

MCCH

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

The Bungalow is a residential care home for six people who are living with learning disabilities. It is a spacious, purpose built, single floor building with wheelchair access.

At the last inspection in October 2014, the service was rated Good. At this inspection we found the service remained Good.

Relatives felt their family member was safe at the service. Staff were knowledgeable about the safeguarding and whistleblowing procedures. There were enough staff on duty to meet people's needs who were employed through safe recruitment processes. Risk assessments were carried out and management plans put in place to enable people to receive safe care. People received their medicines correctly and as prescribed.

Staff received support through supervisions and training opportunities. The provider was aware of their responsibilities under the Mental Capacity Act (2005) and staff were knowledgeable about how to obtain consent. People were supported to eat a nutritionally balanced diet and had access to healthcare professionals as required to meet their day-to-day health needs.

Relatives thought staff were caring. People received care that promoted their privacy and dignity and maintained their independence. Staff were aware of equality and diversity issues.

Staff were aware of people's support needs and their preferences. A variety of activities were offered and each person had their own weekly activity timetable. The provider had a detailed complaints policy and relatives knew how to make a complaint but had not needed to.

There was a registered manager at the service. Relatives and staff spoke positively about the organisation and the management team. The provider had regular meetings with staff and with people who used the service. People and relatives were asked to give feedback on the service. The provider had various quality assurance systems and issues identified were used to improve the quality of the service provided.

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?

The service remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The 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.

We carried out this inspection on 19, 20 and 26 April 2017. The provider was given short notice of this inspection because the location is a small care home for people who are often out during the day and we needed to be sure somebody would be in. One inspector carried out this inspection.

Before the inspection, 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. We looked at the evidence we already held about the service. This included the last inspection report and notifications the provider had sent us. We also contacted the local authority to obtain their views about the service.

During the inspection we spoke with two people who used the service, the service co-ordinator, the assistant team leader, a senior care staff and two care staff. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We reviewed three staff files and five people's care records. We also reviewed training records, quality assurance records, policies, staff duty rotas and maintenance records. After the inspection we spoke with three relatives.

Is the service safe?

Our findings

Relatives told us they were confident their family member was safe at the service and there were enough staff on duty to meet people's needs. Observations during the inspection showed nobody had to wait long for assistance. Records showed there were enough staff on duty to meet people's needs. The service used regular agency staff to cover staff absences.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had been given written references. New staff had criminal record checks carried out to confirm they were suitable to work with people and the provider had a system to obtain regular updates. This meant a safe recruitment procedure was in place.

The provider had clear safeguarding and whistleblowing policies which gave guidance to staff about what action to take if they suspected someone was being abused. Staff confirmed they had received training in whistleblowing and safeguarding and were knowledgeable about the procedure to follow if they suspected abuse. One staff member told us, "Whistleblowing is if you see something wrong, it's knowing where to go and your name is not mentioned. We have a number in the office or we can call CQC." Another staff member told us, "Go to the senior manager or the chief executive. I would to the safeguarding team or CQC." A third staff member said, "If my colleagues make some mistakes with [people who used the service], I need to tell my manager or supervisor or if not I tell CQC."

People had risk assessments as part of their care plans regarding their care and support needs and accessing the community. Risk assessments included clear actions for staff to mitigate the risks. People had risk assessments about their mobility, administering of medicines, using medical equipment, drinking hot drinks, using the house vehicle and other transportation. Each person had a missing person information sheet as part of their care plan which was easily accessible and could be given to police.

Risk assessments included a detailed risk management plan. For example, one person's mobility risk management plan included, "Staff to accompany me, whilst walking. Staff are to make sure that my route is hazard free. Staff to ensure that there is one member of staff either side. See guidelines set by community physiotherapist in [person's] support plan." This meant the provider had taken steps to mitigate risks that people may face.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, a gas safety check was carried out on 11 August 2016, testing of portable electrical appliances was done in November 2016 and an electrical installation check was done in April 2016. Each person using the service had a personal emergency evacuation plan so that staff knew what support the person needed in the event of an emergency. Firefighting equipment had been checked on 13 January 2017. This meant the provider had systems in place to ensure the safety of people on the premises.

The provider had a comprehensive medicines policy which gave clear guidance to staff of their

responsibilities regarding medicines management. Staff had received up to date medicines training. Medicines were stored in locked cabinets in a locked room. Blister packs contained the person's name and photograph. There was a book for staff to record medicines coming in and out of the home. This was to ensure that any medicines removed from the home were accounted for. Boxed medicines were in date, clearly labelled and accounted for. Medicine administration record (MAR) sheets were completed correctly. This showed that people received their medicines as prescribed and there were no gaps in the records.

