

## Care UK Learning Disabilities Services 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



### Overall summary

The Bungalow is a purpose-built care home providing accommodation and personal care for five adults who have learning and physical disabilities.

The inspection took place on 25 June 2015 and was unannounced.

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 and associated Regulations about how the service is run.

People's medicines were administered and recorded accurately. Risks to people had been assessed and control measures had been put in place to mitigate against these risks. The service was clean and hygienic

# Summary of findings

and staff understood how to prevent and control infection. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were kept safe by the provider's recruitment procedures. Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant that people's care was provided in the least restrictive way.

People were supported to stay healthy and to obtain treatment when they needed it. People's nutritional needs were assessed and any dietary needs recorded in their care plans. People enjoyed the food provided by the service and were supported to eat a well-balanced diet.

The service provided accessible, safe accommodation. The premises were suitably designed for their purpose and adaptations and specialist equipment were in place where needed to meet people's mobility needs.

People benefited from a stable staff team who had access to the training and support they needed to do their jobs. Staff were supported through supervision and appraisal and had opportunities for continuing professional development and to work towards vocational qualifications in care.

Staff were kind and caring and had a good awareness of people's needs. People had good relationships with the staff that supported them. Staff treated them with respect and understood the importance of maintaining confidentiality, privacy and dignity.

People's needs had been assessed before they moved into the service and kept under review, which meant that their care plans accurately reflected their needs and preferences about their care. Due to people's complex needs, one-to-one staff support was available throughout the day. This meant that people's needs were met promptly and that people were able to choose how they spent their time.

The service promoted people's independence and supported people's involvement in decisions that affected them. Staff had identified and worked with other people who could support the person in making decisions, such as family, friends, advocates and healthcare professionals. Relatives told us that they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be dealt with appropriately.

The service actively sought people's views about their care and support and responded to their feedback. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person preferred. The service had effective links with other health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

People had opportunities to go out regularly and to be involved in their local community. They had access to a wide range of activities and were supported to enjoy active social lives. People were supported to maintain relationships with their friends and families and to share in celebrations and events.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. Staff told us that the registered manager was available and supportive and that they felt able to approach her for advice. Staff met regularly as a team to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The registered manager had implemented effective systems of quality monitoring, which meant that key aspects of the service were checked and audited regularly. Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

# Summary of findings

## 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 safe.

There were enough staff to keep people safe and meet their needs in a timely way.

There were procedures for safeguarding people and staff were aware of these.

Risks to people had been assessed and control measures had been put in place to mitigate against these risks.

People were kept safe by the provider's recruitment procedures.

People's medicines were managed safely.

The service was clean and hygienic.

Good



### Is the service effective?

The service was effective.

People received consistent care from staff who knew their needs well.

Staff had access to the training they needed to provide appropriate care and support.

Staff were well supported through supervision and appraisal and had opportunities to discuss their professional development needs.

The registered manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to stay healthy and to obtain treatment when they needed it. A health action plan had been developed for each person which identified the support they needed to maintain good health.

People's nutritional needs were assessed and any dietary needs recorded in their care plans. Relatives said that people enjoyed the food provided and were supported to eat a healthy and well balanced diet.

The service provided safe, accessible accommodation. Adaptations and specialist equipment were in place where needed to meet people's mobility needs.

Good



### Is the service caring?

The service was caring.

Relatives told us that staff were kind and sensitive to their family member's needs.

Staff supported people in a considerate way, ensuring their wellbeing and comfort when providing their care.

Staff were friendly and proactive in their interactions with people,

People were treated with respect and their independence was promoted.

Good



# Summary of findings

People were supported to make decisions and staff respected their choices.

Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

## Is the service responsive?

The service was responsive to people's needs.

People's needs were assessed before they moved in to ensure that the service could provide the care and support they needed.

Care plans were person-centred and reflected people's individual needs, preferences and goals.

The service actively sought people's views about their care and support and responded to their feedback.

People had opportunities to go out regularly and to be involved in their local community.

People were supported to maintain relationships with their friends and families.

There were appropriate procedures for managing complaints and relatives told us that they would feel comfortable making a complaint if necessary.

Good



## Is the service well-led?

The service was well led.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to.

Staff told us that morale was good and that they worked well together as a team. They said that they had opportunities to discuss any changes in people's needs to ensure that they provided care in a consistent way.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

The service had effective links with other health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

There were effective systems of quality monitoring and auditing. Staff carried out regular audits to check standards in key areas of the service. An action plan was drawn up to address any shortfalls identified during the audit process.

