

Cornwall Council

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

This was an announced inspection, carried out on 7 February 2017. As the service provides respite support to people we gave short notice of the inspection visit to ensure staff were available.

The service was last inspected on 2 March 2016. At that inspection we found breaches of regulations. This was because some people's risk assessments had not been updated to reflect a change in a person's health needs. The environment had not been maintained by not improving paintwork where equipment had damaged walls and doors. Some bathrooms were too small to accommodate equipment for people who required it. Restrictions of movement had not been responded to, to meet the requirements of the Mental Capacity Act 2005. Systems to assess and monitor the quality of the service provided to people were not effective. Risks associated with the environment and equipment had not been assessed, or action taken to mitigate risk. There was a lack of clear leadership within the service. The service did not actively seek the views of people about their experience of using the service. Following the inspection the service provided the commission with an action plan telling us what actions they were taking to meet the regulations. At this inspection we found improvements had been made in these areas and the service was now meeting the relevant requirements.

The Bungalow is a respite service that provides care and support for guests who have learning and/or physical disabilities and other complex needs. The Bungalow can accommodate up to a maximum of 10 guests. The length of stay varied depending on their individual requirements. On the day of our inspection there were two people using the service and following our visit we spoke with a number of relatives about the care provided. The service is owned and operated by Cornwall Council.

Staff referred to people using the service as guests throughout the inspection. This term will be used throughout the report to represent people using the service.

The manager was currently going through the process of registration with the Care Quality Commission. 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.

The feedback we received from families about the service was very positive and they told us that their relatives looked forward to their stays and staff were very caring. Relatives were confident in the skills, experience and abilities of the staff who supported their family members. They said, "I don't know where we would be without this service. Very good all round" and "Staff very competent." There were systems in place to protect people from potential harm. Staff were clear about the reporting mechanisms and were confident that concerns would be taken seriously.

The service had reviewed and developed how risks were identified and managed. The records provided

guidance for staff in how guests should be supported to reach their individual potential. This included the level of independence and control over their lives while promoting their safety, comfort and wellbeing. For example, supporting someone to cook, bake and use the kitchen appliances with support.

Staff training had been developed since the previous inspection to ensure training which required updates was taking place. Staff were trained in a range of subjects which were relevant to the needs of the people they supported. New employees undertook a structured induction programme which prepared them well for their role.

There were clear procedures in place to ensure that staff who were recruited had been subject to checks and were suitable for the role. Staffing was organised to meet people's needs and ensure continuity of care. Due to the nature of the service staffing levels fluctuated in accordance with the numbers and needs of guests using the service.

Staff who had responsibility for the administration of medication had completed appropriate training. Medicines were administered safely by staff and the arrangements for storage and recording were satisfactory.

People were supported to make decisions and their rights were protected in line with relevant legislation and guidance. People were supported to access healthcare services. Records included advice and guidance from healthcare professionals. This was incorporated into care plans to ensure that staff provided effective care and support. People's nutritional needs were met; their likes, dislikes and special diets were known by staff and were catered for.

The Bungalow had developed systems since the previous inspection to take account of the views of the service. A survey was due to be distributed to family and friends. However, there was no additional format for guests using the service which would support them to understand what the questions meant, in a way which was meaningful for them. We shared this at the time with the manager who agreed to address the issue immediately. The manager showed us a format which they were considering adapting. It would support guests to make their own comments either independently or with staff support. Relatives told us they felt their comments were listened to and acted upon. One relative told us, "They (staff) keep us up to date with what's going on."

The environment and equipment used were regularly checked and well maintained to keep people safe.

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 sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs.

Staff completed a recruitment process to ensure they had the appropriate skills and knowledge to be able to support people.

Staff knew how to recognise and report the signs of abuse.

There were arrangements in place to ensure people received medicines in a safe way.

Good ●

Is the service effective?

The service was effective. Staff were supported in their day to day roles and had the skills and knowledge to support people.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The requirements of the Mental Capacity Act 2005 had been adhered to.

People had access to other healthcare professionals as necessary.

Good ●

Is the service caring?

The service was caring. We observed that staff were caring and that there were positive relationships between people who stayed at the service and staff.

People's individual care needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

People's privacy and dignity was respected by staff.

Good ●

Is the service responsive?

The service was responsive. People's care plans were

Good ●

personalised and contained information to support staff to meet individual needs.

Staff were responsive to people's needs and worked closely with families and health and social care professionals to achieve positive outcomes for people.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

The service was well-led. The staff team told us they were supported by the service manager and the organisation generally.

The service worked closely and in partnership with other health and social care professionals to ensure best practice for people who used the service.

