Maison Care Ltd

The Bungalow

Inspection report

Plains Farm Close
Ardleigh
Colchester
Essex
CO7 7QU

Tel: 01206843661
Website: www.maisoncare.co.uk

Date of inspection visit:
23 July 2018

Date of publication:
21 August 2018

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 care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Bungalow accommodates up to six adults who have a learning disability and who may also have a physical disability and autistic spectrum disorder. The Bungalow is a large detached house situated in a quiet residential area in Colchester. The premises enables each person using the service to have their own individual bedroom and adequate communal facilities are available for people to make use of within the service.

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.

At the last inspection on 13 January 2016, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

This inspection was completed on 23 July 2018 and there were six people living at The Bungalow.

A registered manager was in post. 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.

Our key findings across all the areas we inspected were as follows:
•□Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.
•□Staff had an induction to carry out their role and responsibilities. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision and an annual appraisal of their overall performance. People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of

professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

•□People were treated with care, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.

•□Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.

•□Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

The Bungalow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 July 2018 and was unannounced. The inspection team consisted of one inspector.

We used 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 also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people, one visiting relative, three members of staff and the registered manager. We reviewed two people's care files and three staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

Good

Is the service safe?

Our findings

Where people were able to tell us, they confirmed that they were safe. Although others were not verbally able to talk to us, we observed their non-verbal cues and these suggested that they had no concerns about their safety.

Staff were able to demonstrate satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were aware of the registered provider's whistle blowing procedures. Staff told us they had not needed to use it whilst working at the service but would not hesitate to do so if required. No safeguarding concerns had been reported to the Care Quality Commission since our last inspection to the service in January 2016.

Suitable arrangements were in place to manage risks appropriately. Risk assessments were in place and information recorded within peoples care plans identified the risks associated with people's care and support needs and how to mitigate them. These related to people's moving and handling needs and more specific risks, for example, the risks involved in enabling people to access the community safely, undertaking particular social activities and risks related to specific healthcare conditions.

Information provided identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff spoken with had a good understanding and knowledge of the risk management strategies in place, so as to ensure theirs and others safety and wellbeing.

The registered manager confirmed that three out of six people living at The Bungalow received between six and 13 hours 'one-to-one' support hours per week. This was to enable them to participate in particular activities for their safety or the safety of others. One relative spoken with told us there were always sufficient numbers of staff available to provide the support required to meet their family member's care and support needs. Our observations showed that people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included carrying out their chosen activities.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Relevant checks were carried out before a new member of staff started working at the service. These included the obtaining of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS] and processing applications. Additionally, prospective employees equality and human rights characteristics were recorded and considered when recruiting staff. A written record was not completed or retained to demonstrate the discussion had as part of the interview process and the rationale for staff's appointment. This was discussed with the registered manager and an assurance was provided that this would be recorded and kept for the

future.

We looked at the Medication Administration Records [MAR] forms for each person using the service and these showed that each person had received their medication at the times they needed them and these were kept in good order. There was no evidence to suggest that people's behaviour was being controlled by excessive or inappropriate use of medicines. Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely and to an acceptable standard.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, where incidents of restraint had occurred in relation to one person using the service, reviews of these incidents had taken place to ensure the service and staff learned from these so that others could be protected and staff kept safe.

Good

Is the service effective?

Our findings

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence based guidance. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

Suitable arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date. However, minor improvements were needed to ensure all staff employed at the service had up to date practical manual handling and Management of Violence and Aggression [MVA] training, particularly as there were people using the service who required support and assistance from staff to mobilise and who could become anxious and distressed as a result of their behaviours. Although this required improvement, there was no evidence to show this impacted on the care and support people received and an assurance was provided by the registered manager that this training would be sourced and provided as soon as possible.

The registered manager told us that staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they had no previous care experience and/or not attained a qualification in line with the Qualification and Credit Framework [QCF].

Staff told us they felt supported and valued by the registered manager. Supervisions had been completed at regular intervals allowing staff the time to express their views, to reflect on their practice and to discuss their professional development. Staff had received an annual appraisal of their overall performance for the period 2017 to 2018, however objectives for the next 12 months had not always been identified and set. We discussed this with the registered manager and an assurance was provided that these would be completed in the future.

People told us they were happy with the meals provided. One person told us, "The food is very nice, I like the food." The weekly menu was discussed and planned on a Sunday and people using the service were actively involved in this process. People received sufficient food and drink of their choice throughout the day and mealtimes were flexible to suit their individual needs. On the day of inspection one person was celebrating their birthday and had chosen a 'take-away' meal of their choice for the evening meal for all to enjoy. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapist, had been made and guidance followed by staff.