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 was planned to check whether the provider was 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 took place on 25 June 2015 and was unannounced. Due to the small size of the service, the inspection was carried out by one inspector.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals.

During the inspection we spoke with four people who lived at the service, four staff and the registered manager. Some

people did not express themselves verbally and were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff. We also spoke with two relatives, two advocates and two healthcare professionals after the inspection to hear their views about the care people received. .

We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection of the service took place on 5 December 2013 when all the standards we assessed were met.

# Is the service safe?

## Our findings

People said they felt safe at the service and that they were well looked after. Relatives told us that staff provided care in a way that way that maintained people's safety and comfort. One relative said, "They always follow the care plan guidelines when supporting him." Due to people's complex needs, one-to-one staff support was provided throughout the day. This meant that people's needs were met promptly and that staff were always available to provide support when people needed it. Additional staff resources had been put in place to support one person who had recently moved into the service. Staff told us that there were enough staff on each shift to spend all the time they needed to provide people's care and support in an unhurried way. One member of staff told us, "We are one-to-one and that really helps."

People's medicines were managed safely. Medicines were stored securely and medicine stocks checked and recorded daily. There were appropriate arrangements for the ordering and disposal of medicines. All staff administering medicines received training and completed a supervised competency assessment before being authorised to do so. Protocols were in place for PRN (as required) medicines and medicines audits were carried out regularly to ensure that people were receiving their medicines correctly. We checked medicines administration records for three people and found no gaps or errors in recording. The service had access to advice from the dispensing pharmacist and people's medicines were reviewed regularly by their GP.

Staff were aware of their responsibilities should they suspect abuse was taking place. The registered manager told us they had spoken to staff at team meetings to remind them of their responsibilities in terms of reporting any incident that could constitute abuse. Staff said they were aware of the whistle-blowing policy and knew how to contact external agencies if necessary. Staff confirmed that the registered manager had made clear the requirement to report any concerns they had about abuse or poor practice.

There were risk assessments in place to keep people safe whilst promoting their independence. For example staff had identified any risks involved in people accessing their local community, such as road safety, or eating and drinking independently. Risk assessments had been carried out in relation to any potentially harmful substances used in the service such as chemicals used for cleaning. Accidents and incidents were recorded and the registered manager checked these records regularly to identify any actions needed to prevent recurrence and any emerging themes.

Relatives and advocates told us that the service was always kept clean and hygienic. The provider had effective infection control procedures and staff received training in infection prevention and control. There was a cleaning schedule in place which meant that all areas of the service were cleaned regularly. The daily shift plan identified the member of staff responsible for cleaning to ensure accountability for completing all necessary tasks.

There were plans in place to deal with foreseeable emergencies and to ensure that people's care would not be interrupted in the event of an emergency. Staff were aware of the procedures to be followed in the event of a fire and people had a personal evacuation plan which detailed their needs should they need to evacuate the building. Actions had been taken to keep people safe. Records demonstrated that the home's fire-fighting equipment was checked and serviced regularly. Records were in place in relation to the safety of the premises, including adaptations and lifting equipment.

People were kept safe by the provider's recruitment procedures. Prospective staff were required to submit an application form, with the names of two referees, and to provide proof of identity and proof of address. We checked a sample of three recruitment files and found the provider had obtained references and a criminal record check for staff before staff started work. The provider had also obtained evidence that applicants were eligible to work in the UK.

# Is the service effective?

## Our findings

People benefited from a stable staff team who had access to the training and support they needed to do their jobs. The permanent staff on duty had all worked at the service for some time and knew the needs of the people they supported well. The registered manager told us that there were no vacancies on the permanent staff team and that a new member of staff had been recruited to provide additional support for one person who had recently moved into the service.

New staff had an induction when they started work and all staff had access to ongoing training. Refresher training was provided regularly in elements of core training, including safeguarding, medicines management, infection control, food safety, moving and handling and fire safety. Staff also had access to specialist training to ensure they had the knowledge and skills they needed to provide appropriate care and support. For example staff told us that training had been provided in epilepsy and managing behaviour that challenged the service.

Staff were well supported through regular supervision and appraisal. They had opportunities to meet regularly with their line managers to discuss their performance and training needs. Staff had opportunities for continuing professional development and were encouraged to work towards vocational qualifications in care. The registered manager told us that new staff would be registered on a vocational course in care if they had not already obtained one when they joined the team. The registered manager told us that staff were working towards the Care Certificate, a set of standards designed to ensure that that health and social care workers provide compassionate, safe and high quality care. The deputy manager was mentoring staff through the process and the registered manager planned to assess competence against the standards at its conclusion.

