

# Hamelin Trust

# The Bungalow

## Inspection report

306 Southend Road  
Shotgate  
Wickford  
Essex  
SS11 8QW

Tel: 01268570702  
Website: [www.hamelintrust.org.uk](http://www.hamelintrust.org.uk)

Date of inspection visit:  
24 August 2016  
05 September 2016

Date of publication:  
28 September 2016

## Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Good ●
---------------------------	--------

Is the service caring?	Good ●
------------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

# Summary of findings

## Overall summary

The inspection took place on the 24 August and 06 September 2016.

The Bungalow provides accommodation and support for up to four people who have a learning disability and multiple/complex needs.

The service had 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 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. There were risk assessments in place and plans on how the risks were to be managed. People were supported with taking every day risks and encouraged to take part in daily activities and outings.

We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves; to help ensure their rights were protected. People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action was taken.

People's medication was well managed and this helped to ensure that people received their medication safely.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had an effective quality assurance systems in place. People had the opportunity to feedback on their experiences. Staff tried to involve people in day to day decisions and the running of the service. The service was well managed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

### Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained.

Staff had received regular supervision and felt well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

### Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

### Is the service responsive?

Good ●

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

**Is the service well-led?**

**Good** ●

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

# 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.

The inspection was unannounced and took place on the 24 August and 06 September 2016.

The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and details of any improvements they plan to make. The provider had completed this form and returned it within the set timespan given.

As part of our inspection we also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, the deputy manager and five members of the care staff. Three relatives were spoken with for their views about the service and where possible their feedback has been added to the report.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal area and we used the Short Observational Framework for Inspectors (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

As part of the inspection we reviewed three people's care records and this included their care plans and risk assessments. We also looked at the files of two staff members which included their support records.

We also looked at a sample of the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and support records.

# Is the service safe?

## Our findings

Relatives told us that they felt people living at the service were kept safe and their feedback included, "I am extremely happy with the care, I can leave at any time and know that [person's name] is safe, happy and well cared for." People were observed being relaxed in the company of the care staff and you could see they had good relationships and the care staff knew the needs of the people very well. Relative feedback included, "We can sleep at night as we know [person's name] will receive the care they need." and, "We always worry about [person's name], but we come away and do not have to worry as they are in good hands."

The registered manager and care staff at the service knew how to protect people from abuse and avoidable harm and they all had completed relevant training. This was provided at induction and also regular updates. Staff were able to express how they would recognise abuse and how they would report their suspicions. The service had systems in place to help protect people from potential harm and policies and procedures on safeguarding people were available to give staff a better understanding. Pictorial guidance on safeguarding could also be found in each person bedroom, so this information was easily available if needed. Care staff had received regular training so they were aware of their responsibilities and how to take appropriate action. The registered manager was in the process of completing a safeguarding audit of the service which needed to be completed by December 2016. This would give an overview on how safeguarding issues were received and dealt with throughout the service. The registered managers of the company also met quarterly to discuss any safeguarding's that may have occurred in their own services to look at what they have learnt from these to help prevent them from reoccurring. The service also had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to and what would happen with the information provided.

Risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives. The service had recently had a major refurbishment and ceiling hoists had been installed throughout the premises, which made it a safer system for both care staff and the people living at the service. Guidance for care staff could be found in each person bedroom and these provided in-depth information on each specific hoist and slings and how the care staff were to use these. These documents were found to be very informative and ensured staff had the information they needed to keep people safe whilst moving and transferring people. Staff had also been provided with risk assessment training so had a good understanding on how to identifying risks and work safely.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service had been well maintained and that people lived in a safe environment. As previously stated, the service had recently been refurbished and had some major alterations completed. These had been done to a very high standard and the premises were now larger and had more space for the people who lived there. One relative stated, "The old layout of the home was a bit squashed and I could not imagine that it would look this good with the changes made. It is now modern, bright and [person's name] loves it." They were also in the process of registering another bedroom with the Care Quality Commission and increasing the number of people supported to five. The manager had recently

completed new night time fire evacuation plans for each person to take into consideration the new layout of the building and environment to help keep people safe. They were waiting for ramps to be fitted in each person's bedroom to assist with evacuation.

General maintenance had been completed and people's bedrooms had been well decorated and were very personalised. The garden had recently been landscaped and this was now wheelchair friendly and had a large area of patio and table and chairs with a sun cover for people to sit under. The service had introduced a sensory garden and now had raised flower beds with bright flowers, vegetables and herbs to help enhance people's senses. A large water feature with coloured lights had been installed in the garden and the service had received positive feedback from parents who had attended a BBQ at the weekend on the refurbished garden and premises. Feedback received from the care staff was that the people at the service loved 'their new garden' and the lights from the water feature looked effective at night and were very 'sensory.'

