

Saturn Healthcare Ltd

Bungay House

Inspection report

8 Yarmouth Road
Broome
Bungay
Suffolk
NR35 2PE

Tel: 01986895270

Website: www.bungayhouse.co.uk

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Bungay House is a residential care home supporting older people and people living with mental health needs. The home is registered to provide accommodation and support for up to 20 people. At the time of the inspection there were 18 people living in the home.

Bungay House consists of a main building with an annex which houses self-contained living spaces for up to five people. The main building holds 15 further bedrooms some of which are ensuite. There is a main lounge and dining area and other smaller communal spaces which are used for activities but accessible to people at all times. The kitchen and laundry facilities are situated on the ground floor. There is a stair lift to the first floor of the building.

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

People living at the home had varying degrees of capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; policies in the service supported this but some systems and procedures in the service did not always support this practice. We found some high-level assessments required greater detail to support that decisions were made in people's best interest. We have made a recommendation for the provider to improve this. Staff received good quality training and regular supervision. They were available to show the provider worked well with partner agencies. People were very happy with the food and steps were taken to provide people with adequate nutrition and hydration. The building was developing to become an adapted and well decorated environment to meet the needs of people living there.

We saw risk assessments had been completed and were reviewed when people's circumstances changed. Where there were gaps in collation of some information around risks to people, the registered manager was aware of the steps to take to ensure any additional action reflected in the support provided. However, not all risks were recorded effectively to include appropriate risk management. We have made a recommendation for the provider to improve this. There were enough safely recruited staff to meet people's needs and safeguarding procedures were embedded to keep people safe from the risk of abuse. People's medicines were safely managed and administered by competent staff as and when they were required.

There was comfortable and appropriate good humour in the staff relationships with people and we saw people living in the home knew staff well and vice versa. Positive relationships had been built and where people needed to ask for help and advice, they felt comfortable doing so. People told us staff treated them very well and knew when they needed additional support. Support was always provided in a dignified and respectful manner.

There were varied activities taking place over the course of the inspection visit and people told us they could access the community when they wanted. We saw the new care planning system was being used effectively to record people's needs and when those needs changed. People told us they were involved with reviewing

their care and care was assessed and delivered in a person-centred way. There was an available complaints procedure but no complaints had been received. The registered manager was developing a procedure to monitor daily records if they identified people were not happy on a day to day basis.

The provider had a comprehensive suite of quality audits and assurance and this was being further developed to incorporate the new care planning system. Resident and relative meetings took place which were an open and honest forum for issues to be discussed. Staff told us they loved working at the home and felt involved with the journey of continuous improvement. There was a strong values base of equality and posters were displayed all over the home to portray this. When we asked staff if there was anything they would change they all replied, "Nothing."

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 (6 January 2017).

Why we inspected This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bungay House on our website at www.cqc.org.uk.

Please see the action we have told the provider to take at the end of this report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bungay House

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Bungay House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the home including any feedback from relevant professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information held in the public domain and with this information we developed the plan for our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 members of staff including 6 support staff, the registered manager, chef and directors of

the company, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with eight people that lived in the home and one visitor, we also spoke with a district nurse who visited to support a person and a person delivering activities. 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 looked at people's electronic care plans and additional paper records used to support people. We reviewed management information including meeting minutes, audits and survey responses. Medicine administration records were seen as were all other records the provider used to ensure people were safely supported. We looked around the building including communal areas, people's bedrooms and all areas of the home and gardens.

After the inspection

The provider sent any additional information requested as expected, after the inspection. We also spoke with one staff who were on leave during the inspection, who wanted to speak with us.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We saw assessments were completed to manage risks and keep people safe. However, some needed further detail. This included one person who was a high risk of falls but was independently mobile. The assessment included how to support the person when they mobilised to reduce the risk of falls. However, the person lived on the upper floor of the home and the open stairs were not considered in the assessment.
- People had emergency evacuation plans (PEEPs) in place and equipment in the home was safety tested by relevant professionals.
- When we reviewed the accident and incident records, we saw one person had fallen twice and any changes in how the person was to be supported was not recorded in their file. We also saw incidents of challenging behaviour which did not have a recorded outcome or a manager's response to the incident. We spoke with the registered manager about this and were assured appropriate action had been taken to reduce risks and they were aware action was to be taken to improve the records.

