

Really Flexible Care Ltd

The Bungalow

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

The Bungalow is a service which provides respite care for younger adults living with a learning disability or autism. The service can support up to four people at one time. People have the use of their own rooms with en-suite shower facilities and share communal areas such as a kitchen, lounge and garden. At the time of our inspection four people were using the service. 21 people accessed and used the service at different times throughout the year.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was in a rural location far away from local amenities with limited access to public transport. The service was clearly advertised as a care facility with identifying signs and industrial waste bins. However, this did not have a negative impact on people using the service as people had access to several vehicles which they could use to access the community.

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

People and relatives were positive about the support they received at the service. One relative told us, "[Person] is very happy at the bungalow. It has become part of [person's] life and they really look forward to going."

People were supported by a kind and compassionate staff team who had got to know them as individuals with their own likes and preferences. Staff promoted people's independence and decision making whilst they were using the service. Care was personalised according to people's support needs and preferences. Staff supported people to take part in a wide range of activities both in and out of the service, depending on people's interests.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were kept safe at the service and staff members had a good understanding of safeguarding people from abuse. There were enough suitably trained staff to support people safely and staff had been recruited

safely. Staff supported people safely in all areas of their care including medicines, health and safety and infection control.

People were supported to eat a healthy and balanced diet, based around their preferences and were supported to live healthy lives in all areas of their care including oral health. The premises had been adapted to support people to be independent in daily living tasks. A complaints procedure was in place and people knew how to make a complaint if they needed to.

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; the policies and systems in the service supported this practice.

The manager and deputy manager completed audits to monitor the quality of the service. The manager put improvements in place if these audits proved not to be effective. People, relatives and staff were supported to feedback about the service and the service linked and worked well with other organisations. The manager and deputy manager promoted a positive culture and were passionate about continuing to improve the experience for people using the service.

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 02 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was 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.

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.

Inspection team

One inspector carried out this inspection.

Service and service type

The Bungalow 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 who was not 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. We spoke to relatives over the telephone on 30 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete 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 used all this information to plan our inspection.

During the inspection

Some people had complex needs which meant they were not able to tell us about their experience of the service. We observed how staff interacted with and supported people in communal areas of the service. This

helped us understand the experience of people who could not talk with us.

We spoke to one person and three relatives about their experience of the care provided to them or their family members. We spoke with six staff members including support workers, senior support workers, the deputy manager and the manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

After the inspection

The manager sent us further evidence in relation to training data and quality assurance 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe at the service and were relaxed being supported by staff members. A relative told us, "[Person] is safe at the Bungalow. They always look forwards to going to stay there."
- Staff received training in safeguarding and knew how to report potential abuse. Staff knew who to contact outside of the organisation, if they had any concerns, such as the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place for accessing the community, cooking and personal care. A relative said, "It is very reassuring that [staff] know how to support [person] safely with everything that they want to do."
- Staff completed checks of the building including fire safety to help ensure that people were safe when they used the service.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Staff were flexible to meet the needs of people using the service, depending on what activities they wished to take part in. A relative said, "There is never any problem with the staff team and there is always [staff] about."
- We reviewed staff files to ensure that the provider had completed the necessary checks to see if staff were of suitable character to support people safely. In one file we reviewed, the provider had not ensured that there was a full employment history recorded for a staff member. Following the inspection, the manager sent us evidence that all staff files had been reviewed and the provider's recruitment policy had been updated. We were satisfied that this mitigated the risk to people being supported by staff members who were unsuitable for their job role.

Using medicines safely

- People were supported to take their medicines safely and in their preferred way. Staff received training in medicines administration and had a good understanding of how to support people with them.
- People who took 'as and when required' medicines had detailed protocols in place for staff to follow. The manager completed regular audits of medication to ensure that people were being supported safely.

Preventing and controlling infection

- The service was visibly clean. One person described the service as 'lovely and sparkling'.
- Staff received training in infection control and had access to the appropriate equipment, such as gloves, to keep the service clean.

