CareTech Community Services Limited

The Bungalow

Inspection report

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Hadley
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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?	Requires Improvement

Summary of findings

Overall summary

Our inspection took place on 5 September 2016 and was unannounced. We last inspected the service on 9 May 2014 and the service was found to be compliant with the Regulations.

The Bungalow provides accommodation and personal care for up to 4 adults with a learning disability. At the time of our inspection 3 people lived there.

There was not a registered manager in post at the time of our inspection: 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. However the provider had appointed a manager to oversee the management of the location and this person would be applying for the registered managers status.

Systems to monitor the quality and consistency of the care provided were not always being completed and, where they were, they were not always effective at identifying improvements required. However, the manager was aware of the improvements required and there was an action plan in place to address these issues.

People felt safe living at the home. People were supported by staff who knew how to recognise and report potential abuse and staff had a good understanding of how care and support should be provided in order to keep people safe. Risks to the health, safety and well-being of people were identified and managed. People received their medicines as prescribed.

People were supported by sufficient numbers of staff to respond to people's needs and support people safely. People were supported by staff who had been recruited safely and had the skills and knowledge to meet people's care and support needs.

The principles and applications of the Mental Capacity Act 2005 were understood and followed.

People had enough to eat and drink and were involved in the planning of meals and were given choices.
People had good access to a range of healthcare professionals when required.
People were supported by staff who were kind and caring. Staff supported people in a way which maintained their privacy and dignity and encouraged people's independence.

Staff had a good understanding of people's individual needs and interests and had people had choice and control over how they lived their lives. People and their relatives knew how to raise concerns or complaints.

People and staff were encouraged to be involved in the development of the service. People and relatives knew who the manager was and felt they were approachable. Staff felt supported and felt they could

approach the manager with concerns or suggestions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People received their medicines as prescribed.
People's risk assessments were not always kept up to date or regularly reviewed.
People received support from staff who knew people's risks and understood how to keep them safe.
The registered manager used safe recruitment practices and there were sufficient staff to ensure people's safety and meet their needs.

Is the service effective?

Good

The service was effective.
People were supported by staff who were suitably trained.
Peoples consent to care and support was always sought and the principles of the Mental Capacity Act were being applied.
People had enough to eat and drink and specialist diets were catered for.
People received support to maintain good health and had good access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.
People received support from staff who treated them with kindness and compassion.
People were treated with dignity and respect and their privacy and dignity was promoted.
People were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.
People were encouraged and supported to contribute to the planning of their care where possible.
People were supported by a staff team who understood their needs and preferences.
People were encouraged and supported to take part in activities which they enjoyed and were supported to follow their individual interests.
People and their relatives knew how to raise a concern or

complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
The location did not have a registered manager in post.
Systems to monitor the quality of the service required further improvements.
People liked living at the service and staff were happy and felt supported in their roles.
People and staff had opportunities to be involved in the development of the service.
People and their relatives knew who the manager was and felt they were approachable.

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 5 September 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection, we reviewed the information we held about the service and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted a commissioner of the service to obtain their views about the quality of the service provided. We considered this information when we planned our inspection.

During the inspection we spoke with two people who used the service and one relative. We also spoke with four members of staff, the team leader and the newly appointed manager for the location. The manager was being supported by a team leader from another location in order to improve the service; we also spoke with this staff member and the locality manager.

We reviewed records about how people received their care and how the service was managed. We looked at three care records of people who used the service and three care staff records including recruitment checks. We also looked at records relating to the management of the service which included, medicines administration records, complaint records, quality checks and incident and accident monitoring.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "Yes I feel safe here". Relatives also told us they felt their relatives were safe. One relative told us, "[Person] is safe". People knew who to report worries or concerns to. One person said, "If I was worried or poorly I would tell [staff]".People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. Staff were able to tell us how to recognise signs of abuse and had received training in keeping people safe. Staff were aware of the provider's policies in keeping people safe and told us how they would report and record anything which caused them concern about peoples safety. People were supported by staff who knew how to keep people safe.

