

Derbyshire County Council

The Bungalow (DCC Homecare Service)

Inspection report

The Bungalow, Newhall Centre
Meadow Lane, Newhall
Swadlincote
Derbyshire
DE11 0UW

Tel: 01629532001

Website: www.derbyshire.gov.uk

Date of inspection visit:
19 April 2016

Date of publication:
01 June 2016

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

The inspection took place on April 19 2016. This was an announced inspection and we gave the provider five days notice in order to arrange for staff to meet with us and to visit people in their own home. It was last inspected in October 2013 and met all of the standards that we reviewed.

The Bungalow (DCC Homecare Service) provides domiciliary care to up to six adults with learning disabilities in supported living accommodation in two community properties. Although six people lived in the accommodation the service was only providing personal care to five people when we inspected.

There was a registered manager in post. 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. The registered manager oversaw the running of the full service and was supported by a unit manager and a deputy manager. The deputy manager oversaw the day to day management of the service and we refer to them as 'the manager' in this report.

People were kept safe by staff who understood their responsibilities to protect them. Each person had a key worker who supported them to make choices about their care and what they wanted to achieve. They planned their week to make sure they pursued their interests and did the activities that they liked. They had care plans in place to support this and they were involved in reviewing these regularly.

We saw that there were enough staff to support people and that those staff had been recruited following procedures to check that they were safe to work with people. They received training and support to ensure that they could support people well. We saw that they had positive relationships with people and that they used specialist equipment to assist people to make choices about their care. People were supported to make their own decisions about their care and support.

Risks to people's health and wellbeing were assessed and actions were put in place to reduce them so that people could lead as independent lives as possible. Medicines were given to people safely and records were well maintained and managed. Staff supported people to maintain their health and to participate in managing their own wellbeing. We saw that people chose their own food and drink and were supported to prepare this themselves.

The manager was approachable and listened to people. There were a range of systems to monitor and improve the quality of the service. This included responding to complaints and implementing actions from them.

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
People were protected from abuse by staff who understood their responsibilities. Risks to their health and wellbeing were assessed and managed to support people to live independent lives. There were enough staff to meet people's needs. Medicines were managed and administered safely by staff who had been checked to ensure they were safe to work with people.

Is the service effective?

Good ●

The service was effective
Staff were trained and supervised to be able to meet people's needs. People were supported to make their own decisions about their care and to access health care when required. People were supported to choose and prepare their meal and to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring
People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received and their privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive
People were included in planning and reviewing their care. They were supported to pursue interests and engage in social activities. People were supported to raise any concerns and there was a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led
Systems were in place to assess and monitor the service to improve the quality of care and support for people. People and staff were encouraged to contribute to the development of the service. Staff were given guidance and support to fulfil their roles and responsibilities.

The Bungalow (DCC Homecare Service)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 19 April 2016 and was announced. The provider was given five days' notice because the location provides a supported living service and we wanted to arrange to visit people in their home and to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We used a range of different methods to help us understand people's experiences. We met two people in their day service and visited a further three people in their homes and made a telephone call to one relative. We spoke with four care staff, a deputy manager and the unit manager. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

We saw that people were kept safe in their homes and protected from abuse. One relative we spoke with said, "They are completely safe and well looked after by the staff". We observed warm relationships between staff and the people they supported and when we asked two people if they felt safe they smiled and nodded. Staff we spoke with understood their responsibility to keep people safe. One member of staff we spoke with said, "If I was concerned about anything I would raise it straight away". We saw that there was a local authority safeguarding poster in each of the properties we visited, and in the office, and staff confirmed that they explained to the people they supported what these were for and who they could call if needed. They were also aware of the whistleblowing policy and one member of staff said, "I wouldn't hesitate to talk to any of the managers here if I was worried and I know they would listen, communication here is very good". The manager said, "We try very hard to make sure that our people are safe at all times".

We saw that there were assessments in place which reviewed potential risks to people's welfare and that action had been put in place to minimise the risk whilst maintaining people's independence. For example, we saw that one person travelled independently to social occasions on a daily basis and that the risks were reduced by using the same taxi firm with familiar drivers and having a communication system in place to contact staff should support be required. When we spoke with this person they said, "I always use the taxis to get there". Staff we spoke with described how they supported one person to manage their behaviour when it could cause harm to them or to others. One staff member said, "The team know the triggers and are alert to changes in their behaviour". When we looked at the risk assessment we saw that it gave clear guidance to staff on how to support the person and to implement techniques that the person had agreed with a health professional. Another staff member we spoke with said, "They know when they feel like this and so we encourage them to use the calming techniques and they have really worked for them. It enables them to let us know how they are feeling so that we can give them the time needed to talk before the situation escalates". We saw that the second stage of the assessment described how the person could take some PRN medicine to assist them to manage their behaviours. PRN medicines are prescribed to be taken when needed. They made the decision about when they needed this themselves and they were supported to understand the risks associated with this by health professionals and staff. We saw that this approach had contributed to a reduction in the incidence of the behaviours that could cause harm and also that the person had taken much less PRN medicine over a period of time.

