Care Quality Commission

Really Flexible Care Ltd

The Bungalow

Inspection report

Wood End
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Bedfordshire
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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

This inspection took place on 15 July 2015 and it was announced.

The service provides care and support for up to four people with a learning disability for short periods of care (respite service). At the time of our inspection there was one person staying at the home, with another 20 people using the service when required.

The home has a registered manager. 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 our inspection the registered manager was on maternity leave. The provider had made suitable arrangements during the manager's absence and had notified the CQC accordingly.

People were supported by staff who knew them well and positive relationships had been formed. People had detailed care plans which reflected their preferences and included personalised risk assessments.

Summary of findings

People were supported to take part in a wide range of activities which reflected their hobbies and interests.

Where possible, people and their relatives were involved in decision making. People were supported to make choices in relation to their food and drink and a balanced, nutritious menu was offered.

Staff were recruited appropriately, trained and felt supported to complete their roles. They understood their responsibilities with regards to safeguarding people and knew how to respond to concerns. Staff were kind, helpful and encouraged people to be independent.

There was a clear management structure of senior staff. Staff and relatives knew who to raise concerns with and there was an open culture.

There were quality monitoring systems in place and the provider encouraged feedback on the service provided. Comments and concerns were acted upon and discussed at team meetings, but were not recorded.

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.

Staff knew how to safeguard people.

Personalised risk assessments had been completed to reduce the risk of harm to people.

The provider had safe recruitment processes in place.

Good

Is the service effective?
The service was effective.

People and their relatives were involved in decision making.

People were supported to make choices in relation to their food and drink.

People were supported in meeting their health needs.

Good

Is the service caring?
The service was caring.

Staff were kind and helpful.

Staff treated people with dignity and respect.

Support was individualised to meet people's needs.

Good

Is the service responsive?
The service was responsive.

Care plans reflected people's needs and preferences, and were consistently reviewed.

People were supported to participate in a wide range of activities.

There was a complaints policy in place. People confirmed that their comments and concerns were acted on, but were not recorded.

Good

Is the service well-led?
The service was well-led.

There was a clear management structure of senior staff.

People and their relatives were encouraged to give feedback on the service provided.

The provider completed regular audits to monitor the quality of the service provided.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 July 2015. The provider was given 24 hours' notice because the location was a small care home providing a respite service and we needed to be sure that someone would be in.

The inspection team was made up of two inspectors.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person who was staying at the service, one support worker, one team leader, the deputy manager, the training and support manager and the service development and operational manager.

We carried out observations of the interactions between staff and the person staying at the home. We reviewed the care records and risk assessments of two people who used the service, checked medicines administration records and reviewed how complaints were managed. We also looked at two staff records and the training for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

After the inspection we contacted relatives of three people who used the service to ask for their views of the service.

Good

Is the service safe?

Our findings

The person who was staying at the home and the relatives we spoke with told us that they felt safe or their relative was safe and secure when staying at the home. One relative said, "[Relative] is definitely safe. I have no worries when [relative] stays at The Bungalow."

There was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in the lounge. One member of staff told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting to safeguarding teams and raising concerns using the provider's whistleblowers' policy. The member of staff said, "I would report to the manager, deputy on site or team leader." Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified the CQC of these. This demonstrated that the provider had arrangements in place to protect people from harm.

There were personalised risk assessments in place for each person who used the service. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. For some people, these also identified triggers for behaviour that had a negative impact on others or put others at risk and steps that staff should take to defuse the situation and keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviour at shift handovers. We saw a daily record which detailed the information shared between shifts and a checklist completed by senior staff to evidence that all tasks for that day had been completed. Incidents and accidents were recorded. We saw that these had been discussed at a recent team meeting to inform staff of the steps that were to be taken to minimise the risk of them happening again.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. The service also had a 'business continuity' policy in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply, use of parts of the building, communications failure and disruption to staffing levels.

There was enough skilled and experienced staff to meet people's needs. One relative we spoke with said, "There always seems to be enough staff and [relative] is able to be supported in activities. The staff just sort out the right numbers for people and think about who is going. They are always thinking about anything untoward happening when they are out." The service development and operational manager told us that absences were covered by regular agency staff who had the requisite skills to care for the people who stayed there. We checked the information provided by the agency with regards to these members of staff and this was very limited from one agency. The provider had to ensure that the staff from the agency did have the correct skills, training and experience. We looked at the rotas and saw that staffing levels were increased when more people were staying at the service.