People were supported by staff who had a good understanding of people's risks and how to manage them and we saw staff carrying out care and support in a safe way. For example, where one to one support was required we saw this was done. An accident and incidents monitoring system, which had not previously been in place, had been implemented. The team leader told us the information from accidents and incidents would be used to inform people's risk assessments and enable staff to work in a way to reduce the risk of them re-occurring.

People were supported by staff who had been recruited safely. Staff told us they were required to have suitable pre-employment checks completed before they could start working. One staff member said, "I had to have references and DBS checks done before I could start work". Records we looked at confirmed this. We saw the provider completed reference checks and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. This meant that the provider had safe recruitment practices.

We saw there were enough staff to meet the needs of people. Peoples requests for help and support were responded to promptly by staff. We saw where people required one to one support to access the community this was provided and staff were available to support people to carry out daily routines such as personal care. Staffing levels were based on the needs of people and there were sufficient systems in place to manage staff absence. People were supported by adequate numbers of staff to ensure their safety.

People received their medicines as prescribed. Staff we spoke with knew about people's medicines, what they were taken for and when. People's medicines were clearly detailed in their care plans and included information and guidance on how and when to administer them, including medicines that would be taken on an 'as and when required basis. Staff had received training in the safe administration of medicines and were subject to spot checks to ensure they were giving people medicines safely.

Good

Is the service effective?

Our findings

People were supported by staff who had received an induction to their role. Staff told us induction consisted of training, shadowing more experienced staff and checks of their competency. One staff member said, "I shadowed for a week and on the second week I was carrying out care and support but there was a more experienced member of staff with me". Staff had not been given ongoing opportunities to engage in training and other development opportunities such as one to one sessions with their manager. However, the team leader told us, "Training was an issue but this has been identified and is being managed, all staff are now booked to complete their core training". Staff we spoke with and records we looked at confirmed this. They told us they were now receiving regular training which they found useful. One staff member told us, "I have four different training courses that I am booked on". Staff told us they were now receiving more regular one to ones with their manager to discuss their practice. Staff also told us competency checks were carried out regularly to ensure they were carrying out their duties effectively and safely.

People were supported by staff who sought their consent to care and support. One person said, "They [staff] ask if they can help me every time". Staff told us they always sought people's consent to care and support before they supported them. One staff member said, "We only do what they want to do". Another staff member said, "I always ask people if it's ok before I help people". A third staff member told us how they would be looking for any nonverbal cues that may signal that someone did not want care and support, particularly when supporting people who were unable to communicate verbally. They said, "I will tell them what I am doing and look for non-verbal signs, if they don't want it I might try again later. I will encourage but would never force someone to do something they did not want to do". During the inspection we saw staff asking people for their consent to care and support. For example, we saw a staff member asking a person if they wanted to wash their hands and face. The person was unable to communicate but signalled through non-verbal cues that they were happy to do this and followed the staff member to the bathroom.

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. We spoke with staff who had all received training in MCA during their induction and had a good understanding of its principles and applications. For example One staff member told us, "Capacity is about the ability to make decisions". Another staff member said, "Where people lack capacity decisions are made in the best interests of people". Staff were able to tell us about people who lacked capacity and the specific decisions that people were unable to make for themselves. Throughout the inspection we saw people being asked to make decisions about their care and support where they were able to.

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 DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that the provider had made appropriate applications where it was deemed that a person was being deprived of their liberty. We also saw

that where an authorisation was in place the requirements were being followed. For example where people required constant supervision this was being provided.

People were able to have a choice of food or drink when they wanted. One person told us, "I can choose what I eat". Another person said, "I like pizza I can have it when I want it". Staff told us people were given choices about what they ate and drank and where people struggled to verbalise their choices they were supported to make decisions. One staff member said, "If people can't tell us what they want or struggle to make a choice I will show them the food options". We saw people were provided with food and drinks when they asked for them. Staff told us people were involved in meal planning through the weekly residents meeting and we saw menu plans on display in the kitchen areas which included food that people had told us they enjoyed eating. Staff also told us if people did not want what was on the menu they would be offered an alternative. One staff member said, "They [people] will say if they don't want something we will ask what they want and will prepare it". Staff were knowledgeable about people's specific dietary requirements. For example staff could tell us about people's allergies to certain foods and the foods that needed to be avoided. People who required support to eat and drink were supported appropriately.