We recommend risk assessments are updated to include all relevant information to provide a written record of how to mitigate risks to people wherever possible.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I walked out of my last place leaving everything behind. I built up my possessions here and feel safe. The staff support me really well."
- Where there were gaps in the collation of some information around risks to people, the registered manager was aware of the steps to take to ensure the required support needs were reflected and met.
- New templates had been developed and were due to be implemented the week of the inspection. These included safeguarding logs and analysis documents.
- Staff had received training and were aware of what constituted abuse. Staff told us they would not hesitate to report any concerns they had about how people were treated.

Staffing and recruitment

- The dependency tool used to depict the numbers of staff required was in its infancy but we could see a common-sense approach was applied. On the day of the inspection one person was feeling particularly unwell. The registered manager arranged for additional staff to cover the lunch period to ensure people were all supported effectively with their mealtime experience.
- Staff were safely recruited and plans were in place to include people in the home in the recruitment process. People were aware of this and had begun to develop questions they wanted to ask.
- Recruitment files included all the information required and the required checks with the disclosure and

barring service (DBS) to ensure the potential staff members' suitability to the role.

Using medicines safely

- The provider had recently begun to use an electronic medicines management system. This allowed better control of stock and ordering.
- We saw good medicines management plans, risk assessments and protocols for medicines people took as and when they required them. These included details of what medicines were for and signs and symptoms people presented with then the medicines may be required.
- Medicines were administered when required and in line with people's prescription. Medicines were audited monthly routinely and also randomly. Any issues were addressed and staff received appropriate training as required.

Preventing and controlling infection

- We saw cleaning schedules and monitoring records for all areas of the home.
- There were sufficient quantities of personal protective equipment (PPE) around the home to reduce the risk and spread of infection. Staff told us they received training in relevant areas such handwashing and continence management.

Learning lessons when things go wrong

- When pharmacists stopped supplying dosette medicines, the provider took steps to reduce the risk of medicine errors by introducing the electronic ordering and administration system.
- When the registered manager came to post they noted fire safety procedures were not monitored as well as they would like. They ensured previous actions had been completed from the fire risk assessment and requested a new one be completed which was due to be completed shortly after the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- All applications made to deprive someone of their liberty were held in a central file. There were two of the authorised applications which had conditions on them and. All of the DoLS applied for were in relation to accommodation.
- The DoLS applications were not supported by assessments of the person's capacity to understand and consent to the decision to live at the home. We saw one application had been refused because the person had capacity. We looked at the detail of the applications and found them to be poorly completed. Many of them stated people understood they were in a care home and the reason why they were there. In most cases, this negated the need for the DoLS as they understood the decision and were happy to stay. We also found some were missing key information including the risks to the person when not living in the home.
- We only saw one decision specific assessment for one person to go out of the home in the community alone. The outcome of the assessment was still to be captured in a decision made in the person's best interest. When we spoke with the registered manager, they understood the risks to the individual and they were appropriately supported in the community.
- We spoke with the registered manager who was aware applications had been made routinely and was to review them all moving forward.

We recommend the provider ensures applications for DoLs are supported by decision specific assessments and are made within the principles of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider completed thorough pre-assessments which had input from any other professionals involved with the person's care. Steps were taken to determine if the home was a suitable placement both for the person to be placed and others who already lived in the home.
- Individual's information could be easily extracted from the electronic care planning system in the event people were admitted to hospital. This included key information on their needs, medicines and allergies.

