Leading Lives Limited

Kesgrave Bungalow

Inspection report

11 Edmonton Close
Kesgrave
Ipswich
Suffolk
IP5 1HD

Date of inspection visit:
26 September 2016

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23 November 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 26 September 2016 and was unannounced. We last inspected this service on 23 September 2015 and awarded a rating of 'requires improvement'.

Kesgrave Bungalow is a short break respite care service that provides support for up to 27 people with a learning disability. The service has four beds and the length of stay can vary depending on the needs and choices of the people who use the service. At the time of our inspection there was one person using the service.

The service has 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 2008 and associated Regulations about how the service is run.

The service was not always safe because the provider's pre-employment checks that were carried out as part of their recruitment process was not always robust. There was however enough staff to meet people needs, and staff had received the required training to fulfil their duties. They demonstrated a good understanding of their roles and responsibilities to safeguard people and to provide care that was both appropriate and personalised.

People who used the service had care plans and risk assessments put into place to manage their care needs in a consistent and safe way. Whilst care plans were robust, we found that improvements were required in risk assessment because there were areas identified within people's care plans as areas of risk but were not accompanied by a risk assessment. Also, people's risk assessments were not in accordance with current health and safety guidance.

People were supported by staff that were friendly, kind and caring. They had their privacy, dignity and choices respected by staff who sought their consent before providing any care. The requirements of the Mental Capacity Act 2005 were met.

People's medicines were managed and stored appropriately. Staff supported people to access healthcare services when required. We found that the relatively short stays for people which ranged from one night to two weeks combined with the infinite number of combinations of potential people to use the service at any one time limited the provider's ability to fully personalise such things as bedrooms and menus. However, efforts were made to ensure that where possible individual tastes were catered for and that rooms did not have an 'institutionalised' feel to them.

Improvements were required in the provider's quality assurance processes to ensure they fully captured and addressed all shortfalls in the service delivery. People, their relatives and staff commented positively about the service's management team. We found the team leader who was responsible for the day to day

operation of the service to be knowledgeable and clear in their role and responsibilities.

The provider had policies and procedures in place to effectively manage complaints and concerns in a timely manner. The team leader with support from the registered manager ensured the service ran appropriately providing visible leadership.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements were required in the provider's pre-employment checks which formed part of their recruitment process.

People's risk assessments did not include some areas of risk that had been identified in their care plans.

People's medicines were managed and stored appropriately.

Staff were trained in safeguarding people and knew how to keep people safe from avoidable harm.

Is the service effective?

Good

The service was effective.

The requirements of the Mental Capacity Act 2005 were met.

Staff were trained to meet people's care needs.

People were provided with sufficient food and drinks.

People were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff were caring, supportive and respectful towards the people who used the service.

Staff had developed positive relationships with people.

Staff were aware of people's care needs and preferences.

People had their privacy and dignity respected by staff.

Is the service responsive?

Good

The service was responsive.

People's care needs had been identified before they started using the service.

Appropriate care plans were put into place to give staff guidance on meeting people's needs in a way that was consistent.

People were supported in a personalised way.

There was an effective system in place for handling complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality monitoring processes did not always identify or address shortfalls around staff records and people's care records.

There was a registered manager in post who was supported by the team leader in managing the service.

Both the registered manager and the team leader were visible and approachable.

People and their relatives were involved in the development of the service and so were the staff team.

Kesgrave 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 26 September 2016 and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC) and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for people who used regulated services such as this one.

Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed the service's previous inspection report and information we held including notifications. A notification is information about important events which the provider is required to send us by law.

We were unable to speak with the people who used the service because most of them were not visiting at the time of our inspection and speaking with them over the telephone would have possibly caused them unnecessary distress. The one person who stayed at the service during our inspection chose not to speak with us. For this reason, we used the short observational framework for inspection (SOFI) to observe how people were cared for. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the relatives of three people who used the service and the primary carers of three other people who also used the service to gather feedback on the quality of the service. We talked with three members of the care staff, the cleaner and the team leader, who was responsible for managing the day to day operation of the service. In addition, we spoke with two other staff employed by a different organisation that provided support to a person who used the service. We could not speak with the registered manager during our inspection because they were on leave.

We looked at the care records and risk assessments for three people who used the service and checked medicines and medicines administration records (MAR) for one person. We also looked at three staff records

and reviewed how the quality of the service including complaints were monitored and managed.