Learning lessons when things go wrong

- The manager reviewed incidents and accidents at the service and put plans in place to prevent their recurrence. Any learning from these were shared with staff in team meetings and supervisions.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they used the service and were reviewed regularly. The manager explained that these assessments focused on people's social needs as well as their physical support needs. This ensured that the service could effectively meet people's health and social needs.

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding, supporting people with different communication methods and first aid. A relative told us, "The staff are well trained and good at their jobs. I have never had to worry about that."
- Staff received supervisions and competency assessments to ensure that they were effective in their job roles. Staff told us that they felt well supported by the management and received a full and thorough induction before they started working at the service.

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

- People were supported to take part in cooking meals at the service and were able to choose what they ate. The manager explained that often staff would support each person to make their own meal. One person spoke happily about the 'yummy yummy pasta' which they were being supported to cook. A relative said, "[Person] enjoys their food and has never complained so the food must be brilliant."
- Staff recorded people's food and fluid intakes, if they needed this support.

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

- Most people accessed health appointments outside of using the service, however, staff knew how to access medical support for people if this was needed. The service worked with professionals such as psychologists to ensure that people received the right support.
- The manager and deputy manager had trained staff to support people with their oral health. Staff had a good understanding of how to promote this and people's oral health had improved in some cases, since they started using the service.
- Staff supported people to be healthy in areas such as choices of meals and taking regular exercise. One person was visibly looking forward to going swimming with staff members.

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

- The service was large and spacious so that people could take part in daily tasks such as cleaning if they chose to do so. The service had been decorated to look like a holiday home. One relative told us, "The

service is lovely. Nice and quiet and like a little home away from home for [Person]."

- People were supported to decorate the room they were staying in each time they used the service. We observed people happily choosing the type of bedding they used and putting pictures up on doors. This helped people feel at home when using the service.
- There were photos and pictures to indicate which room people were about to enter or to give people choices of activities. This meant that people who did not communicate verbally could easily find their way around the service and make choices about how to spend their time.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff asked people for their consent before supporting them with their care. One relative said, "[Staff] know person very well and always act in their best interests."
- People had mental capacity assessments in place if they may lack capacity to make decisions. Where people lacked capacity, decisions involving their family and professionals, were made in their best interests. People had DoLS in place where this was appropriate.
- Staff received training in the MCA and had a good understanding of how this impacted on the support they gave to people.

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 and relatives were positive about the care they received. One person described the staff as 'lovely and fun'. Relatives told us, "[Staff] seem absolutely lovely. [Person] always tells me that they love going to the service and that the staff treat them well." and, "[Person] really likes the Bungalow. They are always excited to go and look forward to seeing the staff."
- People appeared happy and relaxed being supported by staff. Staff knew people as individuals and knew what was important to them. For example, staff talked to a person about their interests to encourage them to take part in an activity.
- Staff knew how to respect people's equality and diversity and had a good understanding of how to support people in areas such as religion or specific dietary needs.

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

- People were supported to make choices in all areas of their care. One relative said, "[Person] gets a choice of anything they want really. Nothing is too much trouble."
- We saw people being supported to make choices using symbols and pictures about how they would like to spend their time. People were in control of when and how they did things at the service. For example, one person took most of the day to decide to go shopping and staff patiently waited for this person to make this decision.
- People and their relatives had the opportunity to be involved in regular reviews of their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote people's independence. We saw staff members supporting people to take part in activities such as cleaning and cooking. A relative told us, "[Staff] get the most out of [person]. They help [person] do things like make lunch or do the laundry which is great."
- Staff recorded what worked well when they supported a person to be independent and shared this with the staff team. This enabled the staff team to work together to help people be more independent.
- People's privacy and dignity was respected. Staff members gave people their own space and people were able to complete tasks and make decisions at their own pace. Staff members explained how important this was to people and the positive impact this had as they felt more confident to be in control of what they did at the service.