We saw that medicines were managed safely as the provider had processes in place to receive, store, administer, and dispose of medicines safely. One person we spoke with said, "The staff help me and do my tablets for me". We saw that another person had secure storage arrangements in their own room. Staff we spoke with told us that they had received training in medicine. One member of staff said, "Medication training made me stop and think about how we were doing things and we made some changes in recording". A medicines administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why. We saw that PRN protocols were in place to support staff and the people they support to know when they should take additional medicines safely and as prescribed.

There were enough staff to meet people's needs and one member of staff we spoke with said, "There is some flexibility so that we can support people when needed such as a doctor's appointment". There were systems in place to ensure that people were supported when they should be. For example, there was a daily four o'clock community call which checked that staff were at the property when people got home and we saw this take place. We saw that there were sleep-in arrangements at each property to ensure that people could be supported at night if needed. Another member of staff said, "We have systems in place such as one person has sensors on their bed which set off an alarm in the sleep-in room if they need us". We spoke with the manager who described how staffing levels were planned around people's needs and reviewed if there were any changes. One member of staff we spoke with said, "There are set hours but if people need extra support then we might come in for another hour or two".

The provider checked staff's suitability to work with people before they started work. One member of staff told us, "I did my DBS and got references before I started work". The DBS is a national agency that keeps records of criminal convictions. The staff files we looked at had all the required documentation in place.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the service to be evacuated. One member of staff said, "We checked the fire evacuation last week and without any prompts or guidance from staff everyone was out in less than 30 seconds". Staff told us about the regular safety checks that they did and we saw that records were in place to record this in order to maintain people's safety.

Is the service effective?

Our findings

We saw that staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. One relative confirmed, "The staff are really good at their jobs and support them really well". Staff we spoke with told us that they received regular training to assist them to do their job well. One member of staff said, "Training is good because it stops you getting complacent". Another said, "Training is a good chance to hear other people's opinions and bring new ideas back to your manager". Staff told us that they could request specific training to help them to support people's changing needs. One member of staff said, "We requested some training on mental health and it really made me to understand people better. Another colleague has done bereavement and then fed back to the team so that we can support people". Another member of staff said, "As the person centred facilitator I meet up with the others in the same role across the county to share best practise and look at new ideas. It helps to keep us focussed on what we do". One member of staff described the support that they received when they were first employed. They said, "I went all over the place doing training when I first started and then shadowed a member of staff. The manager came and watched me working with people and then said you will be fine". The manager confirmed that there was an induction plan in place for new staff and that each member of staff had a personal development plan which was regularly reviewed and updated with them.

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.

We checked to see if the provider was working within the principles of the MCA. Staff we spoke with understood about people's capacity to make decisions for themselves. One member of staff said, "We should think that everyone has capacity. Some people might judge people's ability to make decisions on how they present but it just takes time to understand their signs etc. to work out what decisions they are making". We saw that staff used pictures and signs to help people to make their own decisions, for example, to plan a social activity. Assessments that we reviewed demonstrated that people's capacity to make their own decisions was assessed and guidance was given to staff to assist them to use the approach that suited the person.

We saw that people were encouraged to choose and prepare their own meals. One person had attended a catering course during the day and they told us about the food that they had prepared and eaten. A member of staff said, "They are in the kitchen all day and then as soon as they come home they choose to go back in their own kitchen cooking again". We saw that some people had been supported to manage their diet to ensure that it was nutritionally balanced. One person we spoke with said, "I have lost over four stone by following a healthy eating plan and going to the gym daily. I feel much better for it and my breathing is better". The member of staff who supported them said, "We worked together to devise a menu that they liked. They did hit a plateau with their weight loss and so we saw a healthcare professional who gave us

some diet ideas to get past this".

Some people we spoke with told us about health appointments that they were due to attend and we saw one person being supported to attend a check-up. Staff told us, and records that we looked at confirmed, that people were supported to maintain their health. We saw that regular appointments were maintained and that staff also anticipated future need, for example organising support for someone to prepare for expected life changing events. Advice and guidance from professionals was followed to support people.

Is the service caring?

Our findings

We saw positive caring relationships between staff and the people they supported. A relative told us, "Their life has changed around since they moved there; the care they get is fantastic". We saw that people were relaxed, chatted and shared jokes. One person pointed to a member of staff and said, "They're great". Staff we spoke with talked about people in a respectful manner. We saw that when one person was distressed they were supported in a caring manner and the member of staff gave them reassurance. One member of staff said, "It's not a job here it's a vocation". Another member of staff told us, "We have a staff team who have been here a long time but that's only right as you shouldn't have different people in and out of their home. It means we all know each other really well".

We saw that people were supported to make decisions and choices about their care. There were specialist methods of communication in place for some people to support them to do this. One member of staff explained, "They use their symbols to tell us what their choice is; for example, they love cowboy films". We saw that some people had previously had support from independent advocates to assist them to express their wishes and the manager told us, "We may use an advocate again this year to help people decide on their holiday destination". An advocate is a person who is independent of the home and who supports a person to share their views and wishes.

