

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bungay House is a residential care home providing personal care to up to 20 people. The service provides support to people living with a mental health condition. At the time of our inspection there were 20 people using the service.

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

At the last inspection improvements were required to ensure that the principles of the Mental Capacity Act were followed. At this inspection we found that all required improvements had been made.

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.

People received person-centred care delivered by passionate and caring staff. People were supported to participate in the planning of their care according to their needs. People's wishes were sought and respected, and people were supported to make decisions according to their ability.

People were supported to live full and active lives and participate in activities of their choosing.

The service was well-led, and this was evident at all levels. There was a comprehensive quality assurance system in place which was capable of identifying areas for improvement. We saw that areas for improvement identified by the system had been acted upon.

Medicines were stored safely within the home and administered in line with the instructions of the prescriber.

There were sufficient numbers of staff to meet people's needs in a timely manner. Staff were recruited safely.

The service was clean and there were appropriate procedures in place to minimise the risk of the transmission of infection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 15 July 2019). At that inspection improvements were required to ensure that the principles of the Mental Capacity Act were consistently followed. At this inspection these improvements had been made.

Why we inspected

This inspection was planned to assess progress with shortfalls identified at our previous inspection on 15 July 2019.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Bungay House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives. We spoke with 13 staff members including the provider, registered manager and care staff. We spoke with six external health professionals. We reviewed four care records and two recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People using the service had a complex range of needs with specific risks to each individual. These risks had been recognised by the service and were planned for comprehensively in their care records, taking into account how they could be protected but also not restricted. People were involved in discussions about risks and how these could be managed, for instance how risks could be managed when people were out in the community.
- Care plans and risk assessments were reviewed regularly and in collaboration with people to ensure they remained accurate and reflected people's current views and wishes.
- People and their relatives told us the service was safe. One person said, "This is the safest I've ever felt." A relative commented, "They are definitely safe."
- Appropriate measures were in place to reduce environmental risks, such as the risk of fire and of water quality, this included regular flushes and testing. A member of maintenance staff carried out regular checks on equipment, fire detection and alert systems and the safety of the premises. Any issues identified were acted upon.

Using medicines safely

- Medicines were managed, administered and stored safely.
- We checked the medicines stock against the medicines administration records, which evidenced people's medicines were administered appropriately.
- The management team had oversight of the medicine systems and identified any discrepancies promptly so these could be acted upon.
- Audits of medicines administration were carried out regularly. Where shortfalls were identified, we saw evidence these had been addressed.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us there were enough staff to support people when they needed it and to ensure people could access the community when they wished to do so. They said, "There are enough staff, they're always willing to go out for a walk with me when I fancy it." A relative told us, "There does appear to be enough staff. When I visit there are always lots around and [family member] gets a good amount of one-on-one time with staff."
- The service used a dependency tool to calculate the number of staff required to meet people's individual needs. This was reviewed regularly, and the staffing level amended accordingly.
- The recruitment procedures ensured prospective staff had the right character and background for the role. This involved carrying out Disclosure and Barring Service (DBS) and obtaining references from previous

employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

The service supported people to have regular visits from family and friends. There were no visiting restrictions in place at the service at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Learning lessons when things go wrong

- The service had learnt from previous areas for improvement identified by both the Care Quality Commission and the local council and had acted upon these.
- Incidents and accidents were recorded. There was a system in place to oversee these on a monthly basis. Records showed actions were taken to further mitigate risks, as a result of the analysis of incidents and accidents.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection the service needed to make improvements to demonstrate the principles of the Mental Capacity Act was consistently followed. To ensure people's capacity was assessed for making day to day and more complex decisions. At this inspection we found that improvements had been made.

- People were supported in a way that meant they had maximum choice and control over their care. People told us they felt listened to by staff and that their views and wishes were acted upon. One person said, "They [staff] listen to me, I feel very heard and understood. They respect my views and wishes." People's capacity to make specific decisions was fully assessed and they were supported to make decisions according to their ability.
- One person told us they were involved in all discussions about their current and future care. They said, "Any meetings or discussions about me I am invited to. I'm never left out of anything."

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

- On admission to the service, a comprehensive assessment of people's needs was carried out. The service assessed people's needs holistically, looking at the person as a whole and the support they needed to live life to the fullest.
- Care planning and assessment reflected staff followed best practice guidance.