People were supported to maintain their health. One relative told us, "[Person] has access to healthcare when they need it and I am kept up to date". Staff told us people had access to a range of healthcare professionals when required such as GP's, dentists, opticians and chiropodists. One staff member told us, "The doctors surgery is just down the road and people have regular check-ups with the dentist and the optician". We looked at people's care plans and saw people's appointments and any actions required were documented. Staff were able to tell us about the action they would take if they noticed a deterioration in a person's health or wellbeing for example by calling a doctor or the emergency services. One staff member said, "If people are unwell we will call the doctor". People had access to health professionals when required and staff knew the appropriate action to take if they noticed a deterioration in a person's health.

Good

Is the service caring?

Our findings

People told us staff were caring and supportive. One person told us, "The staff are kind and caring I like them". Another person said, "[Staff member] is nice, they are funny". They also gave us the 'thumbs up' sign when we asked if the staff were kind and caring. A relative we spoke with said, "The carers are all good they are brilliant with [person]". During this inspection we observed staff interacting in a positive, kind and caring way and offering support where required. For example we saw one person who was sleepy and we saw staff asking the person if they wanted to go for a lie down. We saw staff initiating conversations with people. Another example we saw was the manager talking to a person about the holiday they were going on. They discussed with the person a forthcoming holiday. We saw staff asked people if they were alright and if they wanted anything throughout the day. People were supported by staff who showed kindness.

People were offered choices about the care and support they received and how they spent their leisure time. They went on to tell us all the things they chose to do themselves such as having a lie in in the mornings, what food and drink they had, whether they had a bath or a shower. Staff we spoke with told us people were encouraged to make decisions for themselves where they were able to. One staff member said, "We let people choose what they want to do when they want it". Another said, "We do what they want to do". Staff told us where people were unable to make decisions as they were unable to communicate verbally they used alternative methods of communication such as picture cards to help people to make choices. We saw people being offered choices throughout the inspection. For example people could choose what they had to drink and how they spent their time. People were provided with choice and control as to how they lived their lives.

People were supported and cared for by a staff team who treated each person with dignity and respect. A relative we spoke with said, "The staff make sure [person's] privacy is respected". Staff told us about the ways in which they would maintain people's privacy and dignity. For example, knocking on bedroom doors before entering and closing curtains and doors before supporting people with personal care. We observed staff ensuring people's privacy was maintained throughout the inspection. For example, we saw staff closing bathroom and bedroom doors when delivering personal care. People were encouraged to be independent. One person told us, "I help to clean the house and I help to cook sometimes". Another person said, "I can get myself dressed, make myself some food and get myself drinks". Staff told us they encouraged people to do what they could for themselves. One staff member said, "Encouragement is what we do". Staff had a good understanding of the things people were able to do for themselves. They were able to tell us about what people required support with or if a person needed prompting. We also saw people being encouraged to help with the household chores and people helping themselves to drinks. People were encouraged and supported to maintain their independence.

People were supported to maintain relationships which were important to them. One person told us, "I went shopping for presents for mother's day this year, I chose some presents and a card for mum". People were encouraged to keep in contact with relatives and were supported to write letters, send emails and were taken to visit family members. Staff told us how they encouraged a person's relationship with their relative by preparing them a dinner to sit and eat together once a week. They told us how this encouraged them to

chat with one another. Relatives told us that they could visit anytime they liked. One relative told us, "I can visit when I want". Staff we spoke with confirmed there was no restriction on visiting times.

Good

Is the service responsive?

Our findings

People were supported by staff who had a good knowledge about their likes and dislikes and how they preferred their care to be delivered. Staff were able to tell us about people's care needs and preferences and we observed that care and support was being delivered in line with them. For example, one person told us they liked to have bubble baths, staff we spoke with were able to confirm this. Staff were respectful of people's preferences. For example, one staff member told us, "[Person] likes to have a bath and then they like to spend time on their own". They went on to tell us, "If [person] wants time on their own then they can". Staff told us that they found out about people's needs by spending time chatting to them. Staff told us about the observations they made and recorded to help them to build a picture of people's likes and dislikes which staff told us was particularly helpful where people were unable to communicate verbally with them. Records we looked at confirmed this. People's care records contained information on their likes and dislikes. Staff took the time to get to know people's needs and preferences and provided care and support in a way in which people preferred. People's cultural, religious and spiritual beliefs were taken into account. One staff member told us how some people like to attend church at Easter and Christmas and how they supported them to attend. This demonstrated staff were actively promoting and celebrating cultural and religious events that were important to people.

People were supported to engage in activities which they enjoyed. One person said, "I like music, I can listen to it when I want". We saw people were engaging in activities they told us they enjoyed throughout the inspection. People told us they were able to choose where they wanted to go and how they spent their leisure time for example walking, going to the cinema and going on holidays and day trips. One person said, "I chose to go to Blackpool for a holiday". Staff were able to tell us about the activities that people enjoyed and how they supported people to engage in these activities. For example, one staff member told us how a person enjoyed going for walks and how they took them out walking almost daily we saw this during the inspection. They also told us how the person had shown an interest in water. During the inspection we saw staff taking the person out to the local swimming baths to gain information on membership and water therapy times.

There had not been any complaints. However, people and their relatives told us how they would raise a concern and were confident that their concerns would be listened to and dealt with quickly and efficiently. One relative told us "I have not had to complain but I am confident the manager would deal with it if I did". We saw people had access to an easy read version of the providers complaints policy and staff were able to tell us how to handle a complaint and who to report it to.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of the inspection. The service had been without a registered manager since July 2016. However the locality manager had a manager in post to oversee the management of the service and they told us there were plans to register this person.

There was a lack of systems and processes for monitoring and checking the quality of the service and quality checks were not always effective at identifying improvements. For example, medicine audits were being completed but were not always effective at identifying errors. For example, we found some gaps in a person's MAR's chart which had not been identified. This recording oversight meant it was difficult to ascertain whether a person's particular medicine was given during the week. Care plans and risk assessments had not been reviewed and updated and there were no systems in place to check that people's changing needs were being reviewed. Although the provider was meeting their legal requirements in relation to the MCA, records of people's capacity were not in their care plans. The improvements required had been identified and were being progressed. For example, care plans and risk assessments were being reviewed. The team leader said, "It's getting there, we identified a lot that needed improving". This showed the provider had identified the areas for development and was taking steps to address them. However we needed to be sure that these improvements would be sustained.

People liked living at the home and staff were happy in their roles. One person said, "I like living here". One staff member said, "I love it here, I think it's great, I love coming to work". People and their relatives knew who the manager was and felt they were approachable. One relative said, "I can speak to the manager". We saw the manager was visible and took a hands on approach.

Staff felt supported by the manager and felt they were approachable and would listen to their concerns or suggestions. One staff member said, "The manager is fantastic very supportive and approachable in everyway". Another staff member said, "The manager encourages you to make suggestions and put forward ideas". They told us how they had made a suggestion to change a person's mattress as it had become apparent that the person did not like the fabric. The staff member told us how this suggestion had been taken on board and the person now had a new mattress which they liked. Another staff member told us how they had made a suggestion to check and record water temperatures each time a person used the hot water as a safety measure. They told us and we saw that this was now being done. Staff told us they had weekly team meetings where they were able to raise concerns or suggestions and discuss people's care needs. Staff were encouraged to be involved in the development of the service, their ideas and suggestions were listened to and actioned.

People were encouraged to be involved in the development of the service. Staff we spoke with told us they had weekly meeting with people to encourage team to raise concerns, complaints, plan the weekly food menu and discuss what activities that wanted to engage in. The provider had plans to continue to develop the processes for gathering feedback such as the introduction of a service user and relative satisfaction survey.

Providers have a legal duty to submit notifications of certain events such as serious injuries or allegations of abuse to the Care Quality Commission (CQC). The provider was aware of their duty to notify us of certain events and was doing so.