

CareTech Community Services Limited

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

About the service:

The Bungalow is a 'care home' registered to accommodate up to four people. At the time of this inspection the service was providing accommodation and personal care to four people with learning disabilities and other complex needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's experience of using this service:

People were safe and well supported by a staff team who knew them well. Staff could recognise, and report suspected abuse or poor practice and managers were aware of the process to follow should an allegation be made. People received appropriate support to receive their medicines as and when they needed them. Risks to people were assessed and procedures were in place to help keep people safe.

People were protected from the risks associated with the control and spread of infection and the accommodation was suitable to provide a homely environment.

Staff understood, and protected people's rights and people were treated as individuals. Support was very personalised to meet individual needs. People were encouraged to be as independent as they were able with a culture of promoting independence underpinning all care and support. Staff worked effectively with health and social care professionals to ensure people's needs were met.

People had opportunities to engage in activities that gave them a sense of self-worth and achievement.

There were enough staff to meet people's needs flexibly. Staff were well supported and well trained. People told us that staff were kind and people were supported with respect and understanding.

There was a complaints procedure in place however people who used the service expressed dissatisfaction through body language and behaviours. Staff knew people well, meaning they could tell when someone was unhappy or uncomfortable.

Reviews and audits of the service showed people received good outcomes and a safe and well managed service. The management team were approachable and proactive to ensure the service met the needs of the people they supported. The service had good community links that promoted inclusion.

Rating at last inspection:

The service was rated Good at the last inspection in October 2016 (published November 2016).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Bungalow on our website at www.cqc.org.uk.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 June 2019 and ended on the same day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met three of the four people who used the service. Two people were able to communicate their views with us and staff supported them to do so. We also received feedback from a relative following the inspection.

We spoke with three members of staff and a team leader. The registered manager was unavailable on the day of the inspection, but staff were supported by the locality manager.

We reviewed a range of records. This included two people's care records and medication records. 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.

Following the inspection

We received written feedback from an advocate of a person who used 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed in staff company and two people said that they liked the staff who supported them. A relative told us, "[Person's name] is in a safe and caring environment where they are looked after 24 hours a day, which gives us peace of mind."
- Staff had received training to understand abuse and were confident to recognise and report it. Senior staff were aware of their role in relation to working with outside agencies to report abuse and had used the process effectively to ensure people's ongoing safety.

Assessing risk, safety monitoring and management

- People received safe support because risks were assessed and well managed. Staff told us how they continually assessed risks and records showed that assessments were undertaken, and actions plans put in place to manage risks safely and appropriately.
- Personalised plans were in place for staff to follow in the event of an emergency, such as a fire. We saw these detailed how people respond to touch and instruction. This meant staff could support people without causing additional distress.

Staffing and recruitment

- There were enough staff to support people to receive the support they required. People received one to one support to enable them to lead full and active lives with the supervision they required.
- Staff provided flexible support at times when people needed it. People had developed very positive working relationships with staff and staff told us consistency was achieved meaning they could offer safe and effective support.
- Staff confirmed they had been through a thorough recruitment process prior to starting work and records confirmed that all required checks had been made.

Using medicines safely

- People required support to manage their medicines to keep them safe. People's medicines were stored in their rooms, so they could be administered in private.
- Support plans were in place to identify individual support needs and records reflected when and how certain medicines were to be given.
- Records showed that staff were following detailed guidance to ensure people received their medicines safely and appropriately.
- Where protocols and risk assessments were in place, these had been signed by health professionals to ensure staff were acting in line with medical guidance.

- Staff were knowledgeable of their roles and responsibilities when administering and recording medicines and training had been delivered as well as ongoing competency checks. Senior staff audited records and any errors were well managed.

Preventing and controlling infection

- Staff told us they had received training in relation to infection control and we saw that processes were regularly audited to ensure they were being followed. Personal protective equipment was readily available for use as required.
- The service's last internal infection control audit scored 92%. Minor issues had been identified and rectified. This shows that measures to prevent and control infection were proving successful.

Learning lessons when things go wrong

- Senior staff told us how managers within the organisation liaised with each other to discuss incidents and learn from them as a team. Staff said that issues were discussed in team meetings to ensure improvements could be identified and implemented if required. Staff always had time with senior staff following incidents to debrief and reflect upon their practice.
- Accidents and incidents were reported and monitored by the registered manager and senior managers to identify trends and take action to minimise reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving a service and the information was used to decide if the home could meet the person's needs. Where people were unable to be part of this process family members and advocates were involved to ensure people's, needs were fully identified.
- Assessments informed care plans which were person centred. They contained details of people's diverse needs and aspects of their life that were important to them.