We looked at the recruitment files for two staff that had recently started work at the service. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

There were effective processes in place for the management and administration of people's medicines. There was a current medicines policy available for staff to refer to should the need arise. We reviewed all records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturers guidelines. The team leader or senior member of staff carried out regular audits of medicines so that that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time.

Good

Is the service effective?

Our findings

Relatives told us that staff had the skills required to care for the people who stayed at the home. The most recent survey of people and their relatives asked for feedback about the standard of care provided by the care staff and all the responses were positive. One relative told us, "The staff know [relative] really well and know how to provide the support needed."

Staff told us that there was a training programme in place and that they had the training they required for their roles. The training and support manager told us this was provided in a number of ways, including by e-learning, distance learning courses and face to face training and this was supported by records we checked.

Staff also told us that they received supervision and felt supported in their roles. One member of staff told us, "I have supervision and the chance to talk about anything I need to progress in." Records showed that supervision meetings with staff were held with senior members of staff. Staff also had meetings during their probationary period to discuss their progress and any developmental needs required. This meant that staff were supported to enable them to provide care to a good standard. Both members of staff whose records we looked at had not had an appraisal because they were still new to the service. However, the provider had systems in place to complete appraisals when due.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Although not all staff had received training on the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, we saw evidence that these were followed in the planning of care. We saw that capacity assessments had been completed and best interest decisions had been made on behalf of people in relation to consenting to care, the administration of medicines and managing health appointments. These happened following meetings with relatives and professionals and were documented within their care plans. The manager had appropriately made an application for Deprivation of Liberty Safeguards (DoLS) with regards to the constant supervision of one person and was awaiting an outcome from the local authority.

Staff told us of ways in which they gained consent from people, demonstrating how they communicated with people who could not verbalise their wishes. They explained that they used non-verbal methods of communication using gestures, signs and showing people items to enable them to give consent and make choices. Our observations confirmed that these methods were used effectively to gain consent and understand people's needs. The relatives we spoke with told us they were involved in the decisions on behalf of people in relation to consenting to care. One relative said, "We are always asked would [relative] agree to their plan." We saw records of relatives taking part in the planning of and consenting to care.

In the most recent satisfaction survey all responses received were positive when asked if the home provided a varied and balanced diet. We saw people were offered hot and cold drinks throughout the day along with a variety of snacks.

We spoke with the team leader who told us that all food was prepared at the home and people were given at least two choices for each of the meals. People had been asked for their likes and dislikes in respect of food and drink and the menus had been planned taking their preferences into account. Vegetarian options were available and cultural diet choices were catered for. Members of staff were aware of people's dietary needs, food intolerances and who required special diets for cultural reasons, such as halal meals. This information was displayed in the kitchen and documented in the care plans. Staff recorded what people ate in the daily records.

Relatives told us that people were assisted to access other healthcare services to maintain their health and well-being, if needed. One person told us, "They call the doctor if I get a pain in my stomach." One relative said, "They've been excellent when [relative] has had to go to hospital. They've gone with [relative] and kept us posted by phone on what's happening when they've been able to." Records confirmed that people had been seen by a variety of healthcare professionals, including a GP, nurse and dentist. Referrals had also been made to other healthcare professionals, such as occupational therapists and the local learning disability team.

Good

Is the service caring?

Our findings

The relatives we spoke with told us that the staff were kind and helpful. One relative told us, "The staff are so responsive and caring. You only have to phone in. You can speak to anyone and they will listen." Another relative said, "[Staff member] has such a lovely attitude. So willing to help." In response to the most recent satisfaction survey, positive responses were received when people were asked if they had been made to feel welcome at the service.

Positive relationships had developed between people who used the service and the staff. Staff knew the people who used the service well and understood their preferences. The information provided in the 'Essential Lifestyle Plan' enabled staff to understand how to support people in their preferred way. The relatives we spoke with told us they were confident in the relationships that had developed. One relative told us, "[Staff member] is just fantastic and knows [relative] so well."

We observed the interaction between staff and people who stayed at the home and found this to be friendly and caring. We saw that they also used body language and other non-verbal forms of communication, such as facial expressions and signs to understand people's needs.

Relatives told us that the staff protected people's dignity and treated them with respect. One relative told us, "[Relative] is always respected with the need for time if feeling unwell." Another relative described the service as a 'home from home'.

