Chase Community Homes

The Bungalow

Inspection report

1 Short Street
Brownhills
Walsall
WS8 6AD
Tel: 01543 372333
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Date of inspection visit: 21 and 28 May 2015
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 21 and 28 May 2015 and was unannounced. At our last inspection on 16 October 2013, the provider was meeting all of the regulations we looked at.

The Bungalow provides accommodation and personal care to up to seven people that have learning disabilities. At the time of our inspection there were six people living at the home. There has been no registered manager since October 2014. There is a manager in post now and they are in the process of becoming registered. 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.

People living at The Bungalow were unable to tell us if they felt safe due to their complex needs. We observed people were relaxed and comfortable in their home environment and relatives told us that they felt they were safe. Staff understood what abuse was and the steps they would take if they suspected abuse.

Summary of findings

Staff were knowledgeable about how they needed to protect people from harm. Staff were supported in their knowledge by the risk assessments and additional guidelines that were in place. The measures in place ensured that people's freedom and independence was protected whilst any potential risks were minimised. Accidents and incidents were recorded and checked by the manager and people received their medicines as needed.

People were protected by safe recruitment practices. Staff were supported to ensure that they could meet people's needs confidently. A wide programme of staff training was in place and the manager had implemented competency checks for the safe administration of medicines.

Closed circuit television cameras (CCTV) had been installed in the month prior to our inspection. The provider had not followed all legal requirements before the installation of these cameras.

People were supported to eat and drink in a way that supported their health and a balanced diet was made available to people. People accessed outside healthcare professionals regularly where needed. Staff understood the importance of obtaining consent and promoted choice throughout their care practice. Communication methods such as picture boards and Makaton were used to assist people in their understanding and making choices.

People were relaxed and at ease at the home. We saw warm interactions between staff and people who lived at the home. Staff told us that they enjoyed their work and we saw this reflected in the support they provided.

People received care that was personal to them. We saw that bedrooms were personalised and choices around leisure opportunities were encouraged. People were able to pursue their own interests and also take part in group activities and days out.

Care needs were regularly reviewed and a wide range of people including relatives, other representatives and professionals were involved in ensuring that the most appropriate support was in place for people. People were supported to maintain relationships with their relatives.

Relatives told us that they felt comfortable approaching the manager with any feedback or concerns that they had. Relatives and staff provided positive feedback about the new manager and improvements that had been made. We saw that due to the current absence of a deputy manager, the manager did not always have the full support required and sufficient management cover was not always available.

Some internal audits had been put in place by the manager. We found examples of effective use of these audits in identifying errors and corrective action being taken. We also found examples of situations where there were insufficient quality controls and analysis. The manager acknowledged these gaps and committed to taking steps to resolve the issues as a matter of urgency.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from bullying, harassment, avoidable harm and potential abuse. Risks were managed in a way that people's freedom and independence was protected. People received their medicines as needed and these were managed safely.

Good

Is the service effective?
The service was not consistently effective.

People's human rights were not fully upheld due to legal requirements not being met before the installation of CCTV cameras in communal areas. Staff understood the importance of gaining consent when supporting people and considered people's communication needs. People enjoyed the food provided and dietary needs were met. People were able to access outside healthcare professionals when they required additional support or treatment.

Requires improvement

Is the service caring?
The service was caring.

People had positive, warm relationships with staff and were relaxed in their environment. Information was provided to people in a format they understood and people were encouraged to be involved in making decisions. Staff promoted independence and encouraged people to maintain personal relationships.

Good

Is the service responsive?
The service was responsive.

Care was personal to people living at the home and representatives contributed to care planning where people were not able to themselves. A wide range of leisure opportunities were available to people. People were encouraged to pursue their preferred interests and hobbies. Views were sought from people living at the home, their relatives and staff. Improvements were made as a result of this feedback.

Good

Is the service well-led?
The service was not always well-led.