Staff support: induction, training, skills and experience

- The registered manager had a clear plan of where additional training was required and it was scheduled. This included more in-depth training on the Mental Capacity Act.
- The training matrix showed an extensive range of training delivered both annually, two and three yearly. Other more specialised courses had also been completed. We saw staff had mostly completed training where required and those who had not, had it scheduled.
- Staff received regular supervision, their competency in core tasks was tested and they received an annual appraisal.
- New staff to the role received an induction including working shadow shifts with more experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- The chef had up to date information on people's dietary requirements and any special needs. They understood how to meet those needs presented food in an appetising way. People told us the food was very good, "Especially fish and chip Friday."
- People had choices at each meal and were given options to make each morning on their meals for the day. The chef made extra to accommodate those that changed their mind.
- Weights were monitored and those that lost weight were supported with additional snacks, fortified drinks and food.
- People's food and fluid intake was monitored when risks were identified and referrals to specialist teams were made when required.

Adapting service, design, decoration to meet people's needs

- An extension to the main building had recently opened which included new office space and bedrooms. The provider had a refurbishment plan which included redecoration of the home in line with guidance for developing environments for people living with dementia.
- The flooring included darker colours and different textured carpets at the exits from the home, this allowed prominence to these areas.
- In the interim the provider had accessorised the home with relevant items of interest and projects completed by people living in the home. A reminisce corner was in development and included items the people in the home added to it. Work had also been done with a homeless charity to develop pictorial references of where people in the home had visited locally.
- Hats, scarves and other accessories were available around the home which we were told would change seasonally.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider had systems in place for when staff should contact external professionals for additional support to meet people's needs. This included professionals to support people with their mental health

needs, occupational therapists to support with equipment and dieticians to support people with their nutrition and hydration needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's rights were discussed at a meeting and they were given the opportunity to discuss any issues with confidence.
- People were happy to raise any issues in the forum. One person was concerned about the access to a toilet being partially blocked by equipment. We saw on the day of the inspection visit, the equipment had been moved.

Supporting people to express their views and be involved in making decisions about their care

- When we asked people what they thought of where they lived we received positive responses. One person told us, "I am perfectly happy here, it is a lovely place." Another said, "It's the best place I've been or could hope to be."
- Care planning had moved to a new electronic system and whilst the, 'Who am I' sections were mostly uncompleted, when we spoke with staff it was clear they knew people very well including their previous life history. We heard these discussed numerous times including previous jobs, where people used to live, family life and different geographical ties.
- The activities coordinator had generated feedback on the food supplied at the home and worked with the chef to develop a menu to meet people's needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- We asked people what they liked best about living in the home and were told people could spend their day as they wanted. One person told us, "it's the independence, can do what I want." Another said, "I can eat what I want and when I want, have a bath when I want and sleep when I want."
- At meal service a hot trolley was brought into the lounge for people to select the meal of their choice.
- Menus were on display on the wall in the dining room and we saw when one person took a particular interest in the catering at the home the chef encouraged them to get involved and talked about the menu options and how the food was prepared.
- One person was due to have an inpatient operation in the local hospital. They were anxious about this. The registered manager was aware of this and had liaised with the hospital to arrange a visit to the hospital ward prior to the scheduled operation to help ease any anxiety.
- People had keys to their rooms if requested and assessments were completed to ensure this was managed safely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The electronic care planning system had a list of, 'must do' actions to support people. We saw this list included things that were important to people including social and recreational activities.
- We discussed this with the registered manager who told us the list was developed in agreement with the person. The list was determined by the person's chosen, 'must do' actions for the day and not only the responsibilities of the provider to meet people's assessed needs.
- People's preferences were well recorded and went into good detail. For example, if someone preferred soft foods the information detailed soup and then the type of soup which was the person's favourite.
- New records for the delivery of care and support were monitored daily and cross referenced with care plans and associated risks to determine if any additional support was required. This could include checks for infection or referral for more specialist support.
- Each room with an ensuite had a locked medicines box and people could be responsible for their own medication if they chose or unless they were assessed as being unable to.
- Hot and cold drinks were available in an accessible kitchenette area of the dining room at all times for people to help themselves to.
- Meals were provided at specific times but were available throughout the day and evening. If people went out for the day and did not return until 9pm they were able to have their evening meal at that time.
- The provider involved people in meaningful activity including keeping the garden well-kept and weekly trips to the town to help with the home's fresh fruit and vegetable shopping which was bought from local stores or fresh food markets.
- Regular activities took place and equipment was available for people to help themselves to including puzzles, board games, indoor exercise equipment and outdoor sport games including badminton.
- A singer visited on the day of the inspection and we saw people taking part in card games and playing badminton with their visiting family.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had discussed in a meeting for people living in the home whether information in the service was accessible to them. The menus, fire evacuation procedures and the complaints procedure were considered. Where changes were required, they were implemented including an updated fire evacuation

