Maison Care Ltd

The Bungalow

Inspection report

Plains Farm Close
Colchester
Essex
C07 7QU

Tel: 01206 852010
Website:

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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

Overall summary

The Bungalow provides accommodation and personal care for up to six people who have a learning disability. People who use the service may also have a physical disability. At the time of our inspection six people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associate Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions

Summary of findings

had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

There were sufficient numbers of staff with the right skills and knowledge to keep people safe.

There were effective systems in place to manage medication safely and to ensure that people got their prescribed medication on time.

Good

Is the service effective?
The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good

Is the service caring?
The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Good

Is the service responsive?
The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service was well-led because there was a positive, open and transparent culture where the needs of people were at the centre of the way the service was run.

The service was run by a competent manager who was a visible presence in the home.

Good

Summary of findings

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

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.

The inspection took place on 13 January 2016 and was unannounced. The inspection was carried out by two inspectors.

We reviewed all the information we had available about the service including notifications sent to us by the manager. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways, such as facial expressions, gestures and sounds. We observed the way people interacted with staff and how they responded to their environment and staff who were supporting them.

During the inspection we spoke with one person who used the service and spent time observing care in the communal areas. We spoke with the registered manager and three care staff. We also made telephone calls to relatives and received feedback from two health and social care professionals.

We reviewed four people's care records, six medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medications, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People we spoke with confirmed they felt safe. One person told us, "I do feel safe here, the staff look after me." They told us they could speak to the manager with any concerns they had. One relative told us, "we know [relative] is safe the staff know how to keep them safe." They also told us staff made sure people were safe and knew how to support people where risks to their safety and wellbeing had been identified.

The providers safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm or abuse. Staff and the manager demonstrated their understanding of what to do if they had any concerns about the safety and welfare of people. They understood their responsibility to report concerns to the local safeguarding authority for investigation, and to CQC. This was evidenced by the records we held about the organisation. There was safeguarding information available for staff and others to refer to in the communal area of the home, which included the local authority safeguarding information team contact details. Staff were able to tell us about examples of poor or potentially harmful care which demonstrated their understanding of abuse and how it could be prevented.

Risk assessments provided information for staff on how to safely support people whilst promoting independence. For example, when going out into the community, assessments included guidance about how to respond safely and appropriately to incidents where people may present with distressed reactions to situations whilst out.

Accident and incidents were recorded, analysed and management action plans were put in place to keep people safe. The manager kept a log of all incidents and reviewed them. This enabled them to identify and monitor patterns and trends so that action was planned and implemented to reduce the likelihood of any reoccurrence.

We saw there were processes in place to manage risk in connection with the operation of the home. Regular fire safety checks were carried out to ensure that in the case of a fire the fire alarms would work efficiently.

We looked at how the service managed their staffing levels to ensure that sufficient numbers of suitable staff were maintained to meet people's needs and keep them safe. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our observations. For example, people received prompt support and staff appeared unhurried. Relatives confirmed that staffing levels were sufficient to support people's individually assessed needs for example, where one to one support was required for them to access the community. The manager told us that they were on call in the case of an emergency.

Staff files demonstrated the provider operated a safe and effective recruitment process. The recruitment records included a completed application form which detailed past employment history and qualifications, previous employer references, proof of identity and criminal records checks. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills required for the job role they had been employed to perform.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medications. Medication profiles provided staff with guidance as to people's medical conditions, medications that had been prescribed and why. We checked a sample of stock balances and found these corresponded accurately with the records maintained. Staff had received training in medication administration and competency assessments had been carried out on a regular basis. We observed medication being given and this was done in a respectful, dignified way, the staff asked for consent from the person before giving them their medication.

Good

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One relative told us, "They are fantastic at meeting [relative] needs."

Staff told us, when they had started working at the service they had completed a thorough induction programme. This included learning information about each of the people who lived in the home, including any risks that had been identified and clear plans of how to work with the people to alleviate the risks. Staff had completed a range of training that enabled them to carry out their roles and responsibilities efficiently, for example safeguarding and medication and manual handling training. This was confirmed by viewing the training matrix where the staff training was logged. Staff spoken with said they received regular supervision and annual appraisals, where their development needs and training was discussed.