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

- People received personalised care which met their needs. People's support plans were tailored around their specific needs such as a mobility or living with a health condition.
- Staff had gotten to know people's likes, dislikes and preferences. A relative told us, "[Staff] have got to know [person's] personality and have seen [person] through good and bad times."
- People were in control of their support at the service and staff knew how to help people do this. For example, one person found it difficult to choose snacks, so staff ensured that different foods were visible and available in the kitchen and presented in a way that the person liked. This meant the person was able to make choices and had also been willing to try different foods to support a more balanced diet.
- Staff had a good understanding of person-centred care and kept up to date with people's changing needs. A relative said, "[Person] had a hard time recently but [staff] told me not to worry. They dealt with it so well."

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.

- People were supported to communicate using photographs, pictures and objects depending on their needs. These were spaced around the service to continually promote people to communicate. A relative told us, "Communication can be hard with [person]. [Staff] know them well though and can pick up on what they are trying to say."
- The manager ensured that key documents and policies were available in an easy-read format to support people to understand them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide variety of activities both in and out of the service. These were based around people's preferences and interests. One person told us they were going 'to the town to do a bit of shopping'. Relatives said, "[Person] is a massive film buff and goes to the cinema with staff. [Person] goes bowling as well and really looks forward to these activities." and, "[Person] goes bowling, swimming and does lots of cooking. [Staff] know what [person] likes to do."
- The deputy manager showed us that activities were recorded and discussed with people and the staff team. This gave people the opportunity to identify activities they enjoyed and would like to do again.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and this was available in accessible formats to help people understand how to make a complaint.
- Relatives told us they had not needed to make a complaint but knew who to speak to if this was necessary.

End of life care and support

- The service was not supporting anyone who was at the end of their life. The manager told us that they would organise training for staff members if this was necessary in the future.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager and deputy manager completed audits to monitor the quality of the service in areas such as medication and staff's interactions with people.
- The manager acknowledged that there were improvements which could be made in some areas of the quality management of the service. They sent us evidence after the inspection to show that they had started to work on making these improvements.
- The manager had detailed plans in place to ensure that the service was well-led in their absence. There were plans in place for emergencies such as a fire or bad weather and these were understood by the staff team.
- The manager reported all necessary incidents to the CQC. The manager also recorded when things went wrong in a 'duty of candour' log which detailed the actions taken to ensure that people knew what would happen because of this.

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

- The manager and deputy manager promoted a positive culture at the service. Staff were clear about their job roles and spoke with passion about the support they gave to people at the service. The deputy manager spoke proudly about some of the outcomes which people had achieved since starting to use the service. This included taking part in personal care tasks or increasing their confidence in the community.
- There was a relaxed atmosphere at the service. People were happy and relaxed being supported by staff and there was friendly conversations and banter between people, staff and the management team.
- Relatives were positive about the management of the service. One relative said, "I am very much confident in the management of the service. [Manager] is excellent."

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

- People and relatives were encouraged to feedback about the service. This could be informally over a discussion or telephone call, or formally through surveys and questionnaires. This feedback was used to inform and improve the service.
- Relatives received regular newsletters from the service detailing any changes that had happened. One relative told us, "Communication is very good. We get newsletters and [Person] has a communication book

which staff fill in to let us know what they have been up to."

- Staff were encouraged to feedback about the service in supervisions and staff meetings. Staff told us that they felt that their feedback was listened to.

Continuous learning and improving care

- The manager and deputy manager were keen to continually improve the service. They actioned improvements suggested at this inspection very promptly. Actions identified in audits were also completed to ensure that improvements continued to be made. The manager had improved the service's fire safety following a recent visit from the fire service.

Working in partnership with others

- The management and staff team linked and worked well with professionals such as psychiatrists to promote good outcomes for people.
- Other services run by the provider supported the service in the event of staff shortages or with any other support which staff may have needed.