City of Wolverhampton Council

Duke Street Bungalows

Inspection report

21-25 Duke Street
Wednesfield
Wolverhampton
West Midlands
WV11 1TH

Tel: 01902553356
Website: www.wolverhampton.gov.uk

Date of inspection visit:
28 March 2019
29 March 2019

Date of publication:
08 May 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Duke Street Bungalows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

The service supported people with learning disabilities and/or autism. The service was registered to care for 20 people; 15 people were using the service.

Duke Street Bungalows accommodates 15 people across three separate bungalows, each of which has separate adapted facilities. Each bungalow had a kitchen with an adjoining dining room, communal area, laundry and shared bathrooms with appropriate facilities. Each bungalow also had an office where people's care plans were kept. People had individual bedrooms. Five people lived in one bungalow, four people lived in a second bungalow and six people lived in a third bungalow.

People's experience of using this service:
•□The service has been developed and designed in line with the principles and values of Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.
•□Some staff did not always promote people's dignity and privacy. Some staff did not always provide person-centred support by listening to people and engaging them at every opportunity. Most staff were very kind and caring and people using the service responded well to them.
•□People were not always supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•□Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and most staff showed competence when supporting people.
•□The provider sought the views of people's relatives and took opportunities to improve the service. Staff were supervised, supported and clear about what was expected of them. Audits and checks were carried out, so any problem could be identified and rectified.
•□The provider had processes in place for recruitment, staffing levels, medicines management, infection control and upkeep of the premises which protected people from unsafe situations and harm.
•□Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.
•□The premises provided people with a variety of spaces for their use with relevant facilities to meet their needs. Bedrooms were very individual and age and gender appropriate.

• Support plans were detailed and reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from healthcare professionals. People's health care needs were met.
• People had a variety of internal activities (such as music and games) and external activities which they enjoyed on a regular basis.

We have made a recommendation about involving people in decisions about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:
At the last inspection the service was rated Good (13 October 2016). At this inspection, the overall rating has remained the same.

Why we inspected:
This was an unannounced, planned inspection to confirm that this service remained 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? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Duke Street Bungalows

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for people with severe learning disabilities.

Service and service type:
Duke Street Bungalows is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided; both were looked at during this inspection.

The service accommodates 20 people in three adapted bungalows. At the time of the inspection, five people lived in one bungalow, four in a second bungalow and six in a third bungalow.
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.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support (RRS) and other best practice guidance. This legislation ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The provider was following the principles of the RRS, which reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Notice of inspection:
This comprehensive inspection was unannounced.

What we did:
Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us. We looked at the 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 improvements they plan to make.

We were unable to speak with some people using the service due to their highly complex needs. We therefore spoke with four people, three relatives and healthcare professionals to help form our judgements. We observed the care and support provided and the interaction between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the team leader and seven staff members. We also spoke with one agency member of staff. We looked at the following records:
- six people's care records and associated documents
- two staff files
- previous inspection reports
- staff rotas
- staff training and supervision records
- health and safety paperwork
- accident and incident records
- statement of purpose
- complaints and compliments
- minutes from staff meetings
- a selection of the provider's policies
- quality audits
- fire risk assessments
- infection control records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- Staff told us there were usually enough staff on duty. However, staff told us, and our observations confirmed that staffing levels were low in one of the bungalows during our inspection. Staff said, "Occasionally there aren't enough staff" and, "Someone is coming on at 4pm so there's a gap right now." However, the registered manager told us about one person who was provided with one to one support to ensure the person could mobilise independently, even though they had not been formally assessed for this level of support.
- Staff explained what happened when they were short-staffed and told us, "Domestics don't get done, like the laundry and kitchen stuff" and, "As long as the residents are safe and there's no hazards, that's ok. We prioritize the individuals who live here."
- Where there were staff shortages, such as when a member of staff was sick, regular agency staff were used. One agency member of staff was on duty during our inspection. They told us they had worked in the home for a long time and knew the people they supported.
- One relative said, "We've developed really good relations with the regular staff. Not so much with agency staff. There has been a high reliance on agency staff, but not so much now."
- The provider had safe recruitment practices which were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
- The registered manager kept staffing levels under review dependent on people's needs. Staff rotas identified when agency staff needed to be booked. Staff were prepared to work flexibly and would cover staff illness or planned events.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection in August 2016, we found an incident that had not been reported to the local authority safeguarding team. At this inspection, we found the registered manager had improved the systems and staff knowledge so alleged abuse was reported to the local authority when it was identified.
- People told us they felt safe living at the home and when staff supported them.
- Every relative we spoke with told us their loved one was safe.
- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this topic area.
- People and their relatives could explain how staff maintained their safety.
- Staff knew how to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans

