

Hamelin Trust

The Bungalow

Inspection report

306 Southend Road
Shotgate
Wickford
Essex
SS11 8QW

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Tel: 01268570702

Website: www.hamelintrust.org.uk/service/the-bungalow/

Ratings

Overall rating for this service	Good ●
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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

About the service:

The Bungalow is a residential care home, providing personal care and accommodation for five people who may have a learning disability and or complex/physical health needs.

People's experience of using this service:

People were safe living in the service. Risks had been identified and people were looked after safely.

Staff were kind and caring and supported people to be as independent as possible.

People had access to healthcare professionals when required.

Staff knew how to care for people. Staff used their skills and the resources and equipment provided so the risk of accidental harm or infections was reduced. Staff had developed effective skills to meet the complex needs of the people at the service.

People were supported to have their prescribed medicines safely to remain well.

People were supported to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the registered manager and told us they were approachable and supportive.

We found the service continued to meet the characteristics of a "Good" rating in all areas; More information is available in the full report.

Rating at last inspection:

Good (The date of the last report published was 28 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

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 ●

The service remains Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains Good.

Details are in our Well- led findings below.

The Bungalow

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

The Bungalow is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager and two staff. We also spoke with one relative who was visiting. Because the people who used the service were unable to communicate verbally with us we carried out observation of people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We observed the care and support provided to

people and the interaction between staff and people throughout our inspection. 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.

Following the inspection, we spoke with another relative and obtained feedback from two other health professionals, where possible their feedback has been included in the report.

Is the service safe?

Our findings

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

- People continued to be safe and protected from avoidable harm. People's needs were assessed and plans were in place and followed to promote their safety.

People's relatives told us they felt their relative was safely looked after. Comments included, "The staff know what to do if an emergency arises they are very good at keeping me informed." and "There are always adequate staff on to ensure everyone is well looked after. I never have to worry about [name of relative] being safe."

Systems and processes to safeguard people from risk of abuse:

- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager took appropriate action and investigated the concern keeping all parties updated.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Staff told us how they supported people to minimise the risk for example of seizures.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty. Our observations throughout the day found staff were available to meet the needs of people living in the service.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.
- One relative told us, "The staff are very good with [name of relative] medicines they know what they are doing."

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's care, treatment and support continued to achieve good outcomes, promoting a good quality of life.

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

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
- Care plans were regularly reviewed and updated to ensure people's changing needs were met.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled; and carried out their job roles effectively. Many staff had worked in the service for many years and therefore knew people very well. Staff told us they received training and were positive about the training programme. As well as mandatory training, staff also received specialist training for example, (PEG) percutaneous endoscopic gastrostomy in which a tube is passed into the person's stomach through the abdominal wall for feeding purposes.
- Agency staff were used on occasions of sickness or annual leave. The management told us they ensured they used consistent agency staff. This meant people received care from staff that knew them well.
- Staff told us they had regular supervision meetings with the manager to support their development. Competency assessments were in the process of being put in place to be carried out by senior staff to ensure staff were following best practice. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Being a small service, the manager was available every day and often worked as part of the shift, this enabled them to supervise staff and keep up to date with the changing needs of the people they supported.

Supporting people to eat and drink enough with choice in a balanced diet:

- Mealtimes were flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently when possible. People with more complex needs were supported by staff.
- Staff checked people's health and wellbeing, for example some people had charts in place to document how much they ate and drank. Staff were aware how important it was to record this as this would highlight any changes or concerns.

Staff working with other agencies to provide consistent, effective, timely care:

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken.

Adapting service, design, decoration to meet people's need:

- The environment was bright and airy and well decorated. People's rooms were personalised and the communal areas were homely and inviting.
- The property was purpose built and therefore benefited from wider doorways to accommodate people's

wheelchairs and a kitchen work top that could be raised or lowered.

- People had access to a 'user friendly' garden by the means of a wheelchair ramp from their bedrooms. This had a BBQ area and a sensory water feature as well as raised garden beds.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to services such as the chiropodist, optician and dentist.
- The service had a good relationship with other health professionals. One health professional told us, "I never have problem with communication with the home they are always accommodating of any advice they are given."
- Staff told us they had contacted occupational health to assess a person's wheelchair as they felt they would benefit from a different more supportive one.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection the registered manager informed us some people had been referred for a DoLS authorisation and some were still pending.

- People's care plans contained clear information about their ability to make decisions on a day to day basis. The people living at the service were not able to make complex decisions. However, staff enable people to make day to day care decisions about their care, such as what they ate and drank.

Is the service caring?

Our findings

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

The service involved people in their care and treats people with compassion, kindness and respect.

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

- We observed staff interacting with people. Staff showed kindness and empathy.
- Staff took time to interact with people and to look for facial expressions or hand gestures as a means of communicating and listening to the people they supported. People obviously felt safe and comfortable in the presence of staff. One relative told us, "They are all very good they make it feel like it is [name of relative] home. I am always made to feel welcome. Staff are kind and caring and always respectful."

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

- The registered manager had consulted specialist agencies regarding support for people who were not able to communicate verbally. At the time they had not found any specialist communication aids to support people but told us they would keep this under review.
- Although people were not able to communicate verbally, staff were able to tell us how they knew what people wanted by their noises, facial expressions and hand gestures as they had worked with them for a long time and therefore knew them very well.
- People were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity. Staff knew how to support people to enable them to make an independent decision. For example, staff showed people the options using objects of reference such as two different foods or drinks.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful when they spoke about people. When supporting people with their food staff were respectful and retained people's dignity.
- We observed staff knocking on doors and closing doors behind them when they entered a person's room.
- Relatives told us they could visit at any time. One relative told us that they were welcomed when they visited and were always offered a drink.
- People's records were kept securely and computers were password protected. Staff knew how to keep people's information confidential.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes.
- People were enabled to follow a variety of interests and activities. Ideas and events were discussed at staff meetings and with parents.
- The registered manager told us they were hoping to take a couple of people to Disney land in Paris later this year for a holiday and were in the process of organising this and arranging suitable accommodation.
- There had been recent improvements which promoted people's access to meaningful activities. The provider had recently purchased a smaller car which could accommodate a wheelchair. This enabled people to go out in a smaller vehicle other than the large mini bus meaning places were easier to access as parking was sometimes an issue.
- People's needs were constantly reviewed, and support was adapted as required. At handover meetings, staff described people's mood and any health issues as well as if they had eaten and drank sufficient amounts of fluids.

Improving care quality in response to complaints or concerns:

- Staff involved relatives as appropriate in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns. Due to the open communication at the service there were no formal written complaints.

Relatives told us they knew how to raise concerns or complaint they may have. One relative told us "I see the manager every time I visit, if I have any concerns I talk to them, they are easy to talk to and listen to me."

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record arrangements, choice and wishes people may have for the end of their life were made available to people's families for completion should they wish to do so.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. They assured person-centred high-quality care and a fair and open culture.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- The registered manager was supported by a deputy manager who supported them in the day to day running of the home.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "We work as a team the management team are all really approachable and supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was relatively new to their role and was in the process of completing a management qualification. However, they have worked in the home for many years and therefore knew people well and the staff team they supported. The staff had the upmost respect for them along with the deputy manager.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of the service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff:

- Staff meetings and family meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others:

- The registered manager told us they kept up to date with current legislation by attending care conferences and using the local authority.
- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dietitians, speech and language therapists, GP's and district nurse, to ensure people received the appropriate level of care and support.