Staff support: induction, training, skills and experience

- People were supported by staff who were able to effectively meet their needs. Staff told us they received good training opportunities and training was relevant to their role.
- Staff received training in relation to identified conditions and this enabled them to understand people and their behaviours as well as health and social challenges. Training was delivered by health professionals and was specifically tailored to the person being supported.
- New staff were supported in their roles with opportunities to work with existing staff and undertake a detailed induction programme.
- Staff told us they felt very well supported by each other and by the management team. One staff member said, "We have really good support."
- Staff told us that peer support was a strength of the service and staff worked effectively together to provide flexible and responsive support. For example, one person was currently being supported outside of the home and the staffing was being well managed to ensure everyone continued to receive their agreed levels of support.
- Staff received recognition for the work they did and this motivated and inspired them. We saw how staff had nominated peers for 'going the extra mile' and making a difference to people's lives.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood people's individual dietary and nutritional support needs and assisted people to eat healthily and make informed choices about what they ate. We saw when people requested food staff immediately accommodated their wishes.
- Staff encouraged people to make plans for the day, so they could decide what and where they would be eating. For example, one person was going out for lunch. One person was going to help prepare a snack to eat at home.
- We saw people ate in their rooms if they wished. Meals and meal times were totally flexible to meet people's individual needs.

- Staff told us that people enjoyed the social aspect of the evening meal time and so they tried to ensure everyone got together for this.
- People took turns to choose the meal of the day and alternatives were available if people did not like the agreed option.
- Some people had a soft diet and staff told us how they made this look appetising and like everyone else's meal.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked closely with outside agencies to ensure people's needs and changing circumstances were shared when appropriate.
- Records showed health and social care professionals had input in developing health action plans and reviewing care and support needs. Staff told us that visiting health professionals were very responsive meaning they could offer effective care to keep people well.
- Where a change had been identified for one person living at the home there was evidence that the staff were working with other providers to ensure the best outcome for the person involved.

Adapting service, design, decoration to meet people's needs

- The Bungalow provided a homely environment where people felt relaxed and comfortable.
- Given people's complex needs the home was not cluttered and people could access communal areas independently or with support as required. One person enjoyed spending time in the garden, for example, and staff were supporting them to grow some flowers to enjoy.
- The bedroom we saw reflected the person's individual taste and they enjoyed spending time in this space.
- The home used assistive technology to monitor people without compromising their privacy. For example, one person had an alarm on their door, so staff would know when they left their room. This meant the person could have his privacy, but support would be available when he left his room.

Supporting people to live healthier lives, access healthcare services and support

- People received full support from staff to manage their health care needs and staff worked closely with health professionals to ensure people's good health.
- Staff knew people well and could recognise signs that a person was becoming unwell. They then sought appropriate support.
- Staff were currently supporting one person while they were in hospital ensuring they had consistency and a familiar face who knew them. This had positively impacted on the recovery of the person.
- Records reflected when routine health appointments were attended, and staff updated records following a visit.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found that the staff were working within the principles of the MCA. People did not always have capacity to make decisions and so relatives and advocates were brought in to support them. This way decisions could be made in the person's best interest.
- Staff understood what capacity was and had received training to assist them support people with decision making when appropriate.
- Where restrictions were in place for a person senior staff told us how they monitored these and had plans to review them when the timescales had lapsed.
- Senior staff were knowledgeable about notifying appropriate agencies when they felt a person was being restricted and they responded by ensuring the least restrictive support plan possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We spoke with two people who told us, 'yes' staff treated them well. Interactions seen between people who used the service and staff were positive, relaxed and friendly. Staff told us, "It's a lovely, relaxed, friendly atmosphere." A senior manager, who was a regular visitor to the home described The Bungalow as, "A lovely service."
- Staff gave people time to do things and make decisions. Staff responded to questions with sensitivity and reassurance. People responded well to this with smiles and laughter.
- People dressed and accessorised according to their preferences and staff were complimentary of people's choices.
- All staff undertook equalities training and worked with professionals to support people express their individuality. Support was then personalised to those needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff that understood the need to include people in decision making. We observed staff ask people what they wanted to eat, where they wanted to go and what they wanted to do. As staff knew people well they could offer informed choices to assist the decision-making process.
- Where people were able to make decisions, they were supported with time and patience for them to do so.
- Where people had limited verbal communication, staff told us how they sometimes used picture cards to support decision making and offered visual choices where possible, for example when a choice of meal was available
- The registered manager had increased the level of accessible information available. Some procedures, such as the complaints procedure, had been produced in an easy read format with pictures.
- Staff told us that some people did not respond to pictures, so they watched their body language and supported people accordingly. Details of people's preferences were well documented to ensure staff had required information

