

London Paramount Care Ltd

The Bungalow

Inspection report

White Lodge Farm
Bulls Lane, Brookmans Park
Hatfield
AL9 7AZ

Date of inspection visit:
19 April 2022
27 April 2022

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27 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Bungalow is a residential care home providing personal care to one person at the time of the inspection. The service can support up to two people.

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

Right Support

Staff did not always support the person to reduce the risk of the spread of infection. Staff did not wear appropriate personal protective equipment (PPE).

Staff supported the person to have maximum possible choice, , to be independent and have control over their own life. They were supported by staff to pursue their interests.

Staff supported the person to play an active role in maintaining their own health and wellbeing. Staff enabled them to access specialist health and social care support, and medicines were reviewed regularly to achieve the best possible health outcomes.

Staff supported the person to take part in activities and pursue their interests in their local area.

Staff focused on the persons strengths and promoted their independence. Staff understood how to support the person, so they offered the least restrictive options and the management regularly reviewed lessons learnt with the staff and implemented training and development where they felt this was needed.

Right Care

The person supported received kind and compassionate care. Staff protected and respected their privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect the person from poor care and abuse. The service worked well with other agencies to do so. However, we found that not all staff had training on how to recognise and report abuse. Staff were adequately trained to meet the persons needs and to keep them safe.

Care and support plans reflected the person's needs and this promoted their wellbeing and enjoyment of life. However, further consideration is required to ensure the persons long term goals and aspirations are documented.

Right culture

The management team had quality assurance systems in place to enhance the support provided. Actions were documented and improvements implemented. The provider was involved in supporting the home and was aware of the improvements and actions identified, however there was not any formal checking by the provider.

Staff understood best practice in relation to supporting people with a learning disability and autism. The person and those important to them, were involved in planning their care, although they felt that at times the provider did not offer consistent communication. Staff felt they were able to be open to the management and suggest improvements within the service.

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

Rating at last inspection

This service was registered with us on 13 August 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Good ●

The Bungalow

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

The inspection was carried out by one Inspector.

Service and service type

The Bungalow is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. The Bungalow is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person about their experience of the care provided. We spent time observing people and the interactions between staff and people. We spoke with six staff, including registered manager, team leader and support staff. We spoke with one professional who was involved in the care of the person.

We reviewed a range of records. This included one person's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The service did not always use effective infection, prevention and control measures to keep the person safe. Whilst the service's infection prevention and control policy was up to date, we found that staff did not always follow this policy or associated risk assessments. These detailed that staff should wear masks at all times when supporting people. Staff we spoke to said they did not always do this, however, on both of our visits we found staff to be wearing masks.
- We found parts of the home were not clean or well-maintained. For example, in the bathroom the wood and paint was cracked around the toilet and bath area due to water damage. The provider said they had identified this for repair during the inspection.
- During the inspection we observed there to be rats in the garden. This meant staff were reluctant to support the person out in the garden which impacted on their support. Although the provider had called out pest control in the past further action needed to be taken as this had not resolved the issue.
- The providers approach to visiting aligned to the government guidance. The person was able to see their relatives or friends if they wanted to and there were no restrictions on this.
- The service tested for infection in people using the service and staff.

Systems and processes to safeguard people from the risk of abuse

- Staff made sure they supported in a way that would not bring any harm to the person because staff knew them well and understood how to protect them from abuse. One staff member said, "There has not been any safeguarding recently, but I have raised a safeguarding in the past."
- The provider had systems in place to ensure the person were supported safely. There was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.

Assessing risk, safety monitoring and management

- Staff managed the safety of the living environment and equipment in it well, through checks and action to minimise risk, however further improvement was needed to ensure where evacuation drills were completed these were documented correctly.
- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant the person was able to remain as independent as possible.
- Care records helped staff support the person how they needed because they were detailed and gave clear information about the best way to support the person.

Staffing and recruitment

- The numbers and skills of staff matched the needs of the person using the service. The service had enough staff, which included one-to-one support for the person, to enable them to be spontaneous with their plans and do things how and when they wanted.
- The staff team were matched with the person to ensure they had the right skills. Where staff changes occurred, the person was kept informed.
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

Using medicines safely

- Care plans identified support needs in relation to the ordering, storage and administration of medicines. This also included regular reviews of medicines. The service worked alongside health professionals to reduce medicines no longer required and to implement non-drug therapies and practical ways of supporting the person instead.
- Staff received training to administer the persons medicines safely. The registered manager undertook competency assessments, once staff had completed their training, to ensure safe practice.
- Staff followed systems and processes to administer, record and store medicines. These systems were audited to ensure medicines were documented clearly and accurately on medication administration record (MAR) sheets. Where discrepancies occurred, these were investigated.