People who required "pro re nata" (PRN) medicines had guidelines in place. PRN medicines are those used as and when needed for specific situations. Records showed PRN medicines had been administered and signed for as prescribed. However, we found topical creams that were prescribed to be applied on a PRN basis did not have guidelines to inform staff of the circumstances they would be required. We raised this with the assistant team leader who produced the guidelines during the course of the inspection.

Is the service effective?

Our findings

Relatives thought that staff had the skills to work with their family member. However, one relative told us, "Yes but sometimes I think they [staff] expect a little too much from [person]." The relative explained that their family member would not be always ask to do certain activities and staff needed to make the suggestion to the person.

Staff confirmed they had regular opportunities for e-learning and face to face training to enable them to carry out their role. The training matrix confirmed that staff received a range of training including the Mental Capacity Act 2005, fire safety, food hygiene and first aid.

Records showed staff had regular supervisions. Topics discussed included teamwork, care plans, training and communication. Supervisions were used to give feedback to staff on their work performance. Staff confirmed they had regular supervisions and they found these useful. This meant that staff were supported to carry out their role.

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. At the time of this inspection five people needed a level of supervision that may amount to their deprivation of liberty. Two people had current DoLS authorisations in place. The service had made applications to the local authority to renew the DoLS for the other three people whose current DoLS authorisations were due to expire. For example, the provider used a key code lock on the front door to keep people safe. People were given an easy read guide "the deprivation of liberty safeguards" to help them to understand why they were placed under DoLS.

People had a support agreement on their care files which they signed if they were able. Where people were not able to sign to consent to their care plans this was documented. Staff were knowledgeable about when they needed to get consent. One staff member told us, "You need to get consent for everything on a daily basis, all the time." Another staff member said, "When going shopping or personal care, I need to ask [person who used the service]."

People were offered a varied and nutritious menu. Staff were knowledgeable about people's dietary requirements. For example, one staff member said, "We use less sugar, less salt and encourage healthy

food." Records showed that people decided the menu at their weekly meeting and staff used pictures of meals to help people to make choices. Staff documented any changes when people opted for an alternative choice on the day. During the inspection, one person requested spicy food as an alternative choice and staff accommodated their choice. There were healthy snacks including fruit, available for people who were on a weight management plan.

People had separate medical files which included a health action plan and hospital passport. Records confirmed that people were able to access support from healthcare professionals when needed. For example, we saw records of visits to the GP, dentist, optician, psychiatrists and specialist hospital consultants. During the inspection, the chiropodist visited the home to check people's feet. Where appropriate, people had management plans for specified health conditions.

Is the service caring?

Our findings

People were relaxed in the presence of staff. Relatives thought staff were caring. Comments included, "On the whole I think they [staff] are all very pleasant. I would say they are caring", "Yes they are [caring]. I've got no complaints whatsoever" and "Very much so. The staff are always so helpful. {Person's} very happy and that makes us happy." One relative told us they were impressed when their family member had to have surgery in hospital and a staff member visited the person every day to check they were okay and had been offered food.

Staff demonstrated awareness of how to develop caring relationships with people. One staff member gave an example of a person moving into the home and how they helped the person to settle in. This staff member told us, "[Person] had a few visits. We asked him where he wanted his furniture. Made sure he had his television. Got to know him by chatting with him." Another staff member told us, "First of all, we check the care plan, what they like, what they don't like. Talking to them [people who used the service]." A third staff member said, "Having a consistent staff team is essential, listening to the [people who used the service], what they want, the support plan meets their needs, if they can put their trust in the person looking after them."

Staff were knowledgeable about equality and diversity issues. One staff member gave an example that they were a non-Christian but would support a person who was a Christian to maintain their faith. This staff member said, "We are a multi-cultural society. If [person] wants to go to church, I will go to church with them." Another staff member told us, "You would find out what their cultural needs were, make sure you put it into their care plan. This staff member gave an example of one person they had previously worked with whose faith did not allow them to put their feet under the book of their religion. The staff member said, "So we changed his room around."

The provider had a clear policy in dignity in care and support which gave guidance to staff about the organisations expectations that staff respect people's rights to privacy, dignity and self-worth. One staff member told us, "Make sure the doors are closed. Make sure they put their dressing gowns on. We knock on the door." Another staff member said, "Shut the door. You make sure you go out with a cloak or a shawl if you have someone who can strip off when out. They [person] may want to talk to someone in private; they can use this room (quiet room). Any information is shared on a need to know basis." A third staff member told us, "If I need to go in their room, I need to knock. Don't tell anyone their personal things. Close the door, knock on the door, cover them. What is good for me, I give to them."

The provider produced information in an accessible format to enable people to understand the service they could expect. Care records contained a communication passport which detailed the person's ability to communicate and the best method of communication to use with them. Staff were knowledgeable about ensuring people had choices. One staff member told us, "They have choices about where they want to go out, when they want to go out, who they want to support them with personal care, gender preferences. We encourage them to choose their own clothes. You have to test out the choices and knowing their level of communication, you can use pictorial, point of reference." Another staff member said, "I show them

choices."