There were systems in place for the registered manager to monitor people's level of dependency and to help assess the number of staff needed to provide people's care. The registered manager added that the assessing of staffing levels was an ongoing process and rotas are prepared monthly in advance. Adjustments would be made where necessary to help ensure residents care and support needs could be met during any activity. The registered manager was able to provide examples of where in the past they had requested more staff for individuals due to their care needs changing or specific activities where higher staffing would be required. As an example a trip to the theatre had been arranged for that evening and extra staff had been organised to assist with the trip and staff also accompanied people on planned holidays.

There were sufficient care staff available during the inspection visit to meet people's individual needs and to ensure people were able to follow their interests and past times. Trips out had been regularly arranged and people were also assisted to attend clubs, day centres and leisure events such as the hydro pool. People were seen to be well supported and we saw good examples from care staff where people were provided and assisted with care promptly when they needed it. Feedback from relatives included, "They are very well staffed and they get the attention they need."

The service had followed correct recruitment practice and ensured the correct checks had been completed on new staff which helped to keep people safe. We viewed the files of the last two recruited staff and these contained the required documentation and included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). The service had a probationary period in place and also a disciplinary procedure which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed. Medicines had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. Each person's medication folder was accompanied by their photograph and a record of any allergies they may have and this information supported staff to ensure that each person received the correct medicines prescribed for them. There was also a record of medicines that had been destroyed or returned to the pharmacy when these were no longer needed, which meant that all medicines could be safely accounted for. The service used a 'buddy system' for medication, but when looking at the buddy record book it was noted this had not always been routinely completed. The registered manager advised that they have this system in place but it would be acceptable for care staff to administer medication on their own, if there was not a second member of staff available.

Staff involved in managing medicines had completed a medication work book as part of their training and this had been sent off to a recognised training centre to be marked. This looked at practice, legislation and



the possible side effects of medication. One staff member who had completed the workbook reported, "I learnt a lot about MAR [medication administration records] charts, checking details, dosage of medication and the effects some medication can have on service users. It was a real informative course and I learnt a lot." Competency checks had also been completed on care staff and regular audits had been completed by the service and an external pharmacist; these were viewed and no concerns had been highlighted.

## Is the service effective?

### Our findings

Relatives we spoke with stated that the staff were very well trained and provided excellent care. Staff we spoke with confirmed the training was very good and it had provided them with the knowledge they required to meet people's individual needs. Performance and professional development was discussed during supervision sessions and the service had a training team which provided staff with both mandatory and other training relevant to staff's role and responsibilities. Care staff confirmed they had received regular training and felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker. Care staff had also been provided with specialist training relevant to the people they provided care and assistance to. The service's training plan for 2016 was viewed and this was seen to have set training courses throughout the year and included e-learning on specific topics.

Newly recruited staff had completed a five day induction and this included information about the running of the service and guidance and advice on how to meet the needs of the people living there. New care staff worked alongside a 'mentor' during their induction period to help ensure they were competent and to offer support where needed. Two care staff had recently completed the Care Certificate, which is a recognised qualification and induction into care. One staff member stated, "I found the four day induction course very interesting, it was a mixture of theory and practical tasks. It definitely gave me a good base and starting point to start my role."

Documentation seen showed that staff had received regular support through one to one sessions, meetings and appraisals. Each senior member was responsible for supervising a number of care staff and documentation seen showed that each staff member had received regular support. Monthly meetings had also been organised and minutes of the meetings showed that issues relevant to the service had been covered and included, security, staffing, day trips out and food.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. All staff we spoke with demonstrated an awareness of the MCA and DoLS and had received training. People's capacity to make day to day decisions had been assessed to help ensure they received appropriate support. This showed that staff had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. The manager advised that they would arrange a 'best interest meeting' if it was needed and both family and healthcare professionals would be involved. People were observed being offered choices during the day and where possible this included decisions about their day to day care needs.

