

Living Ambitions Limited

The Bungalow

Inspection report

Beech Lane
Normandy
Surrey
GU3 2JH

Date of inspection visit:
07 September 2017

Date of publication:
05 October 2017

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The Bungalow is a care home providing accommodation, personal care and support for up to five adults who have a learning disability, some of whom may also have a physical disability or mental health conditions. There were five people living at the home at the time of our inspection.

There was a registered manager in place. 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.

At the last inspection on 25 June 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were safe because they lived in a well maintained environment with enough staff available to provide the care they needed. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. Additional staff were deployed if people's needs changed or they required additional support.

Staff adopted a positive approach to risk-taking which enabled rather than restricting people. Staff understood any risks involved in people's care and took steps to minimise them. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Accidents and incidents were reviewed to ensure any steps that could be taken to prevent a recurrence had been implemented. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's care was provided by regular staff who knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. People were supported to exercise choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Staff were aware of any dietary restrictions involved in people's care. People were supported to stay healthy and to obtain treatment if they needed it. Staff were observant of any changes in people's healthcare needs and responded promptly if they became unwell. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

People received consistent care from regular staff who knew their needs well. Relatives told us their family members had positive relationships with the staff who supported them. Relatives said staff were kind and worked hard to provide the support their family members needed.

Staff treated people with respect and respected their privacy. Staff supported people in a way that Relatives told us staff encouraged their family members to perform tasks with support, which maximised their independence. People were supported to maintain relationships with their friends and families. Staff kept people's relatives up to date with important events and informed them promptly about any concerns.

People received care that was tailored to their individual needs. Assessments had been carried out before people moved into the home to ensure staff could provide the care they needed. Staff consulted people's relatives when planning people's care and involved relevant professionals where necessary. People were supported to participate in activities they enjoyed and to pursue individual interests. People were involved in their local community and had opportunities to attend outings and holidays.

There were appropriate procedures for managing complaints. Relatives told us they had been able to raise concerns with the registered manager. They said the registered manager had demonstrated a positive approach to resolving concerns.

Relatives and staff told us the home was well managed. Relatives said the registered manager was approachable and staff told us the registered manager supported the staff team well. The registered manager carried out regular checks to ensure key areas of the service were being managed effectively.

People who used services, relatives, friends, professionals and staff had opportunities to give their views and the provider responded positively to feedback. Action plans were developed when surveys identified areas for improvement and reviewed regularly.

Staff shared important information about people's needs effectively. Team meetings were used to ensure staff were providing people's care in a consistent way that reflected best practice. Staff worked co-operatively with other professionals to ensure people received the care and treatment they needed. The standard of record-keeping was good and personal information was kept confidential. The registered manager kept up to date with changes in legislation and best practice and had informed CQC about notifiable events when necessary.

Further information is in the detailed findings below.

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 remains Good.

There were enough staff to meet people's needs and keep them safe.

People were supported to take manageable risks

Staff understood their roles in keeping people safe.

People would continue to receive care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

Is the service effective?

Good ●

The service remains Good.

Staff had the skills and knowledge they needed to support people effectively.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were encouraged to maintain a healthy diet and staff were aware of any dietary restrictions.

People's healthcare needs were monitored and they were supported to obtain treatment when they needed it.

Is the service caring?

Good ●

The service remains Good.

People received consistent care from staff who knew their needs well.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good ●

The service remains Good.

People received care that reflected their individual needs and preferences.

People had access to activities they enjoyed.

People were involved in their local community.

People received a positive response if they raised concerns.

Is the service well-led?

Good ●

The service remains Good.

The registered manager provided good leadership for the service.

Quality monitoring checks ensured people received safe and effective care and support.

People were encouraged to give their views and the provider responded positively to feedback.

Staff shared important information about people's needs effectively.

Records were well organised and up to date.

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 checked 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.

The inspection took place on 7 September 2017 and was unannounced. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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.

During the inspection we met one person who lived at the home and two members of staff. As the person was unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We were not able to speak with all the people who lived at the home as some were on holiday at the time of our inspection. We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We checked fire and health and safety records, the accident/incident log and minutes of team meetings.

After the inspection we asked the registered manager to send us some information which had not been accessible on the day of the inspection. This included quality monitoring checks, the results of the provider's latest satisfaction survey, feedback from relatives and healthcare professionals and evidence of pre-employment checks on staff. We also spoke with three relatives by telephone to hear their views about their care their family members received.

Is the service safe?

Our findings

People lived in a safe environment with enough staff available to provide the support they needed. Relatives told us their family members were safe at the home. They said staff were always available if people needed them, including at night.

The staffing rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift. Additional staff were deployed if people's needs changed or they required additional support. For example staff told us that one person had recently been allocated additional staff support to meet their behavioural needs. Staff said implementing this measure had improved outcomes for the person and reduced the distress experienced by the person. Staff always had access to out-of-hours management support if they needed it.