Staff support: induction, training, skills and experience

- Staff were suitably trained for the role and had specific training in supporting people with complex emotional needs. Staff told us they felt well trained and supported. They made positive comments about the training they had received and said that they could make suggestions about any gaps in knowledge and the registered manager would act on these.
- Staff told us they felt very supported by the management team and also the provider, who they all said they knew well and had a good rapport with. They said they felt willing to raise any suggestions or concerns with either the management team or provider and felt confident these would be acted upon.

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

- People were supported to maintain good nutrition and hydration. One person told us, "The food is really good and if I want, I can make my own meals. I have been trying to lose weight and they have been really good with making me healthier food."
- The support people required with eating and drinking was clearly set out in their care records. Information about people's food and drink preferences was also included and taken into account when planning meals. People had regular opportunities to have take-away meals of their choice, which people told us they enjoyed.
- People's risk of malnutrition was assessed, and any actions required to reduce this risk were documented and acted upon.

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

- Many people using the service had complex needs that required input from a number of external healthcare professionals including mental health professionals, GP's and social workers. The service worked well with these professionals to ensure people received joined up care. We received very positive feedback from six healthcare professionals who worked with the service regularly.

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

- The service was adapted and designed to meet the needs of the people using the service. People participated in decision making about the décor of the home, at the time of the inspection they were considering making some modifications to a room that was infrequently used.
- Signage was in place to help people find their way around to key areas such as their bedroom, dining rooms, bathrooms and the living room.
- There was step free access everywhere in the service, including to outside areas so people could access these independently according to their abilities.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating 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 service provided very personalised care. People's individuality shone through in their care plans and there was detailed information about people's preferences, goals and wishes.
- Staff supported people in an individualised way, and it was clear that staff, the management team and the provider knew people using the service as individuals.
- Staff at all levels encouraged and supported people to have maximum choice and control of their lives. One person told us, "They never say I can't do something, if I want to do something they will help me and support me as much as they can."
- The service was supporting one person who was choosing to challenge their Deprivation of Liberty Safeguard (DoLS) order in court. This person's goal was to leave the service and live more independently. The service had supported the person to seek legal advice, understand the process and prepare for their court appearance. The service was also supporting the person to achieve daily living goals to demonstrate that they were able to live more independently. In addition to this support, the service was so supportive of the person's wishes that they had even offered up opportunities for the person to come back to the service daily, should their appeal be granted, so that the service could continue to provide them with emotional support after they had left. They would also be able to continue running the clubs they led in the home which they enjoyed doing. It was clear that the service cared deeply about the person's wishes and were willing to support them even if they left the service.
- The person was positive about the support they received from the service during this time and said they 'couldn't do it without them'. They said that all the staff within the service felt like their family and they were happy that they would still be able to return to visit even if they stopped living in the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate their wishes and needs in different ways according to their abilities. People's communication needs were assessed and detailed information about how best to communicate was included in their care records. We saw that staff communicated with people well and adapted their communication style dependent on who they were speaking with.

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

- The service was focused on ensuring that people lived full and active lives. There was no shortage of activities for people to engage in within the home, as the provider was willing to invest in activities of people's choosing. For example, people had requested a hot tub and the provider had purchased this for them. On another occasion people had requested a pool and air hockey table and we saw this in use during our visit. The provider had also purchased a large tablet upon which people could play games, and we saw someone using this during our visit. They said, "This really helps keep my mind going. Helps reduce my anxiety."
- People had also requested raised flower beds for planting and these had just been implemented, which people were pleased about. One person was a keen artist and the service supported them to continue this hobby. Their artwork was displayed proudly all over the service.
- The provider was considering a new use for a little used room in the service and was collaborating with people on what this could be used for during this visit. One person mentioned the potential for gym equipment, and we saw the provider was already considering this as an option. They told us they would discuss it with people to see if it was a mutually beneficial use for the room.
- The service also benefitted from regular visits from entertainers. One person told us, "We have entertainers come in all the time. There's always something happening. I love the singers personally." There were regular group outings people could choose to participate in and people decided what they wanted to do at regular meetings. However, people were also supported to pursue individual hobbies and interests. One person told us, "I wanted to go to exercise classes so now staff go with me twice a week. I've also been horse riding, swimming, to the beach, theatre shows and the cinema."
- The service asked people about goals they would like to achieve and aspirations and supported people to achieve these. One person wanted to travel to London to meet with family they hadn't seen for some years and to see a theatre show. The provider had paid for staff to go to London with the person to the theatre show and for a meal with the person's family. The person told us how important this had been to them. They said, "It made me feel really special. Just being able to have a nice meal with all of my children there was fantastic. Getting to see a show I'd wanted to see for years as well, I never thought I'd be able to do it. It was just amazing."
- The service had a member of activities staff who supported people with individual activities but also supported people to attend appointments if needed. One person said, "It's nice that you don't have to be alone."
- Six external healthcare professionals were exceptionally positive about the service and how it supported people to live full and active lives. One spoke of how the service had made a person feel special and 'made their dreams come true'.
- People were supported to spend time with their relatives and those important to them as frequently as they wished. Staff supported people to hold telephone and video calls with people important to them.
- The support people required to remain engaged and stimulated was recorded in their care records, as well as their personal goals and aspirations.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy in place and relatives told us they understood how to complain and felt their feedback would be acted upon.
- Records showed complaints were investigated and responded to appropriately.