There was a system of quality assurance checks in place. People and their relatives were being consulted about how the service was run.

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 7 February 2017 and was announced the day before to make sure staff were available due to the way respite services operate. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

During the inspection we observed two people who were using the respite service at The Bungalow. We spoke with three relatives and one external professional who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We spoke with the area manager, manager of the service and two support staff. We looked at four records relating to the care of individuals, one staff recruitment file, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Relatives told us that the service supported their relatives well and they felt it was safe. The service was described as a, "Good place where a lot of care is given" and that, "It's an excellent service and staff are very competent in what they do." A relative said, "I know (Person's name) is safe when they use The Bungalow. It gives us peace of mind."

Where potential risks to guest's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. This included areas such as nutrition, medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely, but also in a way that promoted people's independence and lifestyle choices wherever possible.

Staff were clear about guest's allergies and any food intolerances and had clear guidelines to follow to ensure their safety. For example, one person had nut allergy. This was clearly documented. A staff member said, "This is a long standing issue and there have never been any incidents but we (staff) are all aware of the need to be vigilant."

Staff told us they worked with guests to keep them safe while allowing them to try new experiences and increase their independence. One staff member told us, "Most guests have been coming here for a long time but we (staff) like to try and introduce new experiences. Cooking and learning about healthy diets is usually popular. We always have to balance the risks though."

Due to the nature of the respite service occupancy levels fluctuated. For this reason staffing levels were flexible and were adjusted to suit the level of dependency of the guests using the service. On the afternoon of our visit there were two staff supporting two guests which meant one to one support was in place. The manager told us that staffing levels were based upon individual need and that was why it fluctuated. Staff told us, "Some guests need two staff to provide personal care for moving and positioning but others are very independent and just need oversight" and "The staffing is much more stable now. We have the time to do what the guests want to do on the whole." Relatives told us that there was a good 'core team of staff'. They told us this was important for their relative to have consistency in their care when they stayed at The Bungalow.

The provider's human resource department took control of the recruitment information including gaining references and safety checks. The registered provider could request this information at any time if required. Staff employed since the previous inspection had all the necessary checks in place prior to commencing work at The Bungalow. The manager told us the recruitment process was very robust to ensure staff were suitable for their role.

Guest's medicines were managed safely. Medicines were checked in when people arrived at the service. The manager told us they had recently reviewed how to ensure medicines being brought from home were clearly labelled and in the original storage container or box. This was to ensure staff knew what medicines they

were administering and the prescribed dose. Staff checked the amount of medicines coming into the services and leaving at the end of a guest's period of respite. At the time of the inspection no medicines had been checked in due to no guests being at the service until much later in the day. However, samples of medicine records showed medicine administration charts had been completed for guests the previous night. Medicines were securely stored in a locked room and wall mounted lockable cabinet. Staff told us that they had been provided with training before administering medicines and there were occasions when they liaised with the guests GP if medicines had run out or there was a query.

Staff were aware of the service's safeguarding and whistle blowing procedure and said they felt able to use it. Staff were confident they knew how to recognise signs of abuse. They told us they would report any suspected abuse and felt assured they would be taken seriously by the service manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The processes in place helped ensure safeguarding concerns would be recognised, addressed and actions taken to improve the future safety and care of people staying at The Bungalow. There was a poster on the noticeboard giving details of how to raise a safeguarding alert.

There were assessments in place to address environmental risks including fire and infection control. Records demonstrated that the fire safety equipment was regularly checked to ensure that it was safe and working effectively. All individuals had a person emergency evacuation plan (PEEP) which set out what was needed if they needed to be evacuated in the event of a fire.

Service certificates were in place for gas, electric and equipment. They were current and up to date. The electrical certificate showed the installation required work. This was being carried out during the week of the inspection to ensure it met satisfactory standards.

Is the service effective?

Our findings

Families told us they thought their relatives were supported by staff who had the knowledge and skills to carry out their role. Comments included, "I have a lot of confidence in the staff" and "They know (person's name) needs and manage them well."

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).

During the inspection of March 2016 there were no Deprivation of Liberty Safeguards (DoLS) in place for people who lacked capacity and where restrictions were in place. For example use of bed rails. The manager had requested assessment from the local authority in respect of one guest who received respite at The Bungalow. This had resulted in a 'best interest' decision being made for the use of bed rails. The manager was working closely with the DoLS representative to ensure where restrictions were in place they were being addressed in accordance with MCA. Staff had received training about DoLS and how to obtain consent in line with the MCA. Staff recognised the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe.