The staff we spoke to told us they had been working at the service for some time, consequently they were able to demonstrate that they knew people they cared for well. Staff were able to meet their needs effectively, in part due to familiarity, which supported competence in their role. For example, most of the people living at the bungalow experienced significant communication difficulties. However, staff were able to communicate effectively with them due to their level of experience and understanding. We saw that staff were able to read people's body language and facial expressions to correctly interpret their needs. We observed some people had communication aids such as 'speech boards' which staff were able to use effectively to support people to express themselves. We also observed that a staff member provided continuous verbal reassurance to a person with sight problems, in order to orientate them of the staff member's whereabouts as they moved around the room. This appeared to help put the person as ease as we observed the person smile and visibly relax in response.

Staff had received training and were able to demonstrate their understanding of their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people were deemed to not have the capacity, a best interest decision had been made on their behalf. This decision making process involved people that knew the individual well, such as family members, as well as other health professionals. We observed minutes of staff meetings and saw that staff and management had a good understanding of the legislation and were pro-active in considering the least restrictive options for people to uphold their rights. Written records also demonstrated the service was able to recognise and act upon issues highlighted, to support people's independence and to help people to maintain important life skills. We observed staff asking for people's consent before providing care and support.

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 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. The manager had made some (DoLS) applications and was awaiting the outcome from the local authority.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet. Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. Where there was a known concern about the weight of a person using the service, staff maintained regular recorded weight checks and involved dietetic services, to support people who had needs around healthy eating. Staff told us that menus were planned weekly and people were involved in the meal planning as well as shopping and meal preparation if they wanted to. One person told us, "We all get to choose a favourite meal and this goes on the menu so everyone gets a turn." We observed meal times which were calm and unhurried and people were provided with the right level of support they required. Staff ate at the dining table with people who used the service which promoted a sense of 'togetherness' at mealtimes.

People had access to a range of health professionals. For example, mental health nursing staff, physiotherapists, chiropodist, dentist and GP's. These appointments and their outcomes along with any actions were clearly documented in people's care files. Relatives told us their family members were supported with appointments were

Good

Is the service effective?

necessary. Staff were able to describe how they would know if someone was feeling unwell and the appropriate steps they would take to support the person to get the help they needed.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring and from our observations of the interactions between people and staff this was evident. One relative told us, "[Family member] is well looked after, he is always clean and well kempt, I am happy with this."

There was a warm and friendly atmosphere in the home with lots of laughter and humour shared amongst the staff and people living there. There was a sense that the people who lived and worked there were part of a family. We observed the care people received from staff. All the interactions were polite and respectful. Staff knew the residents well and waited for a response when a question was asked or a choice was given without rushing the person. Where people were unable to verbally communicate, staff looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

People were observed to have their privacy respected. For example, staff would knock on the door of a bedroom or bathroom then wait for a response before entering. The home had a 'dignity champion' responsible for ensuring that people's dignity and privacy was upheld. We reviewed written records which showed how the dignity champion shared information with other staff members to promote awareness and a culture of respect within the home.

Staff we spoke to were able to demonstrate that they knew the needs and preferences of the people they cared for. Staff were aware of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing. Staff were familiar with changes to people's demeanour and what this could represent, for example, how a person appeared if they experienced pain or anxiety. Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements.

We looked at four care plans and saw that these were comprehensive and clearly stated people's needs and preferences, likes and dislikes. People's choice as to how they lived their lives had been assessed and positive risk taking had been identified and documented. Where possible people had been encouraged and supported to sign their care plans to confirm they agreed with the contents.

We discussed with the manager the use of advocates, as despite having contact details for advocacy services, one had not been contacted in regards to someone wanting to live more independently. The manager assured us that in future they would involve an advocate if the situation or one similar arose again.