Requires Improvement

Is the service safe?

Our findings

Three out of the four staff recruitment records we looked at did not hold satisfactory documentation that showed the staff had the right to work in the United Kingdom or were of suitable character. For example, one member of staff's records did not hold any evidence of their identification such as a copy of their passport or home office documents to show they had the right to work in the United Kingdom. This same member of staff's records did not hold any evidence of references or Disclosure and Barring Service (DBS) checks having been carried out. The two other staffs' records also did not hold satisfactory evidence that reference checks had been carried out. This meant that people were placed at risk of potential harm due to inadequate pre-employment checks.

This was a breach of Regulation 19 of the Health and Social Care Act 2008: Fit and Proper Persons Employed.

The staffing arrangements were appropriate for the number of people that used the service with there being two daytime staff and a waking night member of staff on every night. Where there was a need, a second sleeping member of staff was rostered to support the waking night member of staff and the people who used the service. A member of staff we spoke with told us there was enough staff to meet people's needs. They said, "We have enough staff and the team work well together which has raised staff morale. The use of agency staff has been drastically reduced from what it was at the time of the last CQC inspection to just one this year which guarantees continuity for clients [People] because it is the same faces caring for them." This was indeed an improvement in comparison to the findings of our 2015 inspection of the service. However, we found that the staff arrangements at night times for one particular person needed to be reviewed. This was because the person needed two staff to support them during their waking hours, and having one member of staff awake and another sleeping when they stayed at the home was not adequate to meet their assessed needs. We raised this with the team leader and they confirmed after our inspection that they had arranged a review with social services to address this.

Risk assessments that formed part of people's care plans had been developed to manage risks associated with people's care. Risk assessments covered areas such as people's personal care needs, the management of people's finances and behaviour that had a negative impact on others. The assessment of risk needed to be improved because there were areas identified within people's care plans as areas of risk but were not accompanied by a risk assessment. Also, the risk assessments that were in place were not in accordance with current health and safety guidance on risk assessment, for example, people's risk management plans did not clearly detail the hazards that could pose a risk to people, the levels of risk and people's involvement in the risk assessment process. We feed this back to the team leader who was going to raise this with the provider in order to have it addressed.

The provider had also carried out health and safety risk assessments to manage risks posed to the people by the environment. These covered areas such as general activities that include cooking, cleaning and shopping. Risk assessments also covered slips trips and falls, use of power tools within the building and the building being locked when there were not any people in it. These gave guidance to staff on managing risks.

We were not able to speak directly with the people who used the service because of the nature of their disabilities. However, we saw on one of the notice boards that people had written how they felt when they stayed at the service. One person wrote, "Safe." Another person wrote, "Look forward to coming," and two other person wrote, "Happy." This was a direct representation of the views of some the people who used the service stating the service was safe. There was also unstinting praise from relatives of people who used the service. One relative told us, "I can't praise The Bungalow enough to be honest. [Relative] loves going there. If I mention The Bungalow to anyone in conversation and he overhears he wants to pack his bag to go and gets really excited about going". Another relative said "Half the time at home she wants to go back again to The Bungalow."

The provider had an up to date safeguarding policy that gave guidance to the staff on how to identify and respond to concerns in relation to people's safety. Staff told us they had received training in safeguarding people and they demonstrated their understanding in this subject in conversations we had with them. A member of staff told us, "The service is safe. I have completed my safeguarding training which we [staff] all have. Completing the safeguarding training is a minimum requirement when working here." This member of staff went further and told us about the possible types of abuse that could affect the people who used the service and how they would manage any suspected or witnessed abuse. They said, "I would report any case of abuse immediately. If there was an immediate danger [to people] I would call the police straight away for support." There were records which evidenced that action had been taken by the manager to refer concerns to the local safeguarding authority in line with local safeguarding protocols. This showed that safeguarding concerns were managed appropriately.

The provider also had a whistleblowing policy that provided staff a way in which they could report concerns within their workplace without fear of doing so. Staff were aware of this policy and understood their responsibilities within it. A member of staff told us, "We have a whistleblowing policy, there is a copy of it on the notice board. I can whistle blow within the company or to the CQC." This demonstrated staffs' understanding of the provider's whistle blowing policy.