People's dignity and privacy were respected. We saw that people had their own rooms which they had chosen the décor for. One person showed us their room and pointed out all of the things that they owned that were there. Another person said, "I like my room and my TV". We saw that staff always knocked and asked permission before entering personal space. One member of staff knocked on someone's door to ask if we could speak with them and they reminded the person that they had discussed the visit yesterday and asked if it was still ok for us to enter their room. We saw that people were encouraged to maintain their independence. One member of staff said, "We give them the cream and encourage them to put it on their feet and then we check to see if they're covered". A relative we spoke with said, "My relative is always well prepared when they come out with us and have all of the things that are important to them with them". A member of staff said, "We promote families visiting and if they don't come here for whatever reason then we try to organise a visit to them".

Is the service responsive?

Our findings

We saw that care was planned around people's needs and a member of staff said, "Person centred work is vital". People we spoke with knew what they had planned for the week ahead and the arrangements in place for them, such as which staff were supporting them. They also said that they had keyworkers who spent time planning with them. A keyworker is a member of staff who takes additional responsibility for one named person. One person said, "I know who my keyworkers are and can go to them if I need anything".

One member of staff we spoke with said, "It's about having an understanding of different people's likes and dislikes and managing our time and the house to meet them all. For example, one person likes to come downstairs in the evening and speak with staff when it's quiet and we make sure that we protect that time". We saw that care plans were in place which identified people's needs and preferences and that staff knew what was in them. One member of staff said, "There is lots of information available to assist us". We saw that people were involved in the planning and they were signed by people who were able to. We saw that families were also included and one relative we spoke with said, "They ring me up if anything happens and I get involved in his care plan".

Some people told us that they had their care reviewed. One person said, "I have a meeting planned soon with mum". Staff told us that they would also review plans as people's needs changed. For example, one member of staff explained, "We observed that one person was not swallowing a tablet and when we spoke to them we realised it was because they did not like the side effect. We organised a review with the GP to alter the prescription and also amended their care plan with them to ensure that they were fully supported to take their medicines". We saw that there were daily records kept so that staff were kept updated of any changes in people's needs. One member of staff said, "The first thing we do is come in and check for appointments and read communications".

People told us that they were supported to pursue their interests and take part in social activities. One person beckoned for us to follow them to the garden so that they could show us all of the plants they were growing. We saw that the planter had been adapted so that the person could get involved easily. Another person said, "I am going on holiday soon and also a day to the castle". Another person talked to us about the exercise they were doing and said, "We arranged for someone at the gym to show me how to use the equipment". A relative we spoke with said, "They go out all of the time". One member of staff we spoke with said, "We have been reviewing restaurants at weekends and they all enjoy it. We use the computer to choose where we want to go so that some of the people can look at the pictures. We rate the experience as a team and then post our review online when we get back".

We saw posters in each of the properties which explained to people how they could complain to the provider. One person we spoke with said, "I have never complained but if I need something looked at I tell the staff before their meeting so they can ask for the managers for me". A relative we spoke with said, "If there were any problems we would go in and discuss it; over the years we have only had to once and it was sorted out straight away". The provider had not received any complaints since our last inspection but the manager told us that there was a procedure in place and could explain how they would investigate them.

Is the service well-led?

Our findings

We saw that there was a shared set of values which underpinned the service and everyone we spoke with told us that people were at the centre of it and that it was their home. We saw that they were consulted and included about every decision in their home and encouraged to give feedback through their keyworkers. We saw the manager interact with people in their homes and they had a warm relationship and knew each other well and talked about things that were currently happening for them. Staff we spoke with told us that they were listened to and could contribute to the development of the service. One member of staff said, "The managers will listen and let you give things a try. We put together a guide for any new staff which shows how an average shift is and what's important to people and they supported that and said it was a good idea". Staff told us that the managers were approachable; one said, "It is so well run here you can pick up the phone and get support whenever you need it". A relative we spoke with said, "They never take their finger off the ball they are always looking for ways to improve".

Staff we spoke with told us that they felt supported by the manager. One member of staff said, "We have supervision and they are a good manager because they know the people well". Another member of staff said, "We have regular supervisions and team meetings but if there are any issues I can phone the manager any time". Another confirmed this and said, "It is open house for communication with the manager". The manager said, "I really value team meetings and have had some difficulty recently organising them for one team because of a change to their working hours but we have one coming up soon. It is good to have time to focus on the people we support and hear the staff's ideas for the future".

We saw that staff members were developed to take on additional responsibility and champion roles, such as around behaviour management. One member of staff told us, "I am the dignity champion and I have been tasked with putting an application together for a dignity award".

Systems were in place to ensure effective communication between staff as they mostly worked alone. We saw that there were diaries and communication books which were completed throughout the day to ensure that all important information was handed over. There was an on call system so that staff could contact a manager for advice out of office hours.

Quality checks were completed by the manager. The manager said, "I went in three weeks ago and audited all of the medication records to make sure that there were no errors. I didn't find any because the staff check it daily and would inform us of any problems on the day". The provider also completed regular audits and we saw that action plans were followed and completed afterwards to drive quality improvement.

There was a registered manager in post who understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration