

CareTech Community Services Limited

The Bungalow

Inspection report

115 Cross Keys Lane
Hadley
Telford
Shropshire
TF1 5LR

Tel: 01952256463

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Bungalow is a small residential care home providing personal care to four people with learning disabilities at the time of the inspection. The service can support four people maximum.

The accommodation is mainly all on the ground floor, with one bedroom and a small lounge area upstairs. People have access to a garden and the home is close to local amenities.

People's experience of using this service and what we found

People were protected from harm by staff who had been trained in recognising and reporting abuse. Restrictive practices were currently being reviewed by the provider alongside staff confidence to speak up. Staff did not always feel they were listened to but this had improved following some recent changes.

Risks to people's safety were assessed but improvements were needed in regard to fire safety documentation. Infection and prevention controls were in place. However, some of the identified risks needed further attention. For example, individual staff risk assessments had not been completed.

Systems were in place to ensure lessons were learnt when things went wrong. The processes in place were being reviewed and investigations were underway to establish why some issues had not been highlighted sooner.

People were supported by a sufficient number of staff, although staff felt tired due to having to cover shortfalls in the team. People received their medicine from staff who had received the necessary training.

Plans were in place to increase staff engagement following a noted reduction in staff supervision. The provider was working in partnership with others to make necessary improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. A closed culture in the home had begun to develop. A closed culture can be described as poor culture where the risk of harm is increased due to a range of different factors such as poor leadership and restrictive practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 August 2019).

Why we inspected

We received concerns in relation to the management of the service and the potential for people to be at risk of harm. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm. However, we have found evidence that the provider needs to make improvement.

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.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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 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. The registered manager was not available on the day of inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service and the provider since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and met the other three people in the home who had limited verbal communication. We spoke with five members of staff including, a peripatetic manager and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated records.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Before this inspection we received concerns from external agencies regarding the management of safeguarding reports and restrictive practices. At this inspection we found no one who was at risk of harm and found the provider had commenced a review of any practice which could be considered restrictive. For example, we viewed one incident report where people had been stopped from entering the office. This meant generic restrictions were being applied based on the actions of one person. This is not in line with best practice.
- All staff had received training in recognising and reporting abuse and knew how to access the required policies. The manager present explained how they were working with staff to ensure they had the confidence to use their training and speak up when necessary. This meant concerns would be raised and dealt with appropriately and within the correct timescales.
- People in the home relied on the staff team to keep them safe. All staff told us they felt people were safe.

Assessing risk, safety monitoring and management

- Risks within the property were assessed. However, the documentation for fire safety required attention. People all had personal emergency evacuation plans, but the main fire evacuation plan did not represent the current people living in the home. Also, there was no evidence the fire risk assessment for the property had been reviewed as directed. This meant in the event of emergency staff did not have access to accurate information. We brought this to the providers attention and the fire evacuation plan was updated before the site visit was concluded.
- At the time of inspection staff who were of a Black, Asian and minority ethnicity (BAME) had not completed an individual risk assessment in relation to Covid-19. This is a requirement under current government guidance for Covid-19. This meant staff who were considered as BAME were at an increased level of risk, as consideration had not been given to their individual needs. The provider advised us they would ensure these risk assessments were carried out.
- Known risks to people's safety were assessed and risk reduction strategies were embedded in to their care plan. This meant staff were able to meet people's personal needs in the safest way possible.
- We discussed the risks of excess gloves being available in people's bedrooms because of Covid-19. This was because gloves can become a choke hazard especially for those who may put inanimate objects in their mouth. The manager took immediate action and removed gloves from areas such as bedrooms which eliminated the risk we had observed.

Staffing and recruitment

- People were supported by sufficient numbers of staff. However, some staff told us there were not enough

staff members employed in the team. This meant they frequently had to work over their contracted hours to ensure people received their required care. One staff member said, "The team is tired, we all have to pick up extra shifts whether we want to or not. We need to have more staff recruited." The provider advised they would be reviewing staffing levels as part of their action plan.

- People were supported by staff who had been recruited following safe recruitment procedures. This included checking people's background, character and qualifications. This meant staff appointed to support people were suitable to work with vulnerable people.