procedure and the complaints procedure being readily available throughout the home and in people's room folders.

- Pictures were displayed of all staff in the dining room as staff did not wear uniforms.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints procedure. There had not been any complaints received by the home in the 12 months prior to the inspection.
- We discussed this with the registered manager who acknowledged people raised concerns and they were dealt with there and then. It was acknowledged records of issues were not in place in the complaints file. However, we saw records in daily notes and resident meetings where issues were identified and resolution sought.
- The new care planning system had faces with expressions on them to depict a person's mood when support was provided. The registered manager told us they had a way of extracting this information from the system and were due to start to do this so they could address when people were unhappy. They wanted to ascertain if there was anything that could be done to improve people's mood.

End of life care and support

- No one was in receipt of end of life care at the time of the inspection. However, we saw records were kept of people's preferences at this time including records to show if people wanted resuscitating if they stopped breathing. These were authorised and reviewed as required to ensure they met people's ongoing needs.
- Staff told us they worked with the district nurse team when people reached the end of their life.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they felt involved with the journey the home was on and said the implementation of the new systems and the new registered manager had been managed well. They knew what they were doing and what the expectation of them was.
- They were also aware of what they were accountable for and ensured records were signed and procedures were followed to support the registered manager addressing issues when things went wrong.
- Staff took pride in achieving better outcomes for people in the home. This was evident by staff observing people in a low mood and taking the time to interact and engage people both in activity and conversation.
- The home had a quality improvement action plan based around the five key questions and these were fed into both staff and resident meetings. Each meeting also had its own action plan which was fed into the quality improvement plan to ensure action was taken and there was oversight of the changes made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was new to post but had been deputy at the home for some time. They were keen to drive improvement but wanted to ensure people in the home had influence over this.
- The provider had surveys completed by all people living in the home, the staff group and professionals involved with people's support. We saw responses were positive and actions plans were developed. Relatives who lived a distance away wanted more regular updates on the home and the action plan included regular updates to be provided via email to these family members.
- The provider completed notifications to the care quality commission (CQC) informing us of certain events, in line with the requirements of their registration.
- The last CQC report was displayed in the home. The provider did not have a website at the time of the inspection but planned to build one shortly.

Continuous learning and improving care; Working in partnership with others

- There was a comprehensive suite of quality monitoring, time focused audits and quality assurance. These consisted of monthly and quarterly audits of key areas and also spot checks and random monitoring in between audits. The manager also adopted a walkaround procedure to check regularly the operating of the home, staff interactions with people living in the home and people's general perceptions of the service they

received.

- The registered manager had a clear plan in place of the improvements they wanted to make. These were prioritised by risk. Staff had daily conversations with people about their lives and any issues that could impact their mental health. The provider took steps to reduce anxieties wherever possible. This included support to appointments and liaising with other professionals as well as occasions mediating with family members.
- We spoke with six support staff and asked what they thought could be improved. All said the home was very good and steps were already in place to make any improvements needed. We were told the home was managed in a way where if people wanted changes in how they were supported it could very quickly be communicated and implemented.
- All staff and people living in the home had productive relationships with each other. Staff took responsibility to promote people's health and wellbeing. When any concerns were noted, staff ensured relevant people were involved whether this was a family member, social worker or other professional. Issues were resolved as quickly as possible.