The care staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and their individual needs were well documented. There was a clear list of people's likes, dislikes, dietary or cultural needs and the care staff were very knowledgeable on how to keep people safe regarding their nutrition. There were nutrition and weight charts in place to enable care staff to regularly monitor people and where risks had been identified or where people required assistance from a nutritionist or healthcare professional this had been gained.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. A four week menu was in place and this showed that there was a varied menu and that people were offered choice and a healthy balanced diet. Care staff advised that the menus were only a guide and they would offer different options for the main meal where people may want an alternative. The service had a white board in the lounge area which clearly showed what choices were available for breakfast, lunch and evening meals. Staff had gained feedback from family members around each person's likes, dislikes, dietary or cultural needs and care staff advised that people would be encouraged to make choices. None of the present people living at the service were on a cultural diet, but two did have dietary needs. People were offered support and assistance during meal times and this was very personalised and staff were aware of each person's individual needs whilst eating their meals. This included soft diets, liquidised food and prescription meals. The registered manager advised that families were often invited to have meals at the service so they can spend quality time with their relatives; they had recently had a BBQ with family and friends.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a health action plan in place to identify any health care needs. Feedback from relatives included, "They always arrange visits to the doctor and the hospital and they will arrange to pick me up if I want to go. They always keep me up to date with what is happening and any changes." The registered manager advised that were people may need admission to hospital they would assist with the staffing of the person whilst they were in hospital to ensure that there was someone who knew their care needs well and could offer the hospital staff advice and guidance on the person needs.

## Is the service caring?

### Our findings

Relatives spoken with stated that the staff were very caring and comments included, "I am very happy with the care. All the staff know when [person's name] is happy or not. They also know his little ways. When staff come into the room he will laugh and be happy to see them. They are like family." Another added, "Not one staff member is there for the job. They are there as they want to be there and look after our children. Every worker is very good, they are brilliant."

People were seen to be relaxed with staff and given the time and support they needed. Many of the care staff had worked at the service for a number of years and knew the people very well. Staff were seen working hard to support each person and from their interaction you could see they wanted to make a difference to people's lives and provide good quality care. Care was provided with kindness and compassion and people had regular contact from the staff during our visit to ensure they did not need anything and were comfortable. One staff member added, "You get to know them very well. You can recognise if they are in pain or when a seizure is going to happen."

People were observed with care staff and were able to show through their body language that they were happy and comfortable with the care being provided. Each person had a unique way of communicating and staff were aware of how to facilitate this. All had limited verbal communication but were able to express themselves through smiling, humming, eye contact and facial gestures. The care staff had a very good understanding of people's non-verbal communication and responded to them appropriately. Staff were able to demonstrate they knew people well and ensured that their care needs were met. One staff member stated, "It took time to get to know the people here and what their gestures mean. As many of us have worked here a long time we have read the notes, spoke with the families and gradually got to know the people well." Another staff member added, "You can tell the people here are happy by the way they look around, or they could be humming or just looking relaxed." Relatives spoken with were very happy with the care and one added, "I am very happy with the care, [person's name] has an excellent quality of life. He loves the atmosphere in the home and he is very happy."

People living at the service received good person centred care and the care staff were seen doing their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. The service had a key worker system in place, which meant that each individual had a named staff member who would work closely with them and knew them very well. Care staff acting as keyworkers had the responsibility for ensuring that the individual care and support plans for the person they were supporting were kept up to date and reflected any changes to care, support needs and choices. This system would help with continuity of care for the person and better communication with family members as they would know who to speak with if they had any issues or concerns. Key workers spoken with were able to show they knew the people they cared for very well and added that they felt the system helped with continuity and aided better communication.

People had information in their bedrooms on how care staff should provide their care and this was found to be very specific and bespoke to each person. It was noted that one person had in-depth information for care

staff on how the person wanted to be positioned at night when sleeping and this included diagrams and pictures to show this. It was clear that the service took great steps to ensure people received the support they needed and were comfortable and safe.

Staff were seen responding to people's needs quickly and they were kind and caring in their approach and meeting people's individual needs. Staff were observed interacting with people and ensuring that those who were unable to express their wishes were included in the conversations and activities were possible. Staff were observed chatting with people whilst they did their care notes and involving people and asking each person what they would like to do. This gave the atmosphere a 'family feel' and care staff were seen chatting to people and making contact through holding people's hands or touching their arms. Relatives spoken with commented on the 'family feel' of the service and their comments included, "It is really home from home" and, "It is really homely, they are extended family and they are there for me as well."

People were seen to respond positively and were noted to have eye contact with the care staff and looked very relaxed. When discussing people's likes, dislikes and care needs, one care worker was able to advise that the person they were key worker for enjoyed spending time in their bedroom and liked to stretch out and listen to music. Another care worker advised that the person they assisted with care preferred to spend time in their wheelchair, as this enable them to see what was going on around them and they enjoyed spending time with the staff. This was confirmed by family members.

People's privacy and dignity was respected and when people were supported with personal care the doors were always closed. Staff knew the people they were looking after very well and we heard them addressing them in an appropriate manner. People were encouraged to be part of their care and the care staff were observed providing support and encouragement when needed. Each person living at the service was clean, tidy, dressed appropriately for the weather and looked comfortable.