We found during our last inspection that fire safety and water temperature checks to protect people from the risk of Legionella, scalding and fires were not always carried out. A lack of these health and safety checks along with that of a cleaning schedule placed people at risk of potential harm. During this inspection, we found that water temperature and fire checks were being carried out on a weekly basis. There was a visit from the local fire officer in January 2016 to assess the provider's compliance with fire regulations. They were found to be compliant. Six monthly fire drills where the building is evacuated during fire alarm systems tests were also being carried out. There was a cleaning schedule in place and Legionella tests had also been carried out. This showed that improvements had been made in the shortfalls we identified during our last inspection.

There were suitable arrangements in place for the management of people's medicines. Medicines were stored securely in a cabinet secured to the wall within the manager's office. There was a system in place for their receipt and safe disposal. Staff were trained and their competencies assessed before they handled medicines. Appropriate records were maintained to show when these had been given to people, which provided an audit trail. A check of stock against administration records for one person indicated that they had received their medicines as prescribed.

Good

Is the service effective?

Our findings

People's written answers to 'what is important to you when you stay at the Bungalow?' were placed on one of the notices boards within the home. These included "See staff I know," "Nice staff," "Helps me get dressed," and "Familiar staff." Relatives or people who used the service were very positive about staff and felt they understood the needs of people. One told us, "Staff are all very helpful and very good with [relative]."

Evidence we looked at showed that staff had received an induction when they started working at the service. A member of staff we spoke with told us, "We all have to do the care certificate and a general induction for staff working at the Bungalow." Staff induction to the service included the completion of required training, reading people's care plans, and being mentored by more experienced staff. Staff had also received the necessary training to equip them for their roles. One member of staff told us, "We follow the staff code of conduct and have all had the necessary training to provide care that promotes quality of life even though that is different for all of us." Another member of staff said, "The regular staff team we have means that [People] know us and we know them and their preferences. They [People] are comfortable and at ease with here. Staff training covered areas such as safeguarding people, medicines management and moving and handling.

Six monthly appraisals of staffs' performances along with regular supervisions were carried out by the management team as a way of supporting staff in their roles. A member of staff we spoke confirmed this and said, "Supervisions are useful, we have them every two months. We talk about any safeguarding and training issues. We also talk about service improvement and share ideas." A review of staff records confirmed the completion of staff supervision and appraisals.

Staff were aware of people's needs and communicated effectively with the person who used the service at the time of our inspection. People's care records contained detailed information about how people communicated, their methods of communication and any support or equipment they needed to aid communication. Staff demonstrated a clear understanding of a person's communication needs when they notified us that our presence in a particular room within the home was agitating this person as they had used a trigger word. The person then settled when we left that room.

Staff had received training on the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). 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). The management team had assessed whether people

were being deprived of their liberty due to the way their care was managed. They found that authorisations were required for some people and therefore applications had been made to the supervisory body as required by the MCA.

Staff were able to talk us through their responsibilities within the act. One member of staff said, "I have done my MCA training. The MCA to me means not being judgemental and understand that everyone is assumed to have capacity to make their own decisions unless proven otherwise. It is about not imposing our decisions on someone else." We saw that people's capacity to make and understand the implication of decisions about their care had been assessed. Where people lacked capacity, best interest decisions had been made and consent to care forms put in place. However, these consent to care forms were only signed by the team leader and none of the other people involved in the decision making process. As a result we were not satisfied that people or their relatives had been involved in this process. The team leader told us they would work on addressing this issue.

Staff understood their responsibilities to sought people's consent before providing them with care or support. A member of staff we spoke with told us, "We ask customers' [people] permission before any care. Some customers [People] will just say yes or no. Another [Person] for example, gives consent through body language. We know that [they] like having baths in the morning so we run the bath for [them] and invite [them]. Through [their] body language we will understand if [they] wanted to have a bath then or not. We always make sure we give them choices and respect their decisions."

People were provided with enough to eat and drink. Their nutritional needs had been assessed and they were actively supported to maintain a balanced diet according to their assessed needs. We observed staff offering a person who used the service a choice of food and drinks during lunch time. The person looked satisfied as they ate their chosen lunch. We saw that people's nutritional preference had been clearly documented within their care records providing guidance to staff who supported them. A member of staff told us, "We do a weekly food shop and make sure we have different choices of foods and snacks for [people]. We offer visual choices and have information of [people's] likes and dislikes which were provided by [Relatives] and are documented in care plans."