As some people were unable to communicate verbally, it was important that the staff supporting them were familiar with their communication techniques. Detailed care plans had been developed which provided clear guidance for staff about how to support people in the way they required. For example if people were unable to express themselves verbally, their care plans contained guidance for staff to

recognise how they expressed feelings such as pain, hunger and thirst. We observed that staff understood people's communication methods, which meant that they were able to respond appropriately when people needed support.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. The Deprivation of Liberty Safeguards ensure that people receive the care and treatment they need in the least restrictive manner.

We observed that staff sought people's consent before they supported them. The registered manager told us that the MCA and DoLS had been discussed at team meetings to ensure that staff understood the key principles of the Act and how they should implement best practice in supporting people in the least restrictive manner. The registered manager told us that best interest meetings had been held where people required support in making decisions involving the person's family, advocates and healthcare professionals.

People were supported to stay healthy and to obtain treatment when they needed it. Relatives told us their family members were able to see a doctor if they felt unwell and that staff supported them to attend medical appointments. Care plans demonstrated that people were supported to see health professionals, including mental health specialists, when they needed to. The outcomes of all healthcare appointments were recorded and any changes made as a result were recorded on the person's care plan.

An individualised health action plan and hospital passport had been developed for each person. Health action plans summarised people's individual health and communication needs in an accessible format and identified any actions needed to ensure they maintained good health. Hospital passports were designed to ensure that medical staff had immediate access to all the information they needed should the person require admission to hospital.

People's nutritional needs were assessed and any dietary needs recorded in their care plans. We observed that people had access to adaptations and equipment to enable them to eat and drink as independently as possible.

## Is the service effective?

Staff were available to provide support with eating and drinking if required. Relatives told us that their family members enjoyed the food provided and that they could have alternatives to the menu if they wished. Relatives said that people were supported to eat a healthy and well balanced diet and that people had opportunities to eat out and to enjoy their favourite foods. One relative told us, "People are well fed and well looked after. The meal options are very good." Staff encouraged people's involvement in choosing what appeared on the menu.

The service was purpose-built and provided safe, accessible accommodation. Adaptations and specialist equipment, such as hoists, adapted baths and profiling beds, were in place where needed to meet people's mobility needs. People were able to personalise their bedrooms and had access to clean, comfortable communal areas and a large, well maintained garden. Records were in place relating to the safety of the premises.



# Is the service caring?

## Our findings

Relatives told us that their family members received good care from caring staff. They said that the staff who worked at the service were kind and sensitive to their family member's needs. One relative said of their family member, "She's extremely well looked after; the manager and staff are very kind." Another relative told us, "I'm very pleased with the care he gets. He has a very good relationship with the staff and it's a very caring environment. He couldn't be anywhere better."

Advocates also provided positive feedback about the experiences of the people they supported. An advocate told us that the quality of life of the person they supported had improved significantly since moving to the service. The advocate said, "She got good support to settle in and it's absolutely the best place for her, it's a very supportive situation."

Relatives and advocates spoke highly of the support provided by people's keyworkers. Keyworkers were allocated by the registered manager to ensure that people received the care and support they needed in the way they preferred. A relative said of their family member, "His keyworker's very good, he's wonderful with him" and an advocate told us, "She has a great keyworker, he's very caring."

The atmosphere in the service was calm and relaxed during our visit. We observed that people had positive relationships with staff and that staff treated people with respect. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support. Staff were friendly and proactive in their interactions with people, making conversation and sharing jokes. Staff were attentive to people's needs and supported people in a manner that maintained their privacy and dignity.

The service promoted people's independence. For example one person had an adapted telephone keypad in their bedroom, which enabled them to make telephone calls in

private whenever they wished without asking for support from staff. An adapted computer keyboard had been installed to enable one person to use their computer independently. The registered manager told us that one person enjoyed assisting staff in the kitchen at mealtimes.

Staff told us that they encouraged people to do things for themselves if possible to promote their independence. We saw that staff offered assistance if people needed support to mobilise or to eat or drink. Staff said that they encouraged people to make decisions about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. One member of staff told us, "We all know all their likes and dislikes."

People were encouraged to be involved in decisions that affected them. The service used 'circles of support' to identify people who could support the person in making a decision, such as family, friends, advocates and healthcare professionals. The service supported people to express their views about their care and treatment. For example before any healthcare appointment, one person was supported by staff to write down what they wanted to say and to take it with them to the appointment. People were able to access independent advocacy services and the registered manager had contacted an advocacy organisation for people who wished to do so.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint, in a range of formats to ensure that it was accessible to people. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality.