People were protected from abuse because staff understood their roles in keeping people safe. Staff told us they had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice. They said safeguarding was discussed in team meetings and that the registered manager had reminded all staff about their role in keeping people safe. The registered manager informed relevant agencies if people raised concerns about their care and worked co-operatively with these agencies in investigating concerns.

People were protected by the provider's recruitment procedures. Staff were only appointed following submission of an application form and a face-to-face interview. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Risk assessments had been carried out to keep people safe while supporting them. The provider had developed a positive approach to risk-taking which aimed to enable people safely rather than restricting them. We saw that this approach had been used when assessing risks and planning people's support. Staff understood the risks involved in people's care and took steps to minimise these risks.

Any accidents or incidents that occurred were recorded. The registered manager reviewed accident/incident reports to check that any actions necessary to prevent a similar event occurring in the future had been implemented. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

Staff carried out regular health and safety audits, which included checking standards of infection control, accident/incident reporting, moving and handling, medicines management and any equipment involved in the delivery of care. Fire drills were carried out regularly. There was a fire risk assessment in place and staff had attended fire training. Each person had a personal emergency evacuation plan, which provided information about the support they would need in the event of a fire. The fire alarm system and firefighting equipment were professionally inspected and serviced at regular intervals.

People's medicines were managed and administered safely. The provider had written medicines procedures and staff followed these to ensure people received their medicines as prescribed. There were guidelines in place regarding medicines prescribed 'as required' (PRN). Staff authorised to administer medicines had attended training in this area and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately.

Is the service effective?

Our findings

Staff had the skills and knowledge they needed to support people effectively. Relatives told us staff worked hard to provide the care and support their family members needed. One relative said of the staff team, "They are all very hard-working and helpful." Another relative told us, "They are very good, they do a fantastic job." All the friends and relatives who responded in the most recent quality survey agreed that staff had the skills they needed to support people.

Staff had access to the training they needed to meet people's needs. All staff attended an induction when they started work and had access to refresher training in core areas. Staff also attended training in areas relevant to the individual needs of the people they cared for. Staff received the support they needed to do their jobs. They said they met regularly with the registered manager for one-to-one supervision and had access to advice and support. Each member of staff also had an annual performance review with their manager, which provided an opportunity to receive feedback and discuss their training needs.

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. The application procedures for this in care homes and hospitals are 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 were being met.

When assessing people's capacity to make decisions, staff had followed an appropriate process to ensure their rights under the MCA were protected. Staff understood that restrictions should only be imposed upon people where authorised to keep them safe. Where people were subject to restrictions for their own safety, applications for DoLS authorisations had been submitted to the local authority. Where people lacked the capacity to make a particular decision, staff had consulted all relevant people to ensure the decision was made in the person's best interests.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Relatives told us staff knew their family member's preferences and enabled them to eat these whilst maintaining a balanced diet. Staff were aware of any dietary restrictions involved in people's care and these were recorded in their support plans.

Relatives told us staff supported their family members to stay healthy and to obtain treatment if they needed it. They said staff were observant of any changes in their family member's healthcare needs and responded promptly if they became unwell. All the friends and relatives who responded in the most recent

quality survey agreed that their friend/family member was supported to stay healthy and well. A healthcare professional had praised the prompt action taken by staff when one person had become unwell. The healthcare professional commented, "May I thank your team for the speedy response to [person's] change in health and attending to her needs in such a timely and appropriate manner....I am glad she is cared for well and definitely well placed in your care."

The records we checked demonstrated that staff involved healthcare professionals in people's care where necessary. For example one person received daily visits from district nurses at the time of our inspection as they were recovering from a hospital procedure. Staff had developed a health action plan in place for each person, which provided important information for medical staff in the event of a hospital admission.

Is the service caring?

Our findings

People were supported by kind and caring staff. Relatives told us their family members were happy at the home and that they received good care. One relative said of the care their family member received, "We are very happy with it." Another relative told us, "It's very good. They look after him very well." All the friends and relatives who responded in the most recent quality survey agreed that staff were kind and caring.

People were supported by a stable staff team. Relatives told us their family member's care was provided by regular staff who knew their needs well. They said this meant their family members received consistent care and support. Relatives told us their family members had positive relationships with the staff who supported them. One relative said of their family member, "He gets on very well with them."

People were supported to maintain relationships with their friends and families. Relatives told us they were able to visit their family members whenever they wished. They said they were made welcome by staff whenever they visited. Relatives told us staff kept them up to date with events in their family member's lives and informed them promptly about any concerns. One relative told us, "If anything goes wrong, they 'phone me straightaway."

