Selborne Care Limited

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

We carried out an unannounced comprehensive inspection on 20 January 2018.

The Bungalow provides care and accommodation for up to three people with learning disabilities. On the days of our inspection there were three people living at the care home.

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. At the last inspection on the 8 October 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

We met and spoke to all the people during our visit and observed the interaction between them and the staff. People were not able to verbalise their views and staff used other methods of communication, for example visual choices.

People remained safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff confirmed there was sufficient numbers of staff to meet people's needs and support them with activities and trips out. Staff said people were safe because; "There is a great staff team here. We all work well together."

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity needs of people.

People were supported to have maximum 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's end of life wishes were not currently documented, however one person had a funeral plan in place which had been provided by relatives. People's healthcare needs were met and their health was monitored by the staff team. People had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought. Care plans were

person centred and held comprehensive details on how people liked their needs to be met, taking into account people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. The staff, who had all worked at the service for some time, had built strong relationships with people. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People had complex communication needs and these were individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager confirmed any complaints received would be fully investigated and responded to.

The service continued to be well led. People lived in a service where the registered manager's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was very approachable and made themselves available. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains good.	**Good**
Is the service effective? This service remains good.	**Good**
Is the service caring? This service remains good.	**Good**
Is the service responsive? This service remains good.	**Good**
Is the service well-led? This service remains good.	**Good**

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 was undertaken by one inspector on 20 January 2018 and was unannounced.

We followed this visit up by speaking to the registered manager by telephone to discuss other records including policies and procedures.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider 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. At our last inspection of the service in August 2015 we did not identify any concerns with the care provided to people.

During the inspection we met and spent time with all three people who lived at the service. The people living at the service had complex needs which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore we observed how staff interacted and looked after people and we looked around the premises. We spoke to three members of staff.

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.

We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medication administration and finance records. We also looked at quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People who lived in The Bungalow were unable to express themselves but appeared to be very relaxed and comfortable with the staff who supported them. Staff said; "Yes 100% safe because staff are well trained."

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. To help minimise the risk of abuse to people, staff all undertook training in how to recognise and report abuse.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of this ongoing training.

People had sufficient staff to support them based on the activity they were undertaking. There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them.

People's risk of abuse was reduced as the company had a suitable recruitment processes in place. This included checks carried out to make sure new staff were safe to work with vulnerable people. Staff were unable to start work until satisfactory checks and references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. There was clear guidance in place for staff managing these risks. People had risk assessments in place regarding their behaviour, which could be challenging for others or the staff.

People's accidents and incidents were recorded and referred to the learning disability team for advice and support when needed. People's finances were kept safe. People had appointees to manage their money where needed, including advocates.

People received their medicines safely from staff who had completed training. Systems were in place to audit medicines practices and records were kept to show when medicines had been administered. People had prescribed medicines on "as required" basis and there were instructions to show when these medicines should be offered to people. Records showed these medicines were not routinely given to people and only administered in accordance to instructions in place.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked, weekly fire tests were carried out, and people had personal evacuation procedures in place. People were protected from the spread of infections. Staff understood what action to take in order to

minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, for example diabetes training and the Care Certificate. Staff confirmed the Care Certificate covered Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held.

People's file held communication guidelines. This showed how each person was able to communicate and how staff could effectively support individuals. People's "Hospital Passport", which could be taken to hospital in an emergency, detailed how each person communicated to assist hospital staff in understanding people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

People were supported to eat a nutritious diet and were encouraged to drink enough. People identified at risk of choking due to consistency of food had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suitable food choices.

People were encouraged to remain healthy, for example people did activities to help maintain a healthier live for example swimming. People's health was monitored to help ensure they were seen by appropriate healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as diabetic nurses and GPs.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily.

Good

Is the service caring?

Our findings

The staff continued to provide a caring service. People had lived at the service for a number of years and had built strong relationships with the staff who worked with them. People appeared comfortable with the staff working with them and there was a relaxed and calm atmosphere in the service. A relatives questionnaire sent to the service recorded; "I have the upmost confidence that [...] has the best care available anywhere and remains happy and secure."

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. We heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance.

People's representatives were involved in decisions about their care. People had their needs reviewed regularly and staff from the service who knew people well attended these review meetings. Personal representatives, for example family members or advocates and health care professionals also attended.

Staff knew people well and understood people's nonverbal communication. Staff were able to explain each person's communication needs, for example by the noises and expression they made to communicate whether they were happy or sad. Staff clearly understood people's nonverbal communication and explained to us how one person made noises to indicate they wished for quiet time. One person used Skype facilities to enable family members to see and talk with them.

People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's independence was respected. For example, staff encouraged one person to hold their own drink and not let staff fully assist them. Staff did not rush this person and it was all done at the person's own pace. The staff member was kind and gave the person time while supporting their independence. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the same staff members. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs, for example, district nurses were contacted if a person's blood sugar levels where not within a normal range. Staff told us how they encouraged people to make choices. Staff said some people were shown visual items to help make choices.

People's care plan was personalised to each individual, contained information to assist staff to provide care and support but also gave information on people's likes and dislikes. In addition to full care plans there were brief pen pictures of people, particularly about people's communication and behavioural needs. This could be used to make sure new staff had information on how to communicate with people and what was important to them. Staff had a good knowledge of each person and were able to tell us how they responded to people and supported them in different situations.

People received individual one to one personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, visual choices to assist people.

PIR records; "Communication. This is an area that we continually look for improvements. The service users are unable to make informed decisions or communicate their needs effectively."

A complaints procedure was available; however people currently living in the service would not understand the procedure. The registered manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to people's nonverbal communication that they knew people well and worked closely with them and would monitored any changes in behaviour. People had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. Staff had supported two people through recent losses of close relatives. One person had a funeral plan in place provided by family members.

People took part in a wide range of activities. People's family and friends were encouraged to visit or Skype family members living abroad. Staff recognised the importance of people's relationships with their family/friends and promoted and supported these contacts when appropriate.

Good

Is the service well-led?

Our findings

The service remains well-led. Staff spoke very highly of the registered manager of the service. One staff said; "Love it here" and "Couldn't think of a better place to work."

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.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's website records; "In delivering the service to meet our ethos and values we follow a number of important principles in our approach to the individuals that we support." Information also recorded that the provider; "Provides person-centred services to promote and support independence, dignity and individual rights." These visions were clearly embedded into the culture and practice within the service and incorporated into staff training and staff received a copy of the core values of the service. As a consequence of this, people looked happy, content and well cared for.

The registered manager was well respected by the staff team. They were open, transparent and person-centred. The registered manager was committed to the company and the service they oversaw, the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who kept their practice up to date with regular training and worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about the leadership of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. Senior management monitored the culture, quality and safety of the service by visiting to meet with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to check accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.