There was no registered manager in place at the time of the inspection. The provider did not always ensure that sufficient management cover was in place. People were supported by a motivated and committed staff team. Management were seen as approachable and had developed an open culture. People felt that new management had made improvements within the service.

Requires improvement

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 21 and 28 May 2015 and was unannounced. The inspection team included one inspector and one 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 by experience who took part in this inspection had expertise in the area of learning disabilities.

As part of the inspection we reviewed the information we held about The Bungalow. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection of the home.

During the inspection we met six people who lived at the home. The people we met were unable to share their experiences due to their complex needs. 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 four relatives of people living at the home. We spoke with the manager, the service coordinator and seven care staff. We carried out observations across the home and we reviewed the records relating to medicines, three peoples' care and records relating to the management of the service.

Good

Is the service safe?

Our findings

We observed people at the service were relaxed and comfortable in their environment.. Relatives told us that they felt people were safe. One relative said "I have no safety concerns whatsoever". Relatives said that they would be confident in raising any concerns that might arise with managers.

The staff that we spoke with were able to describe what abuse was and how they would report any concerns. One member of staff said, "Without a doubt, I would log it clearly with the time and what I'd seen and phone management right away." Staff were aware of the whistleblowing policy and told us that they would be confident in using this if needed. Whistleblowing is where staff may escalate concerns to an outside organisation such as ourselves or the local authority.

We could see that staff members were aware of how to keep people safe. For example, we observed staff intervene to keep one individual safe from harming herself during our visit. We saw that risk assessments were in place in addition to specific guidelines detailing how to manage any areas of increased risk. This included challenging behaviour and epilepsy. People's freedom and independence was protected by the precautions taken to ensure that people were kept safe. One person who required observations during the night to keep them safe from serious injury, had a specific item removed from their room during the day. This enabled them to enjoy the privacy of their bedroom and to complete their preferred hobbies without constant supervision.

Staff advised that they had a no-restraint policy at the home. One staff member told us that they keep people with safe when they presented with behaviour that challenged, by avoiding confrontation and getting to know what the triggers were likely to be before engaging with the person. They said, "It's all about really knowing the person you are working with and keeping up to date with training and the protocols." We saw that accidents and incidents were recorded. These records were audited on a monthly basis by a manager. Any actions identified were reflected in updated care plans and guidelines to manage risks to people.

Three staff members worked on each shift during the day and two members of staff worked overnight. We observed one member of staff being left alone for an extended period of time due to two other staff members taking service users out into the community. The staff member was required to support two people with complex needs and to complete other duties such as cooking a hot meal. The staff member in question told us that they could work alone in this way safely although we identified a risk from our observations. The manager confirmed that the staffing levels were based on people's needs as agreed with the local authority. The manager also confirmed that they had assessed the risk and were satisfied that it was safe. We saw that rota's and staff timesheets reflected that adequate staffing cover was in place.

People were protected by recruitment processes that ensured appropriate staff were recruited. We checked the files for two staff members and saw that all recruitment checks had been completed. We also saw that where disciplinary action was required, this was taken appropriately. For example, we saw that the manager had investigated two incidents in February 2015 and took appropriate action, including disciplinary action, further training and competency assessments for the staff members involved. This was completed to ensure staff could complete certain tasks safely.

People's medicines were stored securely with keys being signed over to the next staff shift during handover meetings. We looked at stock levels and recording of medicines which showed that people received their medicines as prescribed. PRN medicines were managed effectively with management protocols in place. A system was in place where authorisation was required from a senior person before certain PRN medicines were administered. PRN medicines are those that can be given as a person requires them. Staff knew how to identify when a person may need their PRN medicines.

Requires improvement

Is the service effective?

Our findings

We saw that fridge temperatures where food was stored, were recorded as being too warm. Staff were unable to clearly explain what actions had been taken to correct this issue. We discussed the issue with the service coordinator who confirmed they would arrange for the maintance person to check the fridge. This had been completed before our second day of inspection. We discussed the issue with the manager during our second visit. The manager confirmed that a new fridge would be ordered as the issue had not been fully resolved.

On the first day of our inspection we found that the provider had closed circuit television cameras (CCTV) in operation in the communal areas of the home. CCTV cameras were monitoring communal areas such as lounges but were not monitoring peoples' bedrooms. We did not see evidence that any new visitors to the home were informed about the CCTV. The provider confirmed that they were in the process of organising signage. The provider had consulted and sought consent from relatives and staff prior to the installation of the cameras. The relatives that we spoke to supported the use of the cameras. A staff member alerted our inspection team to the fact that the CCTV was also recording sound. This was confirmed by the provider and we were advised that this was a fault that was being rectified.

We were told that the purpose of the CCTV was to monitor safeguarding of people who lived at the home. We saw some staff team meeting minutes that stated CCTV would be used to monitor staff time keeping. We raised this with the provider who confirmed the CCTV should not be used for these purposes and that this would be addressed. The provider had not followed the requirements of the Mental Capacity Act 2005 (MCA) in relation to the cameras by not following the requirements of the law in the event that people lack capacity to consent to a decision. The MCA sets out what must be done to make sure that the human rights of people are protected. They had also not completed other actions required by law before operating the cameras, such as registering with the Information Commissioners Office for the use of CCTV.

On the second day of our inspection, the manager confirmed the cameras had been turned off. We were shown evidence that the providers registration with the Information Commissioners Office (ICO) had been extended to include CCTV and that a policy and procedure for operating the CCTV, it's purpose and the storage of the data had been drafted. Registration with the ICO is required where an organisation is storing personal information and data.

People's human rights were protected with regards to decisions around financial management and people's care. Evidence of assessments of capacity were documented in people's care plans and details of people involved in making best interests decisions were recorded. We saw that applications had been submitted to the local authority where people's liberty might be restricted to protect their safety and wellbeing. We saw evidence of two applications that had been approved by the local authority on the second day of our inspection.

People were supported by staff who understood the importance of obtaining their consent. One member of staff explained that consent was obtained by observing people's response to verbal questions through the use of Makaton and picture boards. Makaton is a method of communication using signs. When a staff member was asked about people refusing care they said "Then you leave it, obviously. No is no". The staff member was able to describe the steps they would take, including returning later to try again and using a different member of staff.

People's needs were met by staff who had the skills and knowledge to meet people's needs. One staff member said "That's one good thing about Chase Community Homes. The training is very good." Details of scheduled training courses were displayed in the staff office and we saw evidence of training that was specific to peoples needs; for example epilepsy awareness, the use of emergency epilepsy medication and a positive response to challenging behaviour. We saw records confirming that newly recruited staff completed a structured induction and we saw that regular one to one meetings and appraisals with their manager took place. Recently recruited staff that we spoke to told us that they felt supported and that the knowledge given to them to support people effectively was good.

People were supported to eat and drink in a way that supported their health. A balanced diet was offered through a menu that people could choose from. The manager advised that people were supported to choose from two options each day through the use of a picture book. We observed people enjoying their food and we saw that people ate their meals. We observed a member of staff

Requires improvement

Is the service effective?

supporting two people with their lunch, with an increased level of support being provided to one person who could overfill their mouth. The person was able to feed themselves and the staff member promoted their independence whilst supporting them to minimise any risks. The staff member told usthat the person was supported to use a small spoon in order to slow down the rate at which they put food in their mouth.

People were given access to a range of healthcare services in order to maintain good health. We saw evidence of involvement from numerous professionals including dentists, chiropodists, opticians and psychiatrists. The manager proactively gained additional support from healthcare professionals and we saw evidence of ongoing support for more complex issues; including the use of professionals such as psychiatrists.

Good

Is the service caring?