Staff members were able to describe ways in which people's dignity was preserved, such as, making sure people closed toilet doors and ensuring that doors and were closed when providing personal care in bathrooms. Staff explained that all information held about the people who lived at the home was confidential and would not be discussed outside of the home to protect people's privacy. We saw that professionalism and confidentiality were discussed at a team meeting.

People were encouraged to be as independent as possible. A staff member told us, "I always encourage them to do things for themselves if they can do it. Even small things are achievements." We observed the person staying at the home making a cup of tea for themselves and staff.

There were a number of information leaflets on the notice boards around the home which included information about the service, safeguarding, the complaints policy and activities. We saw these had also been provided in accessible format using symbols so that everyone could understand the information provided.

Good

Is the service responsive?

Our findings

Relatives told us that they had been involved in deciding what care people were to receive and how this was to be given. Before staying at the home, people had been visited by one of the managers who had assessed whether they could provide the care people needed. The care plans followed a standard template which included information on their personal background, their individual preferences and their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people with specific needs.

The staff we spoke with were aware of what was important to people who stayed at the home and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Essential Lifestyle Plan', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person. One person had written two pages in their Lifestyle Plan, 'I like' and 'I don't like'. One staff member told us, "I ask the people what they enjoy. If they can't tell me I ask their family."

Each person who stayed at the home had a preferred room to stay in and how this looked including a choice of bedlinen. Staff were made aware of these choices through photographs and information in the care plans. Rooms were prepared prior to a person arriving for a stay in the way of their choosing.

We saw evidence that relatives were involved in the regular review of people's care needs and were kept informed of any changes to a person's health or well-being. One relative we spoke with told us, "We are always invited to the annual review." They also explained how they regularly received calls during their relative's stays to inform them how they were.

Relatives told us that people were supported to take part in activities they enjoyed. One relative told us, "[Relative] always seems to be busy." They went on to explain how their relative had been swimming, out walking locally to a park and lakes, a trip to Hyde Park in London and to Billing Aquadrome. During our inspection we saw that staff were assisting the person with a number of activities and a visit to a local Koi Carp centre took place. Staff told us that they had time to sit with people and talk about their interests.

There was an up to date complaints policy in place. People and their relatives told us that they were happy and had no complaints. One relative we spoke to told us, "I've never had to make a complaint. I can just pick up the phone and speak to someone to get any small concern resolved. They always come back to me." There was no record of any complaints having been received within the last year. However, a comment on the satisfaction survey was, "I have had areas of concern that I have already raised with management," This indicated that a complaint had been made, but had not been recorded. Another relative had commented, "[registered manager] always resolves my issues and always puts my mind at rest." The comments and concerns raised through the satisfaction survey had been discussed at team meetings, but there was no evidence that people's concerns had been dealt with in a timely manner. This is an area that the provider needed to improve on.

Good

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager and a team leader. At the time of our inspection the registered manager was on maternity leave and the service was being run by the training and support manager.

We noted that there was a very friendly, relaxed atmosphere within the home. One relative told us, "[Relative] is always happy to go." During our inspection we saw that the service development and operational manager spoke with people to find out how they were and involved them in what they were doing.

Staff told us that there was a very open culture and they would be supported by the managers if they raised any issues. One member of staff told us, "I feel comfortable about highlighting issues." They were aware of their roles and responsibilities and were able to tell us of the visions and values of the provider. One member of staff said, "It is to give the service users a comfortable place where they are involved and feel cared for."

The training and support manager showed us the provider's satisfaction survey forms that had been sent to relatives of people who stayed at the home. All of the responses were good and contained some positive comments about the service. The survey had asked for people to identify any areas for improvement in the service.

Two of the responses contained suggestions for improvements that could be made. One suggestion was for better communication between staff and relatives. We saw that this had been discussed at a recent meeting and ideas shared on how this could be improved.

Staff were also encouraged to attend meetings at which they could discuss ways in which the service could be improved. At recent meetings, they had discussed the activities plans, incident reports, service development, health and safety checks, record keeping and staff were updated on the policies and procedures. Safeguarding and complaints had also been discussed.

The training and support manager and deputy manager carried out regular audits to assess the quality of the service provided. These included audits of record keeping, medicines management and health and safety. An annual quality assurance meeting was also held.

Services that provide health and social care are required to inform the CQC of important events that happen in a service. The registered manager had done so in a timely way. This meant that we could check that appropriate action had been taken.

We noted that people's records were stored securely within an office that was locked when not in use. This meant that confidential records about people could only be accessed by those authorised to do so.