

Canterbury Oast Trust

The New Bungalow

Inspection report

Forge Hill
Aldington
Ashford
Kent
TN25 7DT

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Care service description

The New Bungalow is a residential care home for up to six people with a learning disability who may also have a physical disability. At the time of our inspection there were five people living at the service. The New Bungalow is a detached bungalow, in the small rural village of Aldington. Each person had a single bedroom and there is a shared bathroom, shower room, and two separate toilets.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

Suitable processes were in operation to safeguard people from potential harm and abuse. Risks to people, and the environment had been assessed and mitigated. There were enough staff to meet people's needs, and the provider had recruited them safely. People received their medicines when required, and in a safe way. People were protected by the prevention and control of infection. Accidents and incidents were recorded, and used as an opportunity to learn and improve.

People's needs had been assessed and reviewed. Staff had the knowledge, training and support to deliver effective care and treatment. People were supported to maintain a balanced diet. Staff worked in partnership externally and internally, providing people with access to on-going healthcare support. The service had been adapted to meet the needs of the people living there. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with dignity and respect by a staff team that were caring towards them. People made decisions about their care and support, and took part in reviews. People were supported to be independent, with staff respecting their privacy.

People received person centred care specific to their needs. People took part in the activities they chose and enjoyed. There had been no complaints since our last inspection. Staff knew about people's wishes and care preference at the end of their life.

Stakeholders were united in their feedback that the service was well-led. There was a positive culture that promoted good outcomes for people. The registered manager understood and met their regulatory responsibility. People, their relatives and staff feedback was sought and used to improve the service. The manager had built good relationships with external organisations including safeguarding.

Further information is in the detailed findings below.

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

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The New Bungalow

Detailed findings

Background to this inspection

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

This inspection took place on 9 July 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service, such as previous inspection reports, and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the registered manager, deputy manager and two care staff, two people that use the service, and a relative. We used direct observations and interviews with people to gain their perspective of the service. We looked at two care plans and risk assessments, three recruitment files, medicine records, quality assurance surveys and audits. After the inspection we spoke with a care staff and a relative.

Is the service safe?

Our findings

People and their relatives told us they felt safe at The New Bungalow. When we asked people what made them feel safe, one person told us, "The staff look after me." A relative told us, "There's always staff on, there's always someone around."

People continued to be safeguarded from potential harm and abuse. Safeguarding training had been completed by staff. Staff were able to describe the signs they would be alert to if they had concerns about a person. People told us they were confident to raise concerns to staff and that they would be addressed. Staff told us they knew how to raise concerns within the organisation and externally.

Risks to people and the environment had been assessed and minimised to keep people safe. Where risks to a person were identified, such as them accessing the community, or bathing for example, a risk assessment had been completed. The risk assessment provided clear guidance on how to reduce the identified risk. Staff were aware of risks to people, and described to us how they followed the guidance to reduce the risks.

People had been supported to take positive risks. For example, one person had been supported to travel across the country to attend a family wedding for the first time. Risks to the environment had also been assessed. The fire alarm was tested regularly including during our inspection. One person was involved in the testing of the alarm, and staff praised and encouraged them throughout. Another person was offered reassurance from staff during the testing of the alarm. Staff completed regular health and safety audits.

Staff and the registered manager took steps to learn and improve when things went wrong. Accidents and incidents continued to be recorded, with the registered manager reviewing all accidents and incidents. The registered manager then implemented improvement plans where necessary to minimise the risk of the incident reoccurring.

People's needs continued to be met by sufficient staffing numbers. People told us, and we observed staff were not rushed, and responded to people in a timely manner. We reviewed rotas and observed that there were no gaps. The registered manager told us that rotas were completed in advance, and staff were given the opportunity to pick up additional shifts. Where shifts could not be covered, agency staff were booked in advance and fully inducted on arrival. One relative told us, "Sometimes they have to get agency, but the staff are usually excellent." We reviewed three staff recruitment files, and found that the registered manager had followed safe recruitment processes. Prior to starting work, all pre-employment checks had been completed to ensure people were of a suitable character.

People continued to receive their medicines in a safe way. Medicines were checked during handover by staff, and regular audits completed to ensure people were receiving their medicines how and when they needed them. We reviewed an external audit from the supplying pharmacy and saw all identified actions had been completed. Following a medicine review with the GP, one person had been successfully supported to reduce one of their medicines. Staff monitored the person regularly to ensure there were no adverse effects. Staff told us they were confident in administering people's complex medicines, following observed practice and

training.