Our findings

Relatives spoke highly of the staff team saying "I'm really impressed with the staff" and "Nothing is too much trouble for them". The staff that we spoke with showed a good understanding of people's needs and support provided was personal to that individual. We observed people were relaxed and at ease, there were warm interactions between staff and people who lived at the home. We saw that people were always acknowledged and spoken with even when staff were passing through a room. One staff member told us "It's not an institution, it's their home, we try to make it as relaxing and caring as possible". Another staff member said, "It's nice doing things with them and the appreciation you get". We saw a member of staff gently engaging someone in using some lego. The staff member explained to us that they always tried to engage the person with an activity to prevent boredom and agitation.

Picture boards were present throughout the home and were used to involve people in their care and making decisions. Picture cards were used to help people understand the activities that were available to them during the day. They were also used to help people say if they needed a drink or if they were in pain. We saw that staff listened to people's preferences and respected the choices they made. We saw that people had made choices around the decoration of their own personal space. Bedrooms were decorated individually with various personal effects that reflected people's personalities and hobbies. Staff told us that people were supported to buy their own toiletries and pay for their shopping. When there are trips made to the local pub we were told that people are encouraged to pay for their own drinks. Staff provided examples of how they supported people to be independent including, giving them choice with food, helping them to use their own knife and fork and supporting them to dress themselves.

There were no advocates being used to support people to make any decisions at the time of our visit. The manager could provide a recent example of where an Independent Mental Capacity Advocate (IMCA) had been used to support a decision around whether an operation would be in the best interests of a person living at the home.

Relatives told us that they were supported to maintain relationships with the people living at the home. We saw evidence of regular contact with relatives in the home's communication book. Relatives also told us that they were able to visit the home when they wanted to and their relative was supported to see them in the family home or in the community. We saw that during the first day of our inspection people had been supported to purchase presents for family members and we saw lists of birthdays and events that people wanted to remember in their care records.

Staff told us how they would maintain people's privacy and dignity and could give a range of examples to demonstrate this. We saw this reflected in the support provided by staff during our inspection.

Good

Is the service responsive?

Our findings

People were supported to be as involved as possible when planning their care. Staff worked to ensure that people's preferences were understood and formed part of their care plan. The manager told us that they trialled things and monitored the person's response. For example; if someone showed they enjoyed visiting a certain place then they would encorporate this into their plan. Staff said that they got feedback from people by getting to know them and this then enabled them to understand their cues. Staff said they watched people for their reactions and responses. The manager also confirmed that they involved a range of people in regular reviews to help ensure that the most appropriate care and support is in place. The manager said that using a range of people when developing the plan helped to ensure that they fully understood the person involved and that all parties were consistent in their approach.

We saw that the support people received took into account their personal preferences. We observed people completing different individual activities within the service. One person had a keyboard in their bedroom, one person liked cuddly toys and having their nails painted at night and another person enjoyed relaxing with sensory lights. One person liked music and DVDs and we observed them enjoying listening to their music on both days that we inspected. We also saw evidence in people's files of progression to achieve vocational awards. Areas had been developed within the home to support people's leisure choices. Within the garden area there was a trampoline, a swinging chair, a barbeque and a garden room which contained a ball pool and exercise bike. We saw that people were able to freely use the garden area and we saw one person being supported to use the ball pool.

Relatives were happy with the range of opportunities available. One relative said, "They're always doing something with [person's name]. [The] extra-curricular trips are really good for [person's name]." One staff member commented "Our service users have a better social life than me." Opportunities available included a weekly trip to the local pub, sailing, water sports, shopping, picnics and a wide variety of days out.

We saw evidence of regularly updated plans within people's records. We saw evidence of staff highlighting areas of care plans and risk assessments that needed to be updated which meant that people's records were up to date and reflected the care they received.