At the previous inspection we found the environment was not being suitably maintained because decoration was poor with chipped and damaged woodwork. Also, a bath could only be used by people who had independent mobility. This was because the room was too small to use a mobility hoist. During this inspection we found improvements had been made. This included decoration of individual rooms. There were still some areas which required painting due to knocks and chips however the manager had made arrangements for this to be addressed. The manager had reviewed the use of the bath and told us they had made better use of respite allocation, so that people who required assistance with bathing were booked into the two rooms with track hoists meaning they had access to a suitable bathing facility. Bedding had been replaced and updated and pictures hung in rooms which made them more homely.

Newly appointed staff received a thorough induction which prepared them for the role. The manager told us induction standards were based around the Care Certificate which supported staff to develop and demonstrate they had key skills, knowledge and behaviours. Some staff already had a range of vocational care qualifications when they commenced work at the service. There were opportunities for them to develop the level of their qualifications with support from the organisation.

At the previous inspection we noted the organisations training department had ceased to operate and there

had been gaps in staff training. However, this had now been addressed by the service accessing external training. A staff member told us, "Training has improved a lot recently and we have access to a range of training" and, "The training covers medication, safeguarding, moving and handling and managing epilepsy."

Staff told us that they received regular supervisions and they met with a manager to discuss their progress. Annual appraisals were also undertaken to take a more in-depth look at staff performance, development and training.

There were clear written instructions available if anyone had an allergy and the staff spoke of promoting healthy eating and positive nutrition. As highlighted in the safe domain of this report, a guest with a nut allergy was closely monitored and all staff were aware of the risks and how to manage them. Guests were supported to have food and drinks of their choice. On the day of our visit guests were being asked what they would like to eat for their evening meal. There was a picture board with a choice of options which were being studied by one person. They said they would decide later. A staff member said, "That's fine there is no rush." This demonstrated there was flexibility in time and choice of meals. A member of staff told us that while there was also a choice of meal on the menu board guests often chose other things on the day. There was a large dining table in the open plan lounge area. The service aimed to make meals a social experience, but guests did have the choice where they might like to eat. Some guests had special diets. These were clearly identified in care plans and staff were familiar with various nutritional needs.

Guests were supported to maintain their health and wellbeing during their stay in the service. One family member told us that staff were aware of their relative's health and knew how to manage the situation if there was a problem. Other families told us that staff were alert to changes in their relative's health and kept them informed seeking advice from health professionals appropriately.

Is the service caring?

Our findings

People told us they thought staff were very caring and supportive. Comments included, "The staff are great, they are very caring," "It's clear the staff love their job because they are so enthusiastic when they are telling us about (person's name)" and "They (staff) are genuinely very caring." A professional told us staff were very considerate when supporting people.

Respite at The Bungalow was planned on a regular basis and could be from just one night up to a number of weeks although this was rare and usually agreed due to specific circumstances. There were no restrictions on visitors but due to the short stay nature of the service it was not usual for families to visit. The manager and staff spoke of promoting and supporting guest's independence and trying to arrange bookings in a way to respect people's friendship groups and compatibility.

On the day of the inspection visit there were no guests using the service during the day. Two people arrived later in the afternoon. Staff were on duty and ready to support guests when they arrived. Staff responded positively with people they clearly knew. Guests were talking and interacting with staff in a relaxed way. One guest had limited verbal communication and we observed how they were responded to by staff when they arrived at the service. Another guest who arrived for a short stay was very chatty with staff and the other person who they obviously knew well. Staff made guests feel welcome and immediately made them feel at ease by asking what sort of day they had experienced. This showed staff were respectful and valued what the guests wanted to communicate.

Although some guests were not always able to communicate their views about the staff with us verbally, we observed relationships were positive. Staff were kind and empathetic towards guests and understood how to relate to each person using a unique and individual approach. For example explaining things clearly and slowly and giving the person time to respond. One guest was very eager to show the inspector their room which they were very proud of. They told us, "The Bungalow is good. I have a lot of friends and (staff names) they take me out and play games. Lot's to do."

Staff spoke about the importance of treating guests with dignity and respect. Staff were aware of the importance of maintaining guest's privacy whilst assisting with personal care. Also knocking on a guest's door before being asked to enter and seeking people's permission before supporting them. Where guests did not have the ability to communicate choice staff told us they gave them more time to adjust and were respectful at all times.

Guests care records clearly detailed their preferences and showed how they liked things done. We observed staff using the information when they were relating to people. For example, one guest liked to spend time in a quiet area when the service became loud and busy.

Is the service responsive?