Using medicines safely

- People received their medicine from staff who had received training in the safe administration of medicine and had been assessed as competent.
- People's prescriptions were reviewed by the relevant clinician on a regular basis which is in line with best practice.
- People's medicine was stored securely, and we did not find any missed signatures on the medicine administration records. There was some confusion found regarding the correct recording for 'as required' medicine which made it difficult to establish whether people had actually been offered their medicine and if so why. This was addressed on our inspection by the supporting manager to ensure only the correct information was documented.

Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

• We have also signposted the provider to resources to develop their approach. The provider needed to complete BAME risk assessments for staff and repeat the training for putting on and taking off personal and protective equipment (PPE) to ensure staff were confident with the correct order of use which decreases the infection risk. Further to this the provider was required to ensure, in the event of an outbreak, there was effective leadership in place.

Learning lessons when things go wrong

- The provider was going through a period whereby certain things had gone wrong and they were acting to put them right. The provider demonstrated transparency with the presenting issues, and we could see that changes were being made in terms of the environment, staff support and care planning processes.
- Accident and incident forms had been reviewed in the home and we could see that action had been taken in response. This meant people's care provision had been considered when accidents or incidents occurred. We did draw the managers attention to one incident report where the response appeared to be unnecessarily restrictive and were advised additional learning would be taking place.

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 has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders, and the culture they created, did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We were concerned there had been a closed culture developing whereby staff were not always listened to when concerns were raised. One staff member told us, "Things are better now as the managers are listening but previously, we felt like we were being fobbed off when we questioned things." Another staff member told us, "The current managers are investing in us now but before we felt a bit forgotten."
- We discussed the culture in the home with the provider who acknowledged the concerns and explained the work they were doing to ensure the culture in the home was positive, open and ensure staff felt valued.
- People appeared settled in the home and the interactions we observed between people and the staff team were positive. We spoke to one person who told us of their plans to move in to more independent living which would be located nearby. This showed us people were being supported to achieve good outcomes even if the outcome was somewhat delayed.

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

- Throughout our inspection we identified several improvements which were needed. For example, inaccurate fire evacuation plan, missed supervisions and confusing medicine recording.
- We discussed these with the manager as and when they were found. We were reassured to find they had also identified the same improvement's during recent audits and time spent in service. The provider acknowledged the improvements should have been picked up sooner and were carrying out the necessary investigations to understand what had happened and prevent further reoccurrence.
- Staff told us they were clear of their roles and worked well with other support staff to meet people's needs. A shift leader system was in operation where by support staff took it in turns to lead each shift. The provider gave assurance that staff may lead a shift but did not work in isolation and an on-call service was available to them at all times for additional advice and support. The provider has since advised they will be reviewing this practice to ensure the role of the shift leader is made clearer and the tasks staff were accountable for, such as medicine administration, were clarified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated an openness throughout our discussions about what had gone wrong within the service in recent months. Following the inspection, we were shown a communication which had been

shared with the families of the people supported. This provided both an update and assurances about what action would be taken to put things right.

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

- Historically the staff at The Bungalow received regular supervision. However, for reasons unknown we found a considerable gap in the staff files we reviewed. This was further supported by the conversations we had with staff who all confirmed supervisions had stopped. We discussed this with the supporting manager who advised us they were in the process of reintroducing supervisions and acknowledged the level of engagement with staff had been reduced and this was not in line with the provider's policies. This meant staff may not have been receiving the support they needed to carry out their roles safely and effectively.
- Due to Covid-19 people were less engaged with the local community. However, staff supported people where possible to maintain a community presence by carrying out essential living activities such as going shopping.

Continuous learning and improving care

- We found evidence of best practice within the home such as within the care files and staff training. But we also found evidence where practice had been falling short of the providers own expectations. The provider had only recently become aware of the short comings and had produced an action plan which outlined the improvement's they planned to make and the learning they would be taking from the situation.

Working in partnership with others

- The provider was observed both on the day of inspection and during subsequent meetings to be working in partnership with others. Feedback from other professionals was positive regarding the level of engagement and co-operation during discussions about past events and any future improvement's needed.