Relatives told us that their views were taken into account and that they were listened to. One relative when explaining that they felt very comfortable raising any concerns said, "If I had any worries you may be sure I would take them up with the home." We saw that surveys had also been completed with relatives and staff. We saw a summary of areas that were positive, things that needed improvement and actions required. As a result of feedback received, the manager showed us that various improvements were made to processes and procedures. Examples included the introduction of a checklist signed at the end of the early and late shift to confirm all required tasks were completed. This included the completion of medication records and handing over keys. A survey in picture format was also used with the support of key workers in order to obtain feedback from people. The most recent survey completed showed that all people living at the home agreed with the statements; 'I like my bedroom', 'The food is good', 'I like the activities at the Bungalow' and 'I can contact my family and friends'.

We saw that the manager kept a record of complaints that were made and we saw that investigations had been carried out into these complaints with an appropriate response being provided.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was a new manager in place but they had not yet applied to become a registered manager. There had been no registered manager in place at the service since October 2014. During the second day of our inspection the manager confirmed that they had received their updated Disclosure and Barring Service certificate and they would be submitting an application to register as the manager. The last internal management meeting minutes showed that the provider was proactively working to resolve the issue of having no registered manager in place.

We found that people were not supported by a robust management structure as appropriate management cover was not always in place. On the first day of our inspection, the manager was on annual leave and a key was not available to access certain records including staff files, incident reports and complaints records. The second day of inspection was arranged on the manager's return to allow access to these records.

During the manager's period of annual leave, there were five days where suitable managerial cover had not been arranged. A deputy manager was employed at the time of inspection, however, had been absent on a long term basis for several months. The manager confirmed that additional managerial cover would normally be available from a neighbouring service owned by the provider. We confirmed that the registered provider and the manager from the other service had also taken leave during this time. We found that the designated person who was available during the period of absence within the neighbouring service, were not able to respond to queries relating to people's care.

The manager told us that tasks had been delegated to care staff while the deputy manager was not in post. For example, care staff had taken on responsibility for assisting with on-call duties, one member of staff had supported the manager with maintaining documentation and records and other duties such as the restocking of first aid kits. Not all tasks had been effectively delegated as we found issues with the checking and reporting of food storage concerns. We were told by the manager that this would be addressed immediately.

Feedback from staff and relatives about the new manager was positive. One relative said that the manager was, "Very good and things had vastly improved". Staff said "[Name of manager] is doing a good job", "She's really good" and "I support the manager, I support her 100%". Staff said that a good team had been developed and that the new manager was responsible for this and took their job seriously. One member of staff said that they felt they were not always supported but said this was down to the manager themselves lacking in support with the deputy being absent. We discussed this with the manager who told us that there were plans to ensure that support was in place from a deputy manager as soon as possible.

People knew who the manager was and we saw that the manager was 'hands on' in supporting people with their care during our inspection. Staff and relatives said that they felt management were open and that they could approach the manager with any concerns. Staff were motivated and were happy in their work. The manager felt supported by the provider and said "[Name of line manager] is brilliant". The manager told us that their line manager made regular visits to the home and completed checks on documentation and the environment in addition to providing support if it was required.

The manager held regular staff meetings and we saw that these were used as a forum to share individual peoples' needs and to discuss any developments within the service. We also saw that management meetings were held. The minutes showed that the provider kept managers informed of their plans for the development of services and other specific issues were discussed; for example in relation to people living at the home, relatives' views and new activities that could be completed with people.

We saw evidence of internal quality audits that had been completed and the relevant actions taken. For example, we saw that errors had been identified during a medications audit and the manager had taken appropriate actions with the staff member concerned and had taken steps to reduce the risk of future errors. We saw that the manager had made improvements to internal processes; including the safe storage of medicines, staff handover practices and daily checklists for staff to complete. We also saw that monthly checks were completed on care files and accident records were checked by the manager. We found that there was not an overall system in place for analysing issues or

Requires improvement

Is the service well-led?

concerns, recognising trends and creating an action plan for improvements. The manager confirmed that a meeting was planned with the provider to discuss this area and to put measures in place.