Staff worked well with other organisations to ensure that they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing. This referred specifically where people using the service had received support from the Speech and Language Therapy team.

Peoples healthcare needs were met and that they received appropriate support from staff. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. Each person had a hospital passport. If people are admitted to hospital this is used to provide hospital staff with important information about the person.

People using the service lived in a safe, well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated to their liking and with their personal possessions around them. People had access to comfortable communal facilities, comprising of a large open plan lounge/dining area. Adaptations and equipment were in place in order to meet peoples assessed needs.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a basic knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

Good

Is the service caring?

Our findings

People and those acting on their behalf told us they and their member of family were treated with care and kindness by staff. One person told us, "The staff are very nice" and when asked if they were happy with the care and support they received, confirmed "Yes". Another person corroborated that they liked living at The Bungalow and liked the staff. One relative confirmed they were very happy with the care and support their member of family received at the service stating, "The care for [name of person using the service] is excellent, I cannot fault it." Another relative wrote as part of the quality assurance process, "We are more than satisfied with our relative's care. We can visit unannounced and find the care home warm and welcoming, their private space is clean and tidy and staff have a good understanding of our relative's needs."

Our observations showed that people received person-centred care and they had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. Staff confirmed one person used specific assistive technology to aid their communication and this enabled the person to effectively communicate with staff and others to make their needs known.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through regular annual reviews and through the completion of annual questionnaires. The registered manager confirmed that people's relatives advocated on their behalf and at present no-one had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People received care that maintained their privacy, dignity and treated them with respect. People were supported to be independent and staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. For example, one person told us they undertook voluntary work at the local library and worked at a care home as a kitchen assistant. It was evident from our discussions with this person that it gave them a sense of self-worth and esteem and they thoroughly enjoyed these opportunities and experiences. The same person confirmed they were able to use public transport and to undertake other opportunities, for example, accessing the local community for personal shopping and to eat out, independently.

Good

Is the service responsive?

Our findings

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to them and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. From our discussions and observations with staff it was evident that staff knew people's specific care and support needs.

People were able to maintain relationships that matter to them, such as with family members and other people who were important to them. The registered manager confirmed that suitable arrangements were also in place to enable people to visit and spend time with their family's. Relatives confirmed that restrictions on visitors and visiting times were not imposed.

People confirmed they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. Each person had a weekly activity planner detailing activities to be undertaken in line with their personal preferences and preferred routines, such as to attend adult education classes at college during term time, to access the community for personal shopping, have meals out, aqua therapy, attend social clubs and to participate in 'in-house' activities, such as, to watch a film and listen to music. One relative wrote as part of the service's quality assurance process, "Considering [name of person using the service] is only allocated six hours of one-to-one each week, the staff do an excellent job in making sure [Name of person using the service] does not miss out and is included in everything."

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. Staff were aware of the procedure and knew how to respond to people's concerns and complaints should these arise. People told us they would either speak to a family member or staff if they had any worries or concerns. Relatives told us they were confident that any complaints raised would be listened to, taken seriously and acted upon by the registered provider. The registered manager confirmed no complaints had been received at the service since our last inspection in January 2016.

No-one at the service was deemed to be at the end of their life or requiring palliative care support. The registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. Furthermore, they told us that they would work closely with relevant healthcare professionals and provide support to people's families.

Good

Is the service well-led?

Our findings

A registered manager was in post. Since our inspection in January 2016, a deputy manager had been appointed to provide additional support to the service and registered manager. Relative's told us in their opinion the service was well-led and managed. All necessary notifications had been made to the Care Quality Commission and we saw that the duty of candour had been adhered to following any incidents.

Staff were complimentary about the management team and told us they liked working at The Bungalow. The registered manager knew the people they cared for well and had a good relationship with the staff team. Although the registered manager was primarily supernumerary to the staff roster and worked Monday to Friday, this was flexible to cover staff annual leave, sickness and other unforeseen emergencies. We saw that people using the service, relative's and staff were very comfortable with the registered manager and spoke freely with them throughout our visit.

The registered manager confirmed and records showed that information was collected and recorded in a variety of ways to assess and monitor the quality of the service provided. This included the completion of audits and other data, to help identify and manage risks to the quality of the service and to help drive improvement. However, minor improvements were required to demonstrate actions highlighted through the service's auditing processes had been addressed. We also found that auditing processes were completed on an 'ad-hoc' basis rather than at regular scheduled times. The registered manager agreed with this assessment and provided an assurance that this would be reviewed. Although minor improvements were required there was no evidence to suggest that this had a negative impact on the quality of care received by people using the service.

People and those acting on their behalf had completed an annual satisfaction survey in 2018. The results of these told us they were happy and satisfied with the overall quality of the service provided.

Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available and included the topics discussed and the actions to be taken.