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 our last inspection we rated this key question good. At this inspection the rating 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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The culture of the service was caring at all levels and this caring culture was perpetuated by both the provider and management team who worked hard to recruit a wealth of passionate staff who had genuine care for the people using the service.
- People using the service, staff and external healthcare professionals told us the registered manager went 'over and beyond' for people using the service. For example, accompanying people to join in chosen activities on their days off, purchasing things for people they knew they could benefit from and coming in on their days off to bring everyone a requested take away meal. One person told us, "Once, they [registered manager] didn't say anything, but saw I had really cracked heels; the next day they came in with a cracked heel balm for me. It was really kind."
- An external healthcare professional told us that the support the registered manager had provided to one person had meant their placement hadn't failed, despite having had a number of failed placements at other services. They also said that since being at the service the person's mental health had stabilised and they were finally settled.
- Staff were encouraged and supported to go above and beyond to help people using the service. For example, a person arrived at the home with no possessions, the registered manager and staff had supported the person to view and purchase items from local shops and through online marketplaces. Staff had collected items for the person in their free time and brought them to the service. This had a positive impact on the person's wellbeing, and they were once again able to participate in an important hobby which staff supported them with. We saw photographs of them enjoying this.
- There had been issues recruiting staff following the COVID-19 pandemic. The registered manager had taken a flexible approach to recruitment and had canvassed the local area posting leaflets through doors which some success. Their commitment to recruit high quality staff meant the no longer used external agency staff, which gave people continuity of care. One staff member told us, "I don't need the work, but I really care about [the people] and I feel like they're part of my family so I won't let them go without."
- People using the service and their relatives were very positive about the management of the service and the provider. One person said, "I feel like it's one big family. There is no 'us' and 'them'. We are all as one and [registered manager and provider] treat us like we are all the same. This seamless culture between people using the service and the provider was further evidenced by the provider arranging for people to visit the Alpacas' at their other service, which people really enjoyed. In addition, one of the providers children did

their work experience at the service which one person told us was nice to see.

- There were robust and detailed quality assurance processes in place to monitor the quality of the service and identify any areas for improvement. We could see this had been effective and that all shortfalls identified had been acted upon.
- Staff were very positive about working for the service, the management and the provider. They told us they felt part of 'something bigger' and there was a 'family feel'. They said they were asked regularly for their views, suggestions and thoughts and said they felt genuinely listened to. They told us the registered manager and provider were visible in the service and there was an 'open door policy' at all times.
- People using the service also spoke of this 'open door policy' and said they could walk into the office any time for a chat with the registered manager or the provider on the days they visited. We saw people frequently visited the office during our inspection and were warmly welcomed.

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

- People and their relatives had the opportunity to attend regular meetings to give their views and participate in discussions about the future of the service. It was clear from the minutes of these meetings that people's views were sought and acted upon. For example, meetings had been held about future activities and redecoration of parts of the service. People's views had been acted upon, for example with the décor chosen and the purchasing of entertainment items.
- People and their relatives were given the opportunity to regularly feedback their views. We saw that the responses to the last survey were positive.
- Staff were involved in the ongoing improvement of the service. Staff were regularly asked for their views during team meetings and told us they felt able to voice their views freely.
- The service had looked at ways they could engage with the local community and had collaborated with people with regard to this. This had led to the service supporting a local charity shop and a local drop in centre, which one person was now being supported to volunteer in.

Continuous learning and improving care

- Areas for improvement had been identified during a visit by the local council earlier in the year and the service had gone over and beyond what was required to ensure improvements were made and sustained. At this inspection no areas for improvement were identified.
- The provider was committed to continuous improvement and ensured appropriate measures were in place to maintain the quality of the service going forward.

Working in partnership with others

- The service had positive working relationships with outside organisations such as external healthcare professionals. We requested feedback from healthcare professionals who worked with the service and received glowing feedback from six professionals.