contained explanations of the control measures for staff to follow to keep people safe.
● Risks associated with the environment and equipment were identified, assessed and managed to ensure that people remained safe.
● There was a programme of maintenance and safety checks in place which covered areas such as fire safety, moving and handling equipment, water temperatures and safety.
● There were audits and checks in place to monitor safety and quality of care. Where the provider had identified shortfalls in the service, appropriate action had been taken to improve practice.

Using medicines safely
● The registered manager had improved medicines management safety. Our previous inspection identified shortfalls around the storage and systems of signing for medicines. These had been addressed and were found to be safe at this inspection.
● Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
● Where errors were found during checks we saw they were investigated. Staff had made three medicines errors this year. The registered manager explained staff who made errors were retrained and had their competency to administer medicines re-assessed.
● People told us they were happy with the support they received to take their medicines.
● Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them.

Preventing and controlling infection
● Although we observed the premises across all three bungalows were clean at surface level and odour free during our inspection, strip lights in the kitchens needed cleaning. We fed this information back to the registered manager.
● Staff had access to personal protective equipment such as gloves and aprons. We saw staff wore these as required.
● Relatives told us people's own rooms were kept clean.

Learning lessons when things go wrong
● Staff understood how to report safeguarding concerns, accidents and incidents.
● The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
● The registered manager or staff on duty informed next of kin of all accidents, incidents and errors.
● Staff reviewed risk assessments and care plans following incidents to reduce the likelihood of recurrence.
● Learning was shared with staff during staff meetings, handovers and during supervisions.
● The registered manager monitored accidents and incidents to identify any patterns or trends.

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's physical health, mental health and social needs had been assessed to meet their individual requirements. Where appropriate, families were involved in assessing and agreeing the care people needed.

- Staff understood people's health needs. Staff promptly referred people to other healthcare professionals such as the GP, and followed their advice.
- People's wishes and preferences had been followed in respect of their care and treatment.
- People's preferences were documented and consideration had been given to people's diverse needs under the Equalities Act 2010, such as age, culture, religion and disability.
- Where needed, staff worked with other agencies to ensure people's needs could be met.

Staff support: induction, training, skills and experience
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- People were supported by staff who had ongoing training and by a staff team who had worked at the home for many years.
- Staff were given opportunities to review their individual work and development needs.

Supporting people to eat and drink enough to maintain a balanced diet
- Some people wore clothes protectors while they ate their meals. Staff did not always ask people before putting these on. However, one member of staff showed people the clothes protector and asked, "Is it okay to put an apron on?"
- One person waited ten minutes longer than others to be served their meal. When their meal was served, it was different to what others were eating. Staff did not tell this person why they waited so long, nor offer any conversation with them.
- One relative told us, "I'd like to see one more member of staff at mealtimes." This was because some people had to wait for their meals while others were supported.
- The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs.
- Staff told us how they gave people choices using objects of reference. Staff said, "I might show two jars rather than pictures."
- People were supported to eat and drink enough to maintain their well-being. One person clearly enjoyed spending time in the kitchen with staff.
- Where people needed their food and fluid intake monitored, staff were doing this.

● When people needed one-to-one assistance with their meal we saw this was provided in a timely manner and at a pace to suit them. One member of staff told people, "Enjoy your dinner" as they placed it in front of them. Relatives told us, "If [people's names] don't like the food, they push it away."
● People told us they liked the food and could make choices about what they had to eat. Staff adapted meals for one person who ate textured diets so they could enjoy spicy foods, but without any risk to the person.