People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

# Is the service responsive?

## Our findings

People's needs were assessed before they moved in to ensure that the service could provide the care and support they needed. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person preferred. We found that care plans had been reviewed regularly to ensure that they continued to reflect people's needs.

One person had recently moved into the service. We found evidence that the person's transition from another service had been planned and managed sensitively to ensure that the person felt comfortable at each stage of the process. The process began with day visits, progressing to overnight visits and short stays before the person moved in. Staff had worked co-operatively with the person's family and other professionals to ensure that the transition was achieved as seamlessly as possible.

The service actively sought people's views about their care and support and responded to their feedback. People met with their keyworkers each month to give their views about the service they received and an action plan was developed to achieve any goals identified by the person, such as activities they wished to try.

People had opportunities to go out regularly and to be involved in their local community. The service had access to shared vehicles and some people had purchased their own vehicles. As a vehicle and one-to-one support was always available, people had the freedom to choose when and where they wished to go. We saw that each person had a planned programme of activities for the week which

reflected their individual interests. Records of the support people received showed that these programmes were delivered but remained flexible enough to change if people's needs and wishes changed.

Relatives told us that their family members had access to a wide range of activities and were supported to enjoy active social lives. They said that people enjoyed meals out, shopping, swimming and bowling. One relative told us, "There are lots of opportunities to go out and she does so regularly" and another said, "He's doing really well there. He goes out regularly and they encourage him to go swimming." Staff told us that some people chose to attend regular classes in dance, cookery and art. People were supported to attend religious services if they wished and members of the religious community visited the service regularly. The registered manager told us that people from the wider local community were encouraged to visit and get to know people living at the service.

People were supported to maintain relationships with their friends and families. Relatives told us that they could visit their family members at any time and were made welcome when they arrived. Staff also supported people to make visits to their families' homes. Families and friends told us that they were invited to summer and Christmas events and that birthdays and other celebrations were celebrated.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies complainants could contact if they were not satisfied with the provider's response. We checked the complaints record and found that no complaints had been received since the last inspection. None of the relatives and advocates we spoke with had made a complaint but all said they would feel comfortable doing so if necessary and were confident that any concerns they raised would be dealt with appropriately.

# Is the service well-led?

## Our findings

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives, advocates and other stakeholders were encouraged to contribute to the development of the service.

Staff told us that they were encouraged to give their views about how the service could improve or to raise any concerns they had. The registered manager confirmed that they welcomed the input of staff in improving the service people received. The registered manager told us, “I ask them to bring their own ideas about the care, the activities, the food. They should contribute to what we’re doing.”

Staff told us the registered manager had clarified the provider’s vision and values for the service and set out expectations in terms of quality standards. They said that the registered manager was open and supportive and that they felt able to approach her for advice. They said the registered manager had an open door policy and encouraged people who used the service, their relatives and staff to speak with them if they had a concern or needed advice. One member of staff told us, “We can approach her at any time if we need advice.”

Staff said that they met regularly as a team and that they had opportunities to discuss any changes in people’s needs, which ensured that they provided care in a consistent way. The registered manager told us that they had access to good support from their line manager and that they met with other registered managers regularly to share best practice.

Relatives and advocates told us that the service was well run and that the registered manager was available to

resolve any issues that arose. They said that the registered manager led by example, particularly in the way they engaged with people living at the service. One relative said, “She sets a good example for staff to follow in the way she is with the residents. The registered manager understood their responsibilities in terms of registration with CQC, including informing the Commission of any notifiable events such as safeguarding alerts or serious injuries.

There was a well-organised shift plan in place, which ensured accountability for the completion of support and key tasks during each shift. For example the shift plan identified which member of staff was responsible for responsible for checking and administering medicines, providing the personal care people needed, cleaning and cooking the day’s meals.

Records relating to people’s care and to the safety of the premises were accurate, up to date and stored appropriately. The service had effective links with other health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed. The healthcare professional we spoke with told us that staff had a good understanding of people’s needs and were able to provide updates for them on their visits.

The registered manager had implemented effective systems of quality monitoring and auditing. Staff carried out a programme of regular audits checking standards in key areas of the service, including fire safety, infection control, accidents and incidents, medicines management and risk assessments. There was evidence that an action plan was drawn up to address any shortfalls identified during the audit process and that these actions were completed.