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. We saw staff encourage people to do things for themselves although when people did not want to staff suggested alternatives and then accepted the person's decision.
- Personal care was carried out in private and support to wipe people's hands for example was discreet. ● People's privacy and dignity was promoted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People living at the Bungalow received personalised, one to one support meaning they could receive a service based on their individual lifestyle preferences.
- Some staff had supported people for several years meaning that they knew people well. This knowledge was invaluable when people were unable to express themselves fully and meant that support could be focussed around likes and preferences. Staff told us how they shared information as a team to ensure consistency.
- Care plans were in place and were seen to be detailed about all aspects of peoples care and support, including communication.
- Plans and risk assessments were reviewed and updated following incidents and when appropriate. Changes to plans were then made to maintain effective support.
- We saw that staffing had been increased for one person in response to the changing needs of one person to ensure the persons safety.
- A staff member told us, "They (care plans) are detailed and that's what you need."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used a range of ways to communicate with people. Some people could respond to verbal communication, others relied on visual prompts. Staff worked flexibly to share information and communicate.
- Staff closely observed people's body language and built up a knowledge of behaviours and what they were portraying. Some people used electronic communication aids such as email to stay in contact with people.
- An advocate told us how effective communication had impacted positively on possible outcomes for one person who used the service. They told us, "Communication with [person's name] was exceptional which I found very helpful as they were able to encourage participation using open questioning and encouraging visits to alternate providers."
- People enjoyed a range of activities both at home and in the community. Activities reflected preferences. One person told us how they liked to go sailing. Another person liked going out in the car.
- Staff worked flexibly to support people to live full and active lives. People had opportunities to attend educational and social activities of their choice. One person enjoyed going to church and again this was

supported.

- People were supported and encouraged to stay in touch with family and friends. People met friends socially and communicated by phone and email to stay in touch. Friends were invited to visit people at the home and they were made welcome.
- People accessed college and education as they chose with the one to one support of staff. People used public transport and accessed local amenities including garden centres and shops. An advocate told us, "The staff at The Bungalow have provided a diverse range of activities some of which had been suggested by [the person's] social worker to increase independence such as bus rides into town. Additional to that this person regularly attended Church, trips to the steam trains, Safari Park and golfing.
- Staff provided the person with information relating to the decision on request for example, print outs of the providers to empower the persons participation in the decision-making process using visual aids."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place that was easy to follow and readily available to people. People who used the service would not be able to follow this formal process however they were able to express dissatisfaction in other ways and staff were responsive to changes in people's behaviour to know when they were not happy.

End of life care and support

- There was no one using the service who required end of life support and staff felt that people would not be able to actively engage in discussions about their end of life.
- Staff told us they would liaise with relatives and health and social care professionals should the need arise and were already engaging in conversations sensitively.
- Staff told us that the registered manager was currently developing an end of life plan for one person with the support of the person's advocate.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 manager worked flexibly with their team to ensure the service was delivered based around the needs of individuals.
- The values and culture of the organisation underpinned policies and practice. Staff told us that the values of the organisation were discussed at team meetings and during induction. The provider had an awards programme for staff who had reflected the organisations culture and values.
- The management team were aware of their responsibility to be open and transparent with addressing issues and investigating incidents and complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff were well supported and felt involved in the delivery of a quality service. One staff member told us, "We have great support and we are listened to."
- Senior staff told us they had an open-door policy and all information shared was checked for understanding. For example, the newly implemented document for recording team meetings had a section for signing and a section that staff could complete to 'seek clarification'.
- People were consulted and involved as far as they were able to share views about the service. People attended house meetings and we saw the last one identified that some changes to the menu would be welcomed. Staff told us they had acted upon this.

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

- The registered manager was not working on the day of the inspection but the team leader who was assuming management responsibilities was very clear about their role and responsibilities. They worked alongside the registered manager to assess risks and monitor staff performance. Records showed these checks took place formally and staff told us that they were supported to carry out their roles.
- Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and notifications of injury or police incident.
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service.
- We saw that external audits had been acted upon. The locality manager shared details of their last visit

with us. They said that they produced action plans following visits and reviewed they had been acted upon.

- Staff were involved in carrying out internal audits and then there were a series of checks in place to ensure they had been done and actioned if necessary. This meant quality could be maintained and demonstrated.

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

- Staff told us how they involved and consulted people in relation to how their support was delivered. Staff had opportunities, both informally and formally to discuss issues and make suggestions for improvements and changes based on people's needs and wishes.
- A relative told us how they were kept informed and were consulted when required. Staff contacted people who did not visit regularly by telephone and email to seek their views and share information.

Continuous learning and improving care

- Staff told us they were encouraged to share ideas. They told us they routinely shared information and experiences to review people's care and support and change plans to accommodate new learning.
- Incidents were reviewed and discussed in staff teams. Accidents and incidents were also reviewed by the provider's senior management team. Actions plans were developed when necessary and compliance with them was monitored to drive improvement.
- Following incidents staff had opportunities to discuss the incident and make suggestions for changes and improvements if appropriate. Staff received refresher training at regular intervals to ensure their knowledge and practice reflected current and changing best practice guidelines.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the local authority safeguarding team, GP's, advocates and community nurses.
- An advocate told us how they had effectively worked with staff to ensure the best interests of a person were reflected in a major life decision. The joint working had had a positive impact on the outcome for that person.