Staff working with other agencies to provide consistent, effective, timely care
● Where people required support from healthcare professionals this was arranged and staff followed the guidance provided.
● People had received support to maintain their health with regular access to GP's, dentists and other services. They also received an annual health check as per best practice for people with a learning disability or autism.
● Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs
● People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment. The service supported people's independence using technology and equipment. Risks in relation to premises were identified, assessed and well-managed.
● The environment met the needs of the people who lived at the home.
● The registered manager was developing a sensory room where people could enjoy soft surfaces and soothing lights.
● People and relatives had access to different communal rooms and areas about the home, where they could socialise. People's own rooms gave them a quiet and private area to enjoy. The provider was developing a sensory room for people to enjoy.

Supporting people to live healthier lives, access healthcare services and support.
● People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy.
● People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing.
● They also received an annual health check as per best practice for people with a learning disability or autism.
● People's changing needs were monitored to make sure their health needs were responded to promptly.
● Staff supported people to attend healthcare appointments, to ensure people were supported by someone familiar with their needs and preferences.

Ensuring consent to care and treatment in line with law and guidance
● 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 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.

● Where people did not have capacity to make decisions, most staff supported them to have maximum choice and control of their lives. We have explained this further in 'Caring'.
● Some people could make choices by using objects of reference. For example, one person would get their coat if they wanted to go out.
● The provider assessed people's capacity to make their own decisions in line with the MCA.
● The provider followed the requirements of DoLS. Everyone living in the home (15 people) had authorised DoLS in place.
● No-one had conditions attached to their DoLS.
● Records were clear where decisions had been made in people's best interests.
● Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.
● Most staff had received training about the MCA and DoLS and were able to put this into practice. Where staff had not received training, training plans were in place.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- Staff told us they used pictures to communicate with people. However, we did not see any being used. The registered manager told us, "Decision making tools & communication aids are used when significant decisions are to be made such as health appointments or health procedures, holidays, significant spends and menu choices."
- Some people's care plans showed they could use some Makaton, together with gestures and some speech. We did not see any staff using any Makaton, though we observed one person using this. Staff communicated with the person in other ways. The registered manager told us, "No-one uses Makaton as such." This was because most people used communication specific to themselves. Staff knew people's individual communication methods and responded to these.
- Some staff did not always involve people in decisions about their care or offer explanations.
- We observed one member of staff giving a drink to one person without talking to them or telling them what the drink was.
- Another person dropped a beaker on the floor and spilled their drink, saying "Oh!" A member of staff said, "That's alright. I'll get you a thingy and you can wipe it." The member of staff did not involve the person in the cleaning up. The person was given more tea without checking that they wanted it.
- We observed one instance when the same member of staff decided what another person was going to do next, and did not ask the person if they would like to do this.
- We also observed many very caring and kind interactions, where people showed their delight with staff. For example, we observed several separate occasions when people were delighted to see members of staff. People reached out to give staff hugs, and staff reciprocated.
- Another person wanted to have their make-up applied because visitors had arrived. A member of staff understood what the person wanted and took them to their bedroom to help them.
- Relatives we spoke with were happy about the choices given to people. Relatives said, "[Name] has choices, staff know her very well. She has ways of expressing how she feels and staff know when to take her to her room, and what kind of music to put on."
- There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Relatives told us, "We have regular reviews, they ask what [name] likes and how they like things done", "They've learned [name's] communication needs when she's hungry, wants a drink and wants to move" and, "They've learned to understand [name]. They tell staff when they've had enough by body language, staff move them."
- Where needed staff sought external professional help such as advocacy to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

● Most staff offered people assistance in a discreet and dignified manner. However, we observed one occasion when a member of staff called across the lounge to ask someone if they needed the toilet.

● People's wishes to spend time in their rooms was respected by staff. All staff knocked on people's doors before entering their rooms.

● People were supported to focus on their independence where possible. For example, one person could bathe themselves, complete some household tasks and choose their own food, with support from staff.

● People who used the service said that staff respected their needs and wishes and they felt that their privacy and dignity were respected.

● Every relative we spoke with felt staff respected people's privacy and dignity.