Learning lessons when things go wrong

- Staff were involved in sessions where staff, professionals and management were able to share information and look at ways support the person in a positive way.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. The service looked at incident and accidents and shared learning but also looked at any themes and put actions into place where they thought this would prevent reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning, however care plans needed to have additional information to identify what the persons long term goals and aspirations were.
- Staff were knowledgeable about the person they supported and were proactive in looking at ways to encourage them to have the best life. We were given examples of where the staff had built a positive relationship with the person which allowed them to feel comfortable with trying things that used to cause them anxiety.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role. The registered manager ensured staff received specific training to meet the person's individual needs. This included how to support with specific health conditions that impacted the person's daily life.
- Inductions were comprehensive, this gave the person the opportunity to get to know the staff member and to build a relationship.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff encouraged the person to eat a healthy and varied diet to help them to stay at a healthy weight. For example, staff, with support of a health professional, provided dedicated and personalised support with healthy eating which resulted in the persons health improving.
- Staff ensured the person was involved in choosing their food, shopping, and planning their meals.
- The service ensured the person was provided with joined-up support so they could access health services. For example, staff and health professionals worked together to provide personalised support which enabled the person to not feel anxious about health interventions.
- Staff were proactive in ensuring the person had the right support network around them for their health and well-being. One professional said, "[Staff] showed an excellent understanding of [persons] needs and also showed genuine care. During my visit we discussed [persons] oral health needs and [staff] asked for the details for the specialist dental service as he felt it would be of benefit."

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

- Staff and management made sure they involved the person in the decisions about their home and where they wanted to live and spend their time.
- The home was decorated and parts of the home personalised. The person was included in decisions

relating to the interior decoration.

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 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. 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.

- Staff empowered the person to make their own decisions about their care and support. Staff gave examples of where the person had choice and control over their lives and staff made all attempts to support the person in the least restrictive way.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person received kind and compassionate care from staff who used positive, respectful language. We observed staff interact in a calm and attentive way to the persons emotions and support needs.
- We asked if the person liked the staff supporting them, in response they showed excitement when speaking about seeing staff who were coming to support them.

Supporting people to express their views and be involved in making decisions about their care

- Staff took the time to understand the persons individual communication styles and develop a rapport. We observed conversations that were of interest to the person.
- We observed staff support the person to be empowered to make decisions about the service and we observed the person comfortable with expressing their choice to the staff.

Respecting and promoting people's privacy, dignity and independence

- We observed staff having a close and trusting relationship with the person they were supporting. Staff were able to notice when the person was in discomfort and anxious and made sure they supported them to feel more comfortable.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff provided the person with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. For example, the person liked a certain routine which helped with their anxiety. Staff were all aware of this routine.
- Staff offered choices tailored to the person using a communication method appropriate to them. One staff member said, "We will ask [person], although if we do not show different options [person] would go for the same thing every day."
- Staff encouraged the person to develop their own skills which would encourage their independence. One staff member spoke of how they supported the person to develop their spelling and writing skills.
- The management team were proactive in ensuring staff continued to develop their skills to ensure support was provided in a way that was tailored to the individual.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff felt they were able to understand the person's communication needs. We observed staff communicating in a way the person liked and understood.
- There were visual schedules to support the persons understanding of what they were doing for the day.

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

- Staff helped the person to have freedom of choice and control over what they did. Staff gave examples of how the support catered for the individual.
- Staff ensured that the person had regular contact with their family and friends. Staff were aware that this was something that was important to the person.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the

results, sharing the learning with the whole team and the wider service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service management and leadership was consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers worked directly with staff and the person and led by example. Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One staff member said, "The management have been very encouraging and made the job easier and they are always listening."
- Management and staff put people's needs and wishes at the heart of everything they did.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

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; Continuous learning and improving care

- The service apologised to people, and those important to them, when things went wrong
- The provider spoke about continuously evaluating the support they provided to people to ensure it met best practice. They also spoke about continuously developing their knowledge and vision of the business to ensure they continue to deliver care that meets the right support, right care, right culture guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback. However, there was no formal quality assurance check to ensure they were confident people were receiving good care.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. We found where improvements had been identified these were actioned.
- Overall staff reported a positive ethos in the service and knew they could go to the management team for advice and support, however felt that there could be further support from higher management. One staff member told us, "We all get on very well. We have a good manager and they have been really helpful."
- Staff were able to share their views and discuss how to develop the service. One staff member said, "We talk about things that have happened in the service and make suggestions. We look at risk and we also speak as a team and relate to other staff."

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give the person using the service a voice and improve their wellbeing. One professional said, "I am delighted to report that [manager] and the team have met all of the targets and were diligently following the care plan with great success."