Our findings

Relatives spoke of their confidence in the staffs' ability to relate and respond to their family member's health and social needs. One relative said, "I couldn't manage without the wonderful support they provide. When we needed them (the service) in an emergency they were there to help us" and "When (person's name) had a problem with their eye the staff made sure (Persons name) had the drops when they needed them. We have every confidence in the staff and what they do."

At the previous inspection in March 2016 some of the care planning and risk assessment information was not accurate, in that it did not always provide the necessary up to date information for staff to respond to. Also, following reviews changes to a guests care had not been updated. During this inspection all records for care planning, risk and review had been updated. The information was in a format which staff said was much easier to follow. Care plans gave a clear picture of how people were being supported. The records identified any health, communication or behaviour needs and guests preferred activities. The service had recently introduced a 'quick glance' review format used by night staff to record any specific issues day staff might need to be aware of. Staff told us this had been useful as the information was easily accessible and staff could respond to issues immediately. More comprehensive reviews were taking place to ensure staff were responding to current need. These reviews often included other professionals and families. Families spoke of being involved in reviews and about being contacted whenever there was a change in their relative's care.

Families told us their relatives were involved in making their own decisions, wherever possible about their care and support and that they, as relatives were also able to be involved. They said the type of care and support provided by staff was what people needed. It was delivered in a friendly, enabling and appropriate way that guests liked. One relative told us, "(Person's name) has used The Bungalow for a long time but even though staff change from time to time they really take the time to get to know (person's name). They really understand their needs."

Staff told us that they kept up to date with guests changing needs through handover meetings at the start of each shift. This included reading the communication book; using the 'quick glance' night review and speaking with the manager. This meant staff had the information to respond to current needs.

Guests had the opportunity to engage in a range of activities with staff who clearly understood their individual routines, likes and dislikes. A family member told us, "(Person's name) enjoys meeting up with people they know and going out to places of interest." Another person told us that the choice to go out had improved now that there was regular transport available. They said, "It's made such a difference because they (guests) can go much further now and don't rely on public transport or taxis." Generally, families said that their relatives participated in a good range of activities during their stay. During the inspection the two guests were being asked what they would like to take part in that evening. Staff told them they could go out if they wanted as there was transport available. However, a member of staff told us that during the week, guests were often tired and liked to spend the evenings relaxing but at weekends they liked going out and

doing activities locally.

Relatives of people who used the service told us that they would complain if they were concerned about any aspect of their relatives stay at the service. The majority of people told us that they had not had reason to raise any concerns but where relatives had raised issues they told us that they were satisfied that their concerns were taken seriously and investigated.

Is the service well-led?

Our findings

Relatives and staff were generally positive about the service and how it was being run. Staff said, "Things have got better and we are well supported by the manager" and "There have been a lot of changes but things have settled down. We seem to be kept up to date with what's going on." Relatives commented, "I am happy with the centre. I don't know what we would do without their support" and "The Bungalow is run well, the managers and staff are all lovely people".

During the inspection of March 2016 we identified there had been a lack of leadership at the service. Since that inspection the current manager was going through a registration process with the Care Quality Commission. In addition there was an area manager in post overseeing the operation of the service. Staff told us, "Managers are visible now and I feel they are listening to us" and "The managers have been supportive through the changes that have happened." This meant the service now had a focused approach to providing continuity in the management of the service.

At the previous inspection the service was not actively seeking the views of people about their experience of the service. During this inspection the manager told us there had been two relatives meetings held during 2016. They said they had been positive and a lot of information had been shared. It was planned for more meetings to be held during 2017 although there were no dates in place. The service had devised a customer satisfaction questionnaire for guests and families. However the guest survey was not designed in a way which would be meaningful for them. For example, there was no picture format for guests who might not understand the written word. We discussed this with the manager who agreed to make the changes with immediate effect. It was anticipated the survey would be completed by the end of March 2017 with responses being reviewed and analysed by the management team.

There were regular staff meetings which the staff appreciated and felt able to contribute to. Staff also had regular individual supervision which was another forum for staff to communicate, as well as being supported and receiving feedback about their work. Staff were clear about their roles and the focus on guests who they supported in enabling them to be as independent as possible.

The manager had forged good working relationships with health and social care agencies. There were systems in place to assess the quality of the service they provided. These included audits of care plans, medication, health and safety audits and audits to assess the cleanliness and level of infection control within the service.

Records relating to the management and running of the service and people's care were accurately maintained and securely stored. Records were kept on a computer system and there were clearly defined parameters of use in place which meant staff access to information was dependant on their role. This meant only staff who needed to had access to people's confidential information.