We recommend that the service seeks advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

Ensuring people are well treated and supported; equality and diversity

● Where people were unable to express their needs and choices, with the exception of one person we saw using one Makaton, staff understood their way of communicating. Staff observed body language, eye contact and simple language to interpret what people needed.

● Most staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

● People told us staff were caring and had a positive attitude towards them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff did not notice one person suffering from a cold whose nose was running into their food whilst they were eating. We raised this with the registered manager, who said they would raise this with staff. Staff confirmed the person had an appointment with the doctor.
- The service understood people's information and communication needs. These were identified, recorded, and highlighted in care plans and shared appropriately with other professionals involved in people's care. However, individuals' identified needs were not always being met. For example, we did not see pictures or Makaton used, although people's care plans said they used these.

We have made a recommendation that the service seeks advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

- Staff knew how people wanted their care to be provided, what was important to them and how to meet people's individual needs. Most staff provided personalised care that met people's needs. For example, one person appeared to become distressed. A member of staff immediately spoke quietly in the person's first language and the person immediately responded with a smile.
- People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances such as their dietary, social, personal care and health needs. Assessments also considered their life histories, personal interests and preferences. People had assessments for daily living and long-term outcomes.
- Staff identified and responded to changes in people's needs. Staff contacted people's families to ensure they were made aware when people's needs changed.
- People's families were encouraged, where appropriate, to identify and contribute to how the person would prefer to be supported.
- People were supported to prevent ill health and promote good health.
- Staff supported people to participate in a range of activities. People took part in local activities such as swimming, and could choose what was known as a 'substantial activity' once a month. These included a variety of concerts and theatre trips. People had been supported to have holidays, and four people had taken a Mediterranean cruise.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager told us they would act upon complaints in an open and transparent way and use any complaints as an opportunity to improve the service. There had not been any

complaints in the past year.

● Several compliments were received. A healthcare professional complimented the service and said, "It was a pleasure to complete the review with [name] and I must stay [member of staff's] knowledge was invaluable. It was one of those visits where I left with a smile on my face, because of the fantastic support you give [the person]. He is able to access opportunities, have dignity/respect and be a valued member of the community."

● One relative thanked staff for the support they provided to enable one person to attend a funeral. They said, "Without the physical assistance and staff accompanying it would have been impossible. Staff have always been devoted to the care and support they provide."

End of life care and support

● Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.

● The provider ensured appropriate medicines were available to people nearing the end of their life, to manage their pain and promote their dignity.

● People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

● Staff told us training was being sourced for end of life planning, so they could complete a section in people's care plans with them, to capture people's wishes when they reach the end of their lives. No-one living in the home was receiving end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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. Leaders and the culture they created promoted high-quality, person-centred care.

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.

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

- Since our previous inspection the provider had made improvements in areas we identified as needing improvement. This included improved and safer management of medicines and risk.
- However, despite these improvements, some staff did not always give people choices and did not always attempt to communicate with people. We have made a recommendation about this.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care. One relative told us, "We can talk to the manager, they'll listen and will do something straight away if it's urgent."
- Staff told us they felt listened to and the registered manager was approachable. Staff understood the registered manager's vision for the service and they told us they worked as a team to deliver high standards. Relatives told us, "The managers are very nice, they definitely listen to us."

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

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality.
- Regular checks were completed by the registered manager and staff to make sure people were safe and were happy with the service they received. The provider also checked the service was safe.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff were engaged and able to speak up freely, raise concerns and discuss ideas. Relatives received a quarterly newsletter to keep them informed about service changes and developments.
- Relatives had completed a survey of their views. The feedback from relatives was very positive, such as, "[Name] is in a very caring and homely environment. Whenever I see him, he looks happy, contented and clean. The staff also look very caring."

Continuous learning and improving care

● All feedback received was used to continuously improve the service.

● Staff told us, "We share with other staff whenever we find something that works for people" and, "Staff morale is boosted having our residents going out, it's exciting. One person is going to do a SkyDive in a wind tunnel."

Working in partnership with others

● The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. For example, people could engage in swimming activities, cinemas and day centres.