Where possible people were supported to express their views about their care and support. All the people at the service had relatives involved in their care and regular contact and visits were made. The registered manager and care staff added that they did their best to ensure relatives were involved in any reviews and decisions on care, and if someone did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance to individuals. Relatives spoken with confirmed they had been involved in any decision about care and that the service were very good at keeping them up to date and involved. One added positively, "They keep me involved in everything and I am in touch with them all the time. If [person's name] coughs I get told about it."

## Is the service responsive?

### Our findings

Care staff assisted people with their care and were observed being responsive to people's needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided. Each person was treated as an individual and received care relevant to their needs.

The assessment and care planning process involved staff spending time with people and their parent/carers and identifying and understanding what is important to both of them and ensuring that this information is then fully reflected in their plan of care. People who lived at the service had been there for a number of years and this included one person who had been there for 22 years. People's needs had been fully assessed before they moved to the home and the assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required. One staff member stated, "We have known the people here for a very long time. We have built up a picture of how each person likes their care and what they like to do during this time. We tend to use the same staff so they have continuity and this also helps. They are all happy and have no concerns or worries."

The care plans we reviewed were very in-depth and contained a variety of information about each individual person, including their physical, psychological, social and emotional needs. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs. The registered manager advised that one person liked to attend church so they had arranged for care staff to be available to assist with these visits.

People's individual care and support plans were linked to a system called the Outcome Star document. This document identified each person's desired outcomes and what the person hoped to achieve and experience whilst living at the service. This document had been regularly updated and showed that the service involved people who lived at the service and their relatives in setting goals and ensuring each person had choices in the way they lived. One of the aims of the service is to develop this system further and encourage the care staff to have a more positive approach to planning activities and leisure time for residents.

The service provided opportunities for people to take part in a range of activities. This was achieved by closely observing and recording each person's non-verbal reactions to various activities and experiences. Where people had shown a preference for a particular activity or experience this would then be recorded and implemented into their individual activity plan. People enjoyed meaningful activities and care staff assisted them to participate in days out and also attending clubs. Feedback from relatives included, "The staff love taking them all out and doing things with them, they [people who live at the service] have a very good quality of life." It was clear from discussions with care staff that they tried to ensure each person took part in activities they liked and had interests in and this included trips to theatre shows and musical events. The service supports people to have contact with family members and have arranged to meet relatives at specific points and venues so that this can occur.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Information on how to make a complaint could be found in the services

information, which would be provided to people when they first moved into the service and could also be found on the notice board in the hallway. When looking at documentation the service had set forms to record details of the any complaints they received and this included how these were investigated and also the outcome. A complaint log was in place so management could identify any trends or reoccurring issues and complaints had been monitored as part of the monthly audit. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Care staff stated that they felt able to raise any concerns they had. Relatives spoken with said they would be able to speak with management if they had any concerns, but added that they were happy with the service and that they had no concerns.

## Is the service well-led?

### Our findings

People showed us they had trust in the staff and management and it was a friendly and homely environment. It was clear that the staff and management were there to ensure the people had a good quality of life and they empowered people in this process. Relatives feedback included, "Everyone works well together and it is a well-managed home." and "[Manager's name] is absolutely marvellous and has been with Hamblin Trust for 29 years. She knows how to treat staff, deals with any concerns we have and does more than the call of duty."

The service had a registered manager in post who was aware of her responsibilities and ensured the service was well led. There were clear lines of accountability and the registered manager had access to regular support from senior management when needed.

The registered manager involved people and staff in the development of the service and this included an open culture with good communication. Staff we spoke with were complimentary about the management team and said that they felt well supported and one added, "There is good team work here, everyone is friendly." There was an 'open door policy' and care staff were seen coming into the office to speak with the manager when advice and support was needed. They felt they were kept up to date with information about the service and the people who lived there and a regular handover took place between each staff shift so that important information was passed down to each staff team. This is backed up by a two tier on call system which is available to staff 24/7.

The service had clear aims and objectives and these included dignity, independence and choice. Care staff were required to complete equality and diversity as part of their induction and this looked at people's diversity and how to meet their needs. From observations and discussions with care staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the registered manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, the service had produced an action plan, which was regularly updated to show progress that had been made.

Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been completed by the manager in line with the company's own policies and procedures. Regular visits were also completed by the external contractor who provided monthly unannounced observational visits and audits of the service. The registered manager aims to improve ways in which they gain feedback from people who use the service and their relatives. They have recently arranged for a trustee to visit the service and meet with residents and staff to gain their feedback. They are introducing a new quality audit to test their effectiveness against the fundamental standards. This will be completed by the whole staff team and will enable the service to determine what they do well and how they



can improve against the areas identified through the audit. The service are introducing a new database within Hamelin Trust so it will be easier to audit people's care and support plans to ensure they have been reviewed at six monthly intervals or more frequently if required.