Staff were aware of ensuring people maintained their independence. One staff member told us, "If person can do something, let them do it themselves. Keep trying to encourage them." Another staff member said, "We would look at their support plans. Support them to be as independent as possible bearing in mind health and safety." A third staff member told us, "If they can do themselves, we try to direct them to do themselves. Promote them to be active."

Is the service responsive?

Our findings

Staff were knowledgeable about personalised care. One staff member told us, "[The person] is in the middle and everything is around them." Another staff member told us, "Person-centred approach which means they [person] should be at the centre of their care. It should be individualised." A third staff member told us, "The service we need to provide is put the person at the centre."

Care records were personalised and contained a summary at the front which included important information about the person, what they liked doing and what was important to them. People's histories, where they had lived, their childhood, where they had gone to school and their favourite things were documented in their care plans. Care files also contained details of people's life skills and goals and what support they needed to work towards achieving their goals. People's care plans were reviewed and updated each month.

Records showed that people participated in a range of activities which included going for trips in the house vehicle, cinema, shopping, arts and crafts sensory sessions and bowling. Each person had an individual activity timetable. For example, one person liked to go for a walk and buy newspapers and magazines. Another person's care file stated, "I love getting involved with celebrations like Christmas and birthday and thoroughly enjoy a party." A third person's care file documented, "I like feeding the squirrels in the morning and I have named them."

During the inspection, we observed one person being encouraged to exercise. Staff were positive and encouraging in their approach. The person was motivated to complete the session and smiled when they received praise for their efforts. Another observation was staff playing music and singing along while encouraging people to join in. People were observed to enjoy this session.

Relatives told us they knew how to make a complaint but had not needed to. The provider had a comprehensive complaints policy which gave guidance to people, relatives and staff on the procedure for making and handling complaints. The policy included that details of the complaint would be documented with action taken, whether the complaint was upheld or not substantiated and whether the complainant was happy with the outcome.

The service had an easy read version of the complaints procedure for people who used the service to help them to understand who they could tell if they were not happy and the procedure that would be followed to investigate the matter. The complaints procedure was displayed at the front door and in people's bedrooms. The service co-ordinator and the assistant team leader told us that no complaints had been made since the last inspection.

The service kept a record of compliments. For example, records showed that a person who used the service had attended a family function on 17 December 2016 and it was noted, "Family members said how well [person] looked and that we are supporting him well." Another example, on 11 April 2017, it was documented that a visitor stated, "Visited for [person's] birthday. Very happy with [person's] health."

Is the service well-led?

Our findings

There was a registered manager at this service. 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 time of this inspection the registered manager was on leave and the service was being managed by assistant team leader with the support of the service co-ordinator.

Relatives told us they thought the service was well managed. Staff spoke positively about the organisation and the management team. One staff member told us, "Everyone works together." Another staff member said, "Yes, As an organisation, I'm supported in my role. No issues with management." A third staff member told us, "The management team is good. It's a good company."

The provider had carried out a feedback survey for people who used the service and their representatives during 2015 across all their services. Records showed that of the responses received 92% agreed the service met their needs and 95% agreed people were treated with respect. We noted a feedback survey had not been done during 2016. The service co-ordinator explained that the number of responses received back tended to be low so the provider had decided to explore alternative ways to obtain feedback and they were planning to do a survey this year.

The provider held a meeting for people who used the service every week. We reviewed the minutes of the most recent four meetings held during March and April. Topics discussed included the house vehicle, day trips out, diary appointments, activities and the menu. Each person's contribution to the meetings was documented.

We reviewed the minutes of the most recent staff meetings held in January and February 2017. Topics discussed included appointments and updates on people who used the service, staff rota, timekeeping, the home environment, training and the future of the service. Staff told us they found the meetings useful. One staff member told us, "Everyone talks."

The provider had various quality assurance systems in place to monitor the quality of the service provided. Records showed that the senior operations manager carried out checks at least twice a year. Actions identified noted the date the action should be completed and the staff member responsible for completing it. For example, in the audit completed on 19 December 2016 noted that out of date medication needed to be returned to the pharmacy. It was documented that this action was completed by the 31 December 2016.

The registered manager carried out monthly audits. Records showed these checks included support plans, health and safety, medicines and staff training. The registered manager's audits for January 2017 and February 2017 noted that outcomes for people who used the service were recorded in their care plans. The registered manager had recorded this as partially met and noted that further work was planned for goal setting with people.

The local authority had carried out a contract monitoring visit in August 2016. Records showed the service had been given 97.2% for the quality of service provision and 99.9% for performance.