People continued to be protected by the prevention and control of infection. We found the service to be clean and tidy. A healthcare professional told us, "During my visits to the home, I find the home clean." Staff had completed training in infection control, and during the inspection we observed staff using personal protective equipment (PPE) appropriately.

Is the service effective?

Our findings

People and their relatives told us staff provided effective care and treatment. One relative told us "The staff know what they're doing, and any concerns the doctor is consulted."

People's needs were regularly assessed and reviewed in line with best practice. Since our last inspection, there had been no new admissions. However, the registered manager showed us documentation that would be completed for anyone assessed to be suitable to move into the service. Staff and the registered manager were aware of best practice relating to supporting people with learning disabilities.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. Staff had regular supervisions and observed practice by the management team. Staff told us they felt confident to deal with complex healthcare conditions people had. One staff member told us "All the training is put in place, it's good information. I feel confident as I've seen it all happen." Another staff member told us "The training has always been good. It's nice to have it regularly as things change. The epilepsy training is good. It helps with all the different medicines. It's really interesting."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. During the inspection we observed lunch, and saw that people sat where they chose to enjoy their food. We observed staff providing support to those who required it, sitting at the same level as them, not rushing and encouraging them throughout the meal.

Staff continued to work within and across organisations to deliver effective care and treatment. Staff handovers were effective and highlighted people's changing needs. There was information in place for people to take with them should they be admitted to hospital. This included important information to share with healthcare staff, including how the person communicated and what medicines they were taking. People were supported to access appropriate healthcare professionals. One healthcare professional told us "The staff team at the Bungalow know and support [person] very well, they have supported them through their changing and increasing health needs, with adaptations to the property. As their needs change, they update the local authority frequently and ask for reviews and liaise well with the local health teams too."

The service had been adapted to meet the needs of the people living at the service. Corridors were wide enough for wheelchair access, and there was level flooring throughout the service for easy access. One person lived with dementia and chosen to have their bedroom door painted yellow to support them to identify their room.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the staff and the registered manager understood and were working within the principles of the MCA. People told us they made decisions about their care and how they wanted to be supported. For example, one person told us they decided on the redecoration of their bedroom, and

what clothes they wore on a daily basis. A relative told us "It's their home, they decide what time they go to bed and get up."

Is the service caring?

Our findings

People and their relatives told us they continued to be happy living at The New Bungalow. One relative told us, "It's the best place they have ever been. It's lovely, they couldn't be anywhere better."

During our inspection, we observed numerous kind and caring interactions between staff and people. For example, when reading to a person, staff would rub the persons back, or hold their hand. Staff knew people well, and what may trigger certain emotions. For example, when the fire drill was tested, staff knew one person may become unsettled, and sat with them to offer them comfort and emotional support. A relative told us, "They're [staff] kind and caring with the residents, it's such a relief. I couldn't speak any higher of them." Staff told us they spent the day chatting to people to understand how they were feeling, and identify if they needed emotional support. Staff and the registered manager organised parties for events such as people's birthdays, and any religious events people may wish to celebrate such as Christmas. A relative told us about their loved one's birthday, "They'll do a party for them with balloons and a cake. It's special for them, just like a family."

We observed, and staff told us there were positive relationships within the staff team. We observed staff speaking to each other in a respectful manner. Staff told us they worked together to provide the best outcomes for people. One staff member told us of their job "It's so rewarding."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff knew how people who could not communicate verbally would show their like or dislike of something. For example, one person would push staff's hand away to indicate that they did not want to continue the conversation. Another person would indicate if they did not want to go out by taking their coat off and dropping it on the floor. One staff member told us, "You see the pleasure in their face when you understand what they want." Relatives told us, and documentation we reviewed confirmed people were involved in six monthly care reviews.

People's privacy and dignity continued to be respected and promoted. We observed staff knocking on people's doors before entering, and speaking with people discreetly in relation to any support they may need. The provider organised for an electric wheelchair to be purchased to support a person to access the community more regularly, and be more independent. People were encouraged to go to college and learn new skills. People's personal information was kept securely in the registered manager's office, which they told us was locked when it was not in use.

People's relatives told us they were able to visit the service at any time. There were communal areas where people spent time with their loved ones. One relative told us, "They [staff] invite me over to have Sunday roast" and "I visit whenever I like, the staff are always very welcoming." During our inspection a relative called ahead to advise staff they would be visiting the service. We observed staff approach their loved one, kneel down so they were at eye level with the person, and explain to them that their relative would be

visiting that day.