People were supported to access healthcare services when required. A member of staff we spoke with told us, "We take direct responsibility for [people's] health and wellbeing when they are staying here. We had a case last year when [Person] was unwell, we called their [Relative] and the out of hours GP who came and prescribed [medicines] which they took till [they] felt better." People's care records contained information on their healthcare needs and guidance for staff on supporting them maintain their health and wellbeing.

The relatively short stays for people which ranged from one night to two weeks combined with the infinite number of combinations of potential people using the service at any one time limited the provider's ability to fully personalise such things as bedrooms and menus. However, efforts were made to ensure that where possible individual tastes were catered for and that rooms did not have an 'institutionalised' feel to them. The décor was very colourful and domestic giving it a pleasant, homely feel which was enhanced by ornaments and a large number of photos of people who used the service and staff.

Good

Is the service caring?

Our findings

People's answers to a question on 'what makes a good support [staff]' which was written and placed on one of the notice boards were, "Friendly," "Talk nicely to me," "Good sense of humour," "Funny," and "Caring." Relatives of people who used the service told us that staff were kind, caring and supportive towards people. One relative told us, "Staff do a marvellous job. They are friendly and are always concerned about [Relative]. I can't fault the service at all, it's a home from home. The Team Leader and all the staff cover literally everything for [Relative] needs". Another relative said, "[Staff] are lovely. When we told [Relative] about [their] next visit [They] said I'm going to be spoilt at The Bungalow aren't I?" One other relative told us, "They [People] are looked after very well." In a conversation about the service with a member of staff they us, "I love it here. I love working with the people and the staff. I get so much joy from working here."

Staff had developed positive relationships with people who used the service. A relative talked about the staff and their relationship with people and said, "They all seem to interact with [them] really well. They say hello, don't ignore [them] and try and help." A member of staff we spoke with told us, "We have built positive relationships with [people] and their relatives. Some parents visit the home for a cup of tea even when [People] are not staying. We recently had a barbecue and there was a good turn out and everyone enjoyed it. Each relationship is different, for example, [Person] wants to be part of the staff team so we've put [their] picture on the staff board and [they] really like that, it makes [them] feel included." We saw that staff interacted with a person who used the service in a respectful way and called them by their preferred name. Staff were aware of people's needs and preferences which were well documented within their care records. This enabled staff to provide care that was centred around people who used the service. The team leader told us a person who had decided to cease verbal communication and had not spoken for a number of years. They recently uttered the word 'wow' when a member of staff showed them a signed autograph and a birthday video message they had got from the person's favourite celebrity to them. The team leader said, "It was a surprise for [Person] and she loved it."

People were encouraged to be as independent as they could. A member of staff showed us photographs of people who used the service taking part in varied household tasks. These included baking, cooking and folding clean laundry. A member of staff we spoke with told us that they patiently encouraging people to do as much for themselves as they could and stepped in to support where necessary. People's care records also held information about what they could do themselves so that staff could consistently and actively encourage them to maintain their independence.

Staff were respectful of people's privacy and dignity. A member of staff we spoke with described ways in which they protected people's privacy and dignity, such as making sure doors were closed during personal care. We saw that they knocked on the door of the person who used the service during our inspection before they went in. A member of staff told us, "We used to have a customer [person] who liked to get undressed in communal areas. We made sure we closed the door when [they] started doing this so that other people would not see [them]. Respecting privacy and dignity is common sense, we make sure we knock before we entre, make sure we are not noisy when people are asleep because we wouldn't want people being noisy if we were asleep. It is also about respecting people's choices." Staff also understood how to maintain

confidentiality by not discussing people's care needs outside of the work place or with agencies that were not directly involved in people's care. We also saw that people's care records were kept securely in the manager's office.

There was a noticeboard displaying photographs of the staff who worked at the service so people and visitors could identify them. People's relatives or primary carers acted as their advocates to ensure they understood any information given to them and that they received the care they needed.

Good

Is the service responsive?

Our findings

People who used the service had their care and support needs assessed prior to the start of them using the service. This was confirmed by relatives we spoke with, they told us, "I gave them all the information about what [they] like and what [they] don't." We reviewed the 'admission needs assessments' of three people and found that they covered areas such as people's mental capacity to make decisions, their general health needs, communication and nutritional support needs. These needs assessments formed the basis from which people's care plans were developed.