We saw that people who used the service were supported to maintain relationships with others. People's relatives were able to visit the service when they wished and no restrictions to this were evident. One relative told us, "[Family member] has lived here for 11 years, I visit most days, and I think [family member] is very happy here." Another person told us how they were supported to have contact with their relative and were invited to come for dinner on a regular basis, and how they were also invited to the Christmas party.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised and reflected, in comprehensive detail, their personal choices and preferences regarding how they wished to live their daily lives. Care plans were regularly reviewed and updated to reflect people's changing needs.

Relatives told us they were involved in their relative's care plan and were invited to attend any reviews. They felt fully involved and were informed of any incidents and outcomes of appointments.

During our inspection we observed people being offered choices by staff about their care and support. For example, what food they would like to eat and with planning on what they were going to do for the day. One relative told us, "[Relative] is supported well with choices, the staff know [relative] very well and can interpret his needs and what he wants to do based on what his able to say as well as his facial expressions." Care plans had detailied information in about each persons individual needs.

We saw that people were supported to pursue hobbies and interests, education and employment. One relative told us, [relative] does lots of activities, bounceability, swimming, music, and going to college." Another person told us "They [staff] help me with my money. I have a personal allowance and they help me with shopping. I went to lakeside last week." They also told us, "In the evenings I choose what I want to do, watch TV, spend time in my room or go out with my friends." This person also told us they had been helped to learn how to use the bus to support their independence and they were now able to access the community and employment and volunteering opportunities which they enjoyed.

We spoke with the manager who told us of the difficulties of finding a holiday venue, that everyone could enjoy due to the range of complex needs of the people who used the service. The manager had been pro-active in responding to people's diverse needs and had recently found a holiday centre, which had resulted in a positive experience for people who had historically found trips away to be very stressful. Family members confirmed that they felt this had been a really positive trip for their relative.

There was an effective complaints procedure in place which was in easy read format and readily accessible to people, and people told us they felt listened to and that the service acted upon any issues raised. A relative told us, "The service is a good communicator, if I have any concerns I go to see the manager and I am very happy with how my concerns are dealt with."

Good

Is the service well-led?

Our findings

The manager promoted an open and well led culture, they were a visible presence in the service and we observed interactions between the people and themselves. These were warm and friendly and it was evident from smiles and laughter that the people felt comfortable in the presence of the manager. Comments from people and relatives included, "[Manager] works hard and cares, this is evident." And, "Nothing is too much trouble." Staff told us, "[Manager] is always approachable she has an open door policy."

There was effective communication between staff and the manager. Staff told us they were able to contribute to decision making, and were kept informed of people's changing needs through effective communication forums such as staff meetings, daily handover meetings, supervision and appraisal. Staff had opportunities to raise any issues or concerns through regular management support. One staff member told us, "There is always a good atmosphere here. We are well supported by the manager. The manager listens and acts on any concerns we might have."

We reviewed minutes of meetings which demonstrated there was an open culture and that staff were actively involved in developing the service. Where issues of concern were raised, clear action plans were formulated with designated staff responsible for completing the task ensuring accountability. The minutes also showed that the manager was pro-active in reviewing and monitoring the day to day culture of the service including, attitude, values and behaviours and shared information to promote 'best practice'.

There were effective systems in place to monitor and check the quality and safety of the service. The manager conducted a variety of monthly audits including medication and care plan reviewing. This enabled her to maintain oversight of the service and quickly identify any areas where action was needed to drive change or improvements. They signed off all accidents and incident forms and analysed the data each month and put measures in place to alleviate reoccurrence where necessary. They also carried out regular health and safety checks of the environment including fire safety checks.

People who used the service and their relatives were sent questionnaires and surveys to ask for their views regarding the quality of the service they had received. The results of surveys were compiled into a report which where areas for improvement had been identified, actions with timescales had been implemented. Comments from surveys we looked at included, "Caring staff, very dedicated." And, "The home has a lovely feel very welcoming." One healthcare professional had commented, "All the staff are very friendly and helpful."

People's care records were stored securely in a locked cabinet, therefore people could be assured that any information about them was stored securely and kept confidential.