Is the service responsive?

Our findings

A healthcare professional told us, "The service is person centred and the feedback I have received from family is that they are very happy and feel that they (family) work very well with the service with clear communication."

People received personalised care that was responsive to their needs. People had person-centred care plans that detailed their histories and backgrounds and were reflective of their current and changing needs. Where people needed support to make their needs known, family members and healthcare professionals were involved. At the time of our inspection, people had not needed the support of an advocate. However, the deputy manager was in the process of exploring the options for advocacy support. An advocate is someone who supports people to express their views and wishes, and stands up for their rights. People's support needs were reviewed regularly, six monthly or as and when their needs changed. During a care review, when reviewing people's goals, it was noted that one person wanted to increase their visits to a coffee shop. Staff told us this person was now regularly offered the opportunity to go to the coffee shop and chose if they want to go that day or not.

People were involved in meaningful activities, that they chose. On the day of our inspection one person was supported to attend college. On their return they told us how much they enjoyed their college course. We observed another person being read a book by staff, which they were clearly enjoying. Other people were supported to do arts and crafts, such as sewing. Some people needed support communicating, and staff were able to identify from their body language and the sounds they made if they enjoyed their activities. Staff told us this ensured people were supported to spend time doing what they wanted on a daily basis. No one at the service was actively practicing a religion, however staff told us people liked to celebrate occasions such as Easter and Christmas.

Since our last inspection there had been no complaints. The registered manager was able to show us how they resolve little issues to avoid them turning into a complaint. There was a complaints process and policy and people, relatives and staff understood how to follow this. People told us they would feel confident to raise a complaint, and a relative told us, "I know to go to the manager, I've not had anything to complain about, but I know they would act on it."

At the time of our inspection the service was not supporting anyone at the end of their lives. Staff and the registered manager were able to tell us about the support they had previously provided to a person. Staff and the registered manager made arrangements for the person following their sudden passing. Everyone who lived at the service and their relatives were invited and attended the person's funeral with the support of staff. Throughout the funeral staff monitored people for signs of distress or them wanting to leave. Staff informed us the person had requested a blossom tree to be planted in the woods on the grounds of the service, which the staff had planned. Feedback from a relative said 'from the bottom of my heart we are so grateful for the way (person) was cared for by staff.' People were offered bereavement support following the passing of the person, and also in response to other individual bereavements. People's end of life wishes were discussed during care reviews, and staff had received end of life training.

Is the service well-led?

Our findings

People, their relatives, staff and healthcare professionals were united in their feedback that the service was well-led. A relative told us, "It's very well managed. [The registered manager] bends over backwards to help them, and me."

The service continued to be run by a dedicated manager who had worked at the service for over 10 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager described the culture of the service as, "completely inclusive, committed to the needs of the people here, very person centred, open and transparent." Staff agreed with this vision of the culture of the service, and this was evidenced in the outcomes for the people.

One staff member told us, "I couldn't wish for a better manager." Staff and relatives told us there was a supportive culture within the service. The registered manager told us, "My line manager has been very supportive for me. I've supported families and staff. We are a good supportive team." Staff were clear on their expectations relating to their roles, and were aware of how to whistle blow should the need arise. One staff member told us, "If I had any concerns, I would raise them straight away."

The registered manager had notified the Care Quality Commission of important events as required. It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was conspicuously displayed in the service and on the provider's website.

People, their relatives and staff were involved in discussions regarding the service. People told us their opinions were asked for, and relatives told us their input was valued. Questionnaires were sent to key stakeholders to complete on a regular basis. The provider's quality and compliance manager was responsible for reviewing these, identifying trends and highlighting any areas of concern to the registered manager. Relatives told us of occasions when they asked for something to be adapted and staff had responded to this. For example, a relative asked for their loved one's room to be redecorated. The person was supported to choose the decoration of their room, and were involved in the painting of the room.

There were a number of audits in place, that had been completed by the registered manager, the deputy managers and staff to check the quality of the service. Information from accidents and incidents was used as an opportunity for improvement. For example, following a person falling in the service, the provider had upgraded the flooring to anti-slip flooring to reduce the risk of the event reoccurring.

Staff and the registered manager worked in partnership with other agencies to enable people to receive

'joined-up' care. The registered manager had positive relationships with the local authority and healthcare organisations.