Each person's care plans were individualised providing guidance to staff on the provision of care that was both appropriate and person-centred. People and their relatives were involved in care planning and reviews of people's care at the 'annual person centred reviews' or at any time when there was a change of circumstances or preferences. A relative we spoke with told us, "[Relative] has [their] say, [they] have been going for quite a few years now and I have faith in the care plan." Another relative said, "[Relative] will tell you what [they] like and doesn't like for example, Sunday Roast and going shopping." Care plans included clear instructions for staff on how best to support people, and took account of people's needs, choices and preferences. This was clear evidence that the care provided was person centred.

People were supported by staff to maintain their hobbies and interests. A member of staff told us that they supported people to take part in a range of activities within the home and in the community during the evening and weekends as most of them attended regular day services throughout the week. We saw that some of the activities that people took part in include arts and crafts, card marking, paper flowers making, jewellery making and seaside trips. We also saw that staff had taken photographs of people enjoying some of these activities.

The provider had a complaints procedure in place and the relatives of people we spoke with were very positive about the service and the response to complaints. One relative told us, "I made a complaint to the Team Leader once about poor care to [Relatives]. [Team Leader] explained that an agency staff was responsible and that they wouldn't use that agency staff again." Another relative said, "The Bungalow [service] is really, really good to be honest and I have no bad things to say at present. I keep in touch with other relatives and have not heard of anyone else with complaints." One other relative told us, "[Relative] would say if [they] had a problem." We reviewed the records of complaints that had been made and found that they were resolved to complainants' satisfaction.

Requires Improvement

Is the service well-led?

Our findings

The provider had a quality assurance procedure to assess and monitor the quality of the service. This involved managers from other services within the organisation carrying out 'unannounced peer audits' of other services. We found that these audits were being carried out regularly and an action plan had been put in place to address any shortfalls that had been identified. Although this was an improvement when compared to the findings of our last inspection, some more work was required to make the audits more robust in order to fully capture areas that needed improvement. Areas such as staff recruitment records and people's unauthorised consent forms were identified during our inspection but not by these audits.

There was a registered manager in post but they were on leave at the time of our inspection. The day to day management and operation of the service was overseen by the team leader. People, their relatives and primary carers commented positively about the team leader and the provider. A relative we spoke with described the team leader as, "The best person they have had in charge. She is very approachable. You can talk about loads of stuff to her and she will sort it." Another relative told us, "She is brilliant. She's been so much help to me." A primary carer stated, "[Team Leader] solves everything I have an issue with and had even offered to attend a home visit with a social worker to discuss a change to days stayed at The Bungalow."

We saw that the team leader was visible and had a clear understanding of the needs of the people who used the service, their relatives and staff. Staff told us that they were approachable and supportive of them. A member of staff we spoke with said, "[Team Leader] is a great manager, she's very, very supportive and is always contactable even on her days off. [Registered Manager] is very often here as well, he is also a very good manager and is relaxed which makes staff comfortable and more efficient." The team leader was clear about their role and responsibilities and was aware of the culture within the home which we were told was, "Open and transparent, warm, relaxed and a fun place for both people and staff."

From our observations and discussions with staff, we were satisfied that they were also clear in their role and responsibilities. They took part in monthly team meeting and six monthly staff development days as a way of being involved in the development of the service. We reviewed the minutes of the meeting held in August 2016 and found topics of conversation to include health and safety, safeguarding, protecting people's dignity and staff training and development.

People who used the service and their relatives also took part in the development of the service. This was done by way of staff supporting people to complete an 'end of stay questionnaire' that asked people how they felt when they used the service, if they took part in activities they liked and how they were treated. We reviewed two completed questionnaires where people expressed their satisfaction with the service during their stay. Six monthly satisfaction survey questionnaires were also sent to people, their relatives and primary carers. These were used to understand the areas of the service that required improvement. The survey completed in June 2016 indicated that people, their relatives and carers were generally very satisfied with the level of service provided.

The provider had a system for handling and managing compliments that were made about the service, the staff and the care that was provided to people. We reviewed records of compliment and found one that read, "Thank you to everyone who had been involved in [Relative's] care over the last year."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment policy was not always adhered to. Of the four staff recruitment records we looked at, three did not hold satisfactory documentation that showed that the staff had the right to work in the United Kingdom or were of suitable character. For example, one member of staff's records did not hold any evidence of their identification such as a copy of their passport or home office documents to show they had the right to work in the United Kingdom.