Relatives told us that staff treated their family members with respect. They said staff respected their family member's right to privacy when they wanted it. All the friends and relatives who responded in the most recent quality survey agreed that staff listened to their friend/family member and treated them with dignity and respect. Relatives told us staff maximised their family member's independence. They said their family members found it difficult to manage most tasks independently but that staff encouraged them to perform tasks with support.

Staff sought the views of all relevant parties when planning people's care. Relatives told us they were consulted about the support their family members received. They said their views about their family member's care were taken into account when their care was planned. The views of professionals were also sought and recorded where appropriate. People's friends and relatives were invited to planning meetings and reviews.

Is the service responsive?

Our findings

People received care that was personalised to their needs. People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Relatives told us staff understood their family member's individual needs, which meant their family member received the care they needed. One relative said, "They all know him very well." All the friends and relatives who responded in the most recent quality survey agreed that their family member received care and support that met their individual needs. A healthcare professional had praised the individualised care provided at the home. The healthcare professional commented, "I can see [person] is more settled than she has been in years and it comes down to the good, individual care that you provide."

Staff planned people's care to meet their individual needs and involved professionals in care planning where necessary. For example one person exhibited behaviour that challenged the service when they became distressed. Staff had worked with professionals to develop a positive behaviour support plan, which aimed to understand the motivation for the behaviour and plan positive responses that staff could use. Staff also ensured that behavioural charts were completed if the person exhibited behaviour that challenged. These charts were reviewed to establish what action could be taken to prevent the person resorting to this behaviour. Another person was at risk of developing pressure ulcers as they were not able to reposition themselves. Staff had implemented a repositioning regime for the person on the advice of a healthcare professional.

People had opportunities to participate in a range of activities. Some activities, such as music and aromatherapy, were provided in-house whilst others, such as bowling, were accessed in the local community. Staff arranged outings to places of interest and people were supported to take an annual holiday. Some people were on holiday in Devon at the time of our inspection. Staff had planned the trip based on people's preferences about holiday destinations, accommodation and activities. Some people attended day centres each week, which provided further opportunities for activities and outings. People were supported to pursue their individual interests. For example one person had been supported to publish a book and the registered manager told us staff were supporting the person to plan a launch for their second book.

There were appropriate procedures for managing complaints. The provider had a formal complaints procedure that set out how complaints would be managed. Quality monitoring checks recorded that two complaints had been received and resolved since the last inspection. Relatives told us that they had always been able to raise any concerns they had with the registered manager. They said the registered manager had demonstrated a positive approach to resolving concerns. One relative told us, "If we've ever had a problem, we have always been able to speak to someone about it." Another relative said, "Any problems, we've been straight on to the manager and it's been sorted out."

Is the service well-led?

Our findings

Relatives and staff told us the home was well managed. The registered manager also managed another of the provider's registered care homes but demonstrated that this did not diminish their ability to manage The Bungalow effectively. Relatives said they were always able to contact the registered manager if they needed to. They said the registered manager was approachable and willing to discuss their family member's care if they needed to. Staff told us the registered manager provided good leadership for the home and supported the staff team well. They said the registered manager encouraged them to contribute their ideas about how people's care and support could be improved.

The registered manager was involved in monitoring the quality of the service and carried out monthly monitoring checks. These checks addressed key areas of the service including medicines management, health and safety and staff training. The registered manager's checks also reviewed any accidents and incidents, including use of PRN medicines and any physical interventions, complaints and safeguarding referrals. People's personal finances were audited as part of the provider's quality assurance procedures.

The provider encouraged people who used services, relatives, friends, professionals and staff to give their views and responded positively to feedback. Quality surveys were distributed annually and the results collated. People were asked if they were supported to stay safe, to stay healthy and whether action had been taken if they complained. Relatives were asked if they were involved in planning their family member's care and whether staff had the skills they needed to support their family member. The results of the most recent quality survey provided positive feedback about the home and the other services managed by the provider. Where areas had been identified for improvement, the provider had developed an action plan to address them.

The most recent quality survey indicated that staff understood their roles and felt well supported by their colleagues and their managers. All staff agreed that they were able to ask members of their team for help or advice when they needed it and 92% of staff responded that they were clear about what they were expected to achieve in their work. An action plan had been put in place to address areas in which the results suggested improvements could be made.

Staff communicated information about people's needs effectively. Staff beginning work had a handover from staff who had worked the previous shift. The handover kept staff up to date with any changes in people's needs or how their support was provided. All staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care. One member of staff told us, "We are a good team. We support one another well."

The standard of record-keeping was good and people's personal information was kept confidential. Staff maintained accurate records for each person about their needs and the care and support they received. The registered manager had established effective links with other health and social care professionals to ensure they kept up to date with changes in legislation and best practice. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.

