to the local shop or go out to an activity to 'help' staff. The person was then more willing to take part and staff told us the person usually enjoyed the activity once they were there.

Is the service well-led?

Our findings

People told us the registered manager and the deputy managers were open and accessible. One person told us, "We always know what is going on, the manager has a promotion and I know they are interviewing for a new manager. They will ask us what we think."

When we last inspected The Bungalow we found that although auditing had improved there were still issues around auditing systems not being effective in highlighting shortfalls and driving improvements. Auditing systems were now being used effectively to monitor the quality of care and support being delivered at the service. Regular audits were undertaken of medicines, health and safety, people's care plans and records completed by staff. Action was taken to address any shortfalls in a timely fashion. For example, when there were concerns about the records completed by staff, support was offered and if required additional training given. All actions taken were recorded as completed on the original audit or resulting action plans. The registered manager carried out spot checks of the service at night and monitored staff interactions whilst at the service. Audits were also carried out by the provider's quality team. Actions had been taken to address any issues found and improvements had been made.

There was a clear vision at the service which was led by people and their goals. Care and support delivered was clearly designed around the five men living there. People were encouraged to be involved in improving the service, regular house meetings were held and people used these to make suggestions about changes. For example, for a period of time the service was staffed solely by male staff, in a bid to manage some people's behaviour more effectively. People's behaviours had now settled and people told staff that they enjoyed spending time with female staff at other services and would like some to work at the Bungalow. Female staff who were known to people or who had supported them before were gradually introduced. The registered manager told us, "It creates a better balance; it was very 'blokey' here before with lots of banter. We still have that but the female staff give people an alternative approach. We often find people will speak to a female staff member about their emotions or respond differently to a female when upset."

People, their relatives, staff and other stakeholders were all asked for their feedback about the service. Alongside regular meetings, surveys were used to ask about specific areas of support and the accommodation. These were available in an easy read format and when staff had supported people to complete a survey, this was clearly recorded including how the person communicated their response. People were encouraged to have monthly keyworker meetings where they could discuss what had gone well in the past month and what they would like to improve.

The registered manager was very experienced in supporting people with a learning disability. They were supported by the provider and attended regular managers meetings. Learning was shared across the providers services, the registered manager told us they used this information to look for ways to improve the support they offered. The provider updated the registered manager regularly about changes in legislation, guidance and good practice. This information was discussed in team meetings which also gave staff the opportunity to express their views and make suggestions for improvements.

The service had built positive relationships with a range of professionals in order to effectively meet the needs of people. Regular contact was maintained with health professionals and case managers about people's progress. The registered manager and staff sought support when needed and records showed that advice they had received had been incorporated into people's support and care plans.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating.