Apex Care Limited

The Bungalow Retirement Home

Inspection report

156 Park Road
Spalding
Lincolnshire
PE11 1QZ

Tel: 01775724995
Website: www.thebungalowretirementhome.com

Date of inspection visit:
01 December 2016

Date of publication:
02 February 2017

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 1 December 2016 and was unannounced.

The home is located in Spalding in Lincolnshire and provides residential care for up to 28 older people and people living with a dementia. The accommodation is all one level and there are several communal areas where people can choose to spend their time.

There was a registered manager for the home. 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 Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. The registered manager had fully understood their responsibilities under the MCA and DOLS and had taken appropriate action to protect people's rights. In addition the environment and care provided allowed people to maximise their decision making abilities.

People received high quality care from a staff team which were supported to develop their skills through ongoing training, supervisions and observations by the registered manager. Flexible staffing levels set to meet people's needs ensured that staff had the time to deliver person centred care and monitor changes in people's needs. Any changes in needs were discussed with the appropriate healthcare professionals and corresponding changes in care were reflected in people's care plans. This personalised care supported people to stay healthy and maximise their independence and ability to make decisions.

People were supported to lead fulfilling lives and to continue with hobbies they enjoyed before moving into the home. Activities were provided in the home on a communal and an individual basis and people were also supported to access the local community.

The registered manager and staff provided high quality compassionate care to people at the end of their lives. Extra staff ensured that people received one to one support through their final days. Good collaborative working with external healthcare organisations ensured that people were able to be kept comfortable and pain free at the end of their lives.

Risks to people were fully identified. Care was planned to minimise the risk to people and equipment was available when needed. Good adherence to the care plans and the correct use of equipment had led to a decrease in the amount of pressure ulcers developed in the home.

Caring staff ensured that people took their medicine as prescribed and raised concerns around medicines with appropriate healthcare professionals. People's food was presented to them personalised to their individual preferences. People received gentle support and encouragement at mealtimes to maximise their nutritional intake. This supported people to maintain their independence and decreased the risks associate with poor mobility and fragile skin.

The registered manager had effective audits in place to monitor the quality of care that people received and they were able to address identified issues in an appropriate and timely way. They continually updated themselves on guidelines developed by the government and NHS to ensure that the care provided supported people to lead healthy fulfilled lives.

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 was safe.

People felt safe living at the home. Staff had received training in keeping people safe from abuse and were confident to raise concerns with the registered manager.

Risks to people had been identified and staff's consistent adherence to care plans and kept people safe from avoidable harm.

The home was staffed to meet people's needs and was flexible to provide support for people at the end of their lives.

There were systems in place to ensure medicines were ordered, stored and administered safely.

Appropriate infection control processes were followed in the home.

Is the service effective?

Good

The service was effective.

People received a high standard of care from staff who received good quality training and ongoing daily support from the registered manager.

The registered manager and staff provided a calm supportive environment which supported people to maximise their decision making abilities.

People were complementary about the food provided and well trained staff ensured that people were gently encouraged to eat and drink.

People had been supported to access advice and support from healthcare professionals whenever needed.

Is the service caring?

Good

The service was caring.

People living at the home were happy and felt that they were looked for by well trained staff who treated them with great care and respect.

Staff took the time to get to know about people lives and understood when people may need extra support.

People were supported to make daily decisions about their lives and were offered as much choice as possible.

People at the end of their lives received 24 hour individual support from staff and were assured a comfortable pain free death as the registered manager worked with healthcare professionals to ensure all anticipated needs were able to be met.

Is the service responsive?

Good

The service was responsive.

People were confident that their care needs could be met by the staff.

Staff were responsive to people's changing needs and took action to improve people's quality of life.

People were encouraged to continue with hobbies they undertook before living at the home and to join in with communal activities.

People were able to access and enjoy the local community.

People were happy to raise any concerns with the registered manager and were confident that issues would be addressed.

Is the service well-led?

Good

The service was well led.

The registered manager had created a culture where staff worked together to provide the best care possible to people.

Staff had confidence in the registered manager's capabilities and were happy to raise concerns.

People's views of the service were gathered and relatives told us that the registered manager was always available to received feedback on the quality of care provided.

There were effective audits in place to monitor the quality of care people received.

The registered manager continually updated their knowledge about how good person centred care should be provided.

The Bungalow Retirement Home

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 1 December 2016 and was unannounced. The inspection team consisted of an inspector and an 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.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home.

During the inspection we spoke with nine people who lived at the service, three visitors to the service and spent time observing care. We spoke with two care workers, the activity coordinator and the registered manager. Following the inspection we contact the community nurses to get their views on the care people receive.

We looked at four care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel as safe as houses here."

The registered manager placed a high degree of emphasis on the safety and security of people living at the home due to incidents which happened at the home before they became the registered manager. For example, the front door was locked with a keypad and the gate was also secured. They had received a health and safety visit from the local authority at the beginning of the year and no concerns had been identified. All the doors were alarmed and fire doors had extra security features. All the windows were fitted with window catches.

Staff had received training in how to keep people safe from harm and had enough information to recognise the different types of abuse. Staff told us they knew that they could raise any concerns with external agencies such as the local authority safeguarding team. There was also a whistle blowing policy which supported them to raise concerns anonymously. However, they told us that they were happy to raise concerns with the registered manager as they were confident that they would take appropriate action to keep people safe.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, risk assessments had been completed around people's likelihood of developing pressure ulcers. Appropriate equipment was in place to reduce the risk of occurrence. The community nurses told us that they had worked closely with the home and had clear expectations of the care the home needed to provide to prevent pressure ulcers. They told us that staff at the home were "Very good" at carrying out care as requested and using the correct pressure relieving equipment. They told us that this care had reduced the number of pressure ulcers in the home.

Where people needed to be supported to move using equipment such as a hoist there were clear instructions in their care plan on what sling should be used. Care plans also included information on how staff should support people who became distressed. We saw staff calmly stepped in when people were distressed and redirected their attention to something they enjoyed to do.

There were personal evacuation plans in place. These contained information on people's abilities both physically and cognitively in an emergency along with the support and equipment they would need to get to a place of safety. This information would help the emergency services keep people safe.

People living at the home and their relatives told us that there was enough staff to keep people safe. One relative told us, "There is absolutely enough staff. The minute anyone says they want the toilet staff are there to take them." Staff were deployed to support people in different areas of the home which meant all the people received the same level of support regardless of where they chose to spend their time. In addition to the care workers, other staff included a cook, a kitchen assistant, domestic assistants, laundry person and an activities coordinator. These staff supported the care staff to dedicate their time meeting people's care needs.

The registered manager understood that happy, engaged staff improved the quality of care that people received and was flexible to staff's needs while ensuring people living at the home came first. An example of this was the shift pattern, shifts were 12 hours long to give people consistency of care during the day. However, to ensure that staff did not get over tired working long hours the registered manager tried to ensure that staff never worked more than two shifts in a row. The manager told us that looking after staff like this meant that staff knew they were appreciated. The people living at the home benefitted as staff were rarely sick and were always willing to cover extra palliative shifts when people neared the end of their lives.

The registered manager had a planning tool which they use to set the minimum staffing levels needed to support people living at the home. However, the registered manager and the deputy manager spent time each week working on the floor and this helped them to learn people's individual needs and assess staffing levels.

The registered manager had systems in place to ensure that the people they employed were safe to work with people at the service. However, we saw that at times they had not fully utilised these systems when employing people. An example of this was not fully investigating the gaps in a person's employment history. In addition, they had accepted a disclosure and barring service (DBS) check that had been completed for another company. While this had been completed one week before the person started working at the home and allowed the registered manager to assure themselves of the persons suitability to work in the home DBS checks are not transferable by law. We discussed our concerns with the registered manager and following the inspection they submitted evidence to show they had taken immediate action to rectify these omissions.

Relatives confirmed their loved ones were given their medicine on time and had never had any concerns around medicines. Medicines were safely stored and there were systems in place to ensure that they were ordered promptly so medicines would always be available to people when needed. We observed a medicine round and saw that people were supported to take their medicines safely. The member of staff spoke quietly to people about their medicines and where a person was snoozing they made sure the person was properly awake and aware of what was going on before offering them their medicines.

The medicines administration records were appropriately completed. We saw that where a medicine was stopped the chart had been updated so that it was clear to staff that the medicine should not be given. When people were prescribed antibiotics by a healthcare professional, systems were in place to ensure that they were available to people the same day. The deputy manager told us the local pharmacy normally delivered medicine the same day it was prescribed. However, if this was not possible staff would go to the pharmacy and fetch it.

Where possible people were supported to manage their own medicines. An example of this was one person at the home who was a diabetic on insulin. They had their insulin prepared for them on a weekly basis by the district nurse and were supported by staff to self-inject the insulin on a daily basis.

A member of staff had been identified as the infection control lead and attended the local authority infection control meetings. An infection control audit had been completed and the registered manager told us of action they had taken since our last inspection. For example, they had changed all clinical waste bins to foot operated. Actions taken had reduced the risk of infections spreading through the home.

Where people used equipment such as a hoist and sling to move there were clear infection control processes in place to keep people safe. An example of this was that anyone who needed hoisting had their own sling which reduced the risk of cross infection.

We walked around the home and could see that it was kept clean and odour free. There was some lime scale deposits in some of the toilets and on sinks. The registered manager told us that they had already identified that this was an infection control risk and had recently started to use a new cleaning liquid to see if they could resolve the issue. There were two cleaning staff at the home who worked over seven days a week. They worked to a cleaning schedule which was in place and identified which cleaning should be done on a daily, weekly and monthly basis. They were also able to tell us how they worked to ensure that cross infection was kept to a minimum. For example, by using different cloths in different areas of the home.

Good

Is the service effective?

Our findings

All the people we spoke with were complementary about the staff's skills and the training they completed. One person who lived at the home told us, "I think the staff are well trained." A relative said, "The staff all know my mum`s needs so well. I don't have to say anything they just know what to do for her."

Staff told us they had received the training and support to develop the skills needed to care for people safely. The training matrix showed that staff had received training in line with the provider's policy. All the training provided to staff was completed in house and face to face with a trainer. The registered manager told us that they felt this was the best way to engage staff with the training. We saw that all the training for the coming year had been planned.

New staff completed an induction which included training in the key areas needed to provide safe care to people. In addition, they also shadowed more experienced members of staff for two weeks to learn about people's individual care needs. If necessary the period of shadowing could be extended. As part of the induction process the registered manager observed staff completing set care tasks to ensure they were competent.

As well as formal training the registered manager used other methods of helping staff to understand why good care was important. An example of this was staff having experience days. This was where a member of staff became a resident for the day reliant on their colleagues for all their needs.

We discussed the experience day with a member of staff who had become a resident for the day. They told us that it had increased their understanding of what is was like to be reliant on others to meet your needs. For example, they had sat on a pressure cushion for the day and had realised how uncomfortable it could be for someone who was not re-positioned on a regular basis so they now ensured that all repositioning was done in a timely fashion. They also said it had given them more understanding of how frustrating it was to have a hot drink placed in front of you and then left to go cold before a member of staff helped you with it. They also became aware of how the environment affected people's moods. For example, they were frustrated that although the television was on the sound was too low to hear. They told us that they now come in and try to make time to spend five minutes with people talking to them. They said that they had discussed the day with colleagues to pass on the learning. The registered manager told us that they had seen a positive change in the care this member of staff provided.

Supervisions were completed every two months and varied according to needs. For example, some supervisions had been individual meetings with the registered manager, while others had consisted of staff rereading care plans to ensure they were fully aware of people's needs. Annual appraisals had also been completed to support people who wanted to progress their caring career. In addition, to set supervisions and training the registered manager spent time observing care on a daily basis and so was able to immediately identify concerns and speak to staff about ways they could improve the care they provided. Staff told us that while they valued the supervisions as it was a small home and the registered manager was accessible they would raise concerns with them as they happened instead of waiting for a planned meeting.

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.

Care plans included information on people's abilities to make decisions, what decisions they could make for themselves and where they may need more support. Staff were knowledgeable about the mental capacity act and understood that people's abilities to make decisions may vary from day to day. In regard to daily decisions one member of staff told us, "I don't like to take too much away from them and support them to be as independent as possible." They told us that they did this by simplifying the decision for the person, for example, by offering simple choices such as a skirt or trousers.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. While the registered manager had submitted a number of DoLS applications no one at the home had been assessed.

However, the registered manager had provided an environment which supported people to make decisions. One person had been assessed as unable to make decisions about where they lived while at another home. The registered manager had completed a mental capacity assessment after they had settled into the home. It showed that given information in the correct format and allowed the time to understand the information they person had been able to retain the information long enough to make an informed decision. They had clearly identified that they chose to live at the home. We discussed this with the registered manager who told us that the person had become calmer and more settled since moving into the home. This had enabled the person to regain some control of their life and to make important decisions for themselves.

Furthermore where people were able to make a decision about where they lived and did not wish to live at the home this decision was respected. An example of this showed one person did not wish to stay at the home and the information was shared with family and healthcare professionals who could help them find a place more suitable to their needs. A visiting healthcare professional told us that they had confidence in the registered manager's understanding of the MCA 2005 and the DoLS. They said that this was because they had seen the registered manager advocate for people and ensure that decisions taken really were in the best interest of the vulnerable people.

People living at the home told us that the food was good. One person living at the home told us, "It's very good food here they must have a very good cook." A family member told us how care staff supported their relative to maintain a healthy weight and eat safely. They said, "My mum has difficulty swallowing. They make it safe for her by preparing special food and feeding her with great care and attention at all times. They are brilliant with her."

During the inspection we saw staff supporting people to personalise their meals so that they could enjoy them better. We heard staff ask people, "Would you like salt and pepper on your meal" and, "Would you like me to cut it up for you?"

Where people were unable to eat independently we saw that staff helped them with their food and drink with gentle support and encouragement. An example of this was a member of staff who supported a person

who was living with dementia and who was cared for in bed to have a drink. The member of staff ensured that the head of the bed was raised so that the person was sat up and supported them with pillows so they were comfortable.

We also saw another good example of a person who was blind being supported with their meal. The staff member was very kind, caring and respectful towards this person. We saw that they turned the radio off and for the duration of the meal held a conversation with the person. They were patient with the person and continually asked them about their meal and what they would like. For example, we heard them asking, "Would you like any more of this ice cream?" Along with, "Would you like any more of this orange juice?" At the end of the meal the staff member confirmed with the person that they had had enough to eat and switched their radio back on as they left the room.

People who were at risk of being unable to maintain a healthy weight had been identified and appropriate support from healthcare professionals had been sought. Where necessary people had been supported with prescribed high calorie supplements. In addition, food and fluid charts were in place to monitor how much they were eating and drinking. Were people needed equipment to help them drink safely this was in place.

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed. A visiting healthcare professional told us that staff were good at raising concerns and made appropriate requests for support from community nurses. They also commented that the registered manager had a very good knowledge and understanding of people's needs and the support their families also needed.

Good

Is the service caring?

Our findings

People living at the home told us they were happy and settled. One person told us they thought all the staff at the home are very well trained and caring and treats everyone with great care and respect. This person said, "Oh I am very happy here." A relative said, "I can't fault this place. It's the best place for my relative." Another relative told us, "Mum's been here two years and I never come away unhappy. Everyone is so kind. It's brilliant and Mum is really happy." They added, "I love visiting here." A visiting healthcare professional told us that there was a particularly nice atmosphere in the home and that it was one of the homes they visited where people were supported to continue with all aspects of their lives as they would in their own home.

There was a warm, welcoming atmosphere in the home. Family members told us that the staff had good relationships with people living at the home. One relative told us, "Mum sleeps when we visit but comes alive for the carers, she really loves them." We saw that the care staff had taken the time to get to know people and their life histories. One member of staff told us, "Sometimes after work I will spend half an hour with a person looking at their photographs." We saw staff also took the time to ensure people were aware of important events in their life. We saw a note in the room of a person living with dementia reminding them that they had a birthday during the weekend letting them know how old they would be.

Staff knowledge of people's preferences supported them to tailor the care to people's needs. For example, when a member of staff left a person's room they said to the person, "I am going to put you the music back on now. You're favourite, Bryan Adams of course."

Staff were aware of the impact their work had on people's enjoyment. For example, we saw that a domestic was hoovering near the lounge and shut the door to ensure they did not disturb the people taking part in a quiz in the lounge.

There were two cats living at the home; one had been there a long time and the other had moved into the home with their owner and the home had adopted them when the person passed away. It was obvious throughout the inspection that the cats were a much loved and essential part of the home, giving people a focus for their care and attention.

Prior to our inspection we had concerns raised about staff's language skills. During our inspection no one raised this as a concern with us. One relative told us, "One carer gets down to their level and tries really hard. They are so kind and will put their arm around people and give them a cuddle. That means more to them than perfect English." A person living at the home said about this member of staff, ""I like [Name]. They are lovely, we all like them."

The registered manager and staff took the time to understand the impact of events on people's lives and when people may need extra support. An example of this was one person who had a close family member die. Staff spent extra time with the person to make sure they were okay. In addition, they ensured that before the funeral the person had their hair, nails and makeup done so that they were smartly presented to show

respect for their loved one. Following the funeral staff continued to regularly check on the person. We saw during our inspection staff often engaged the person in conversation and encouraged them to join in with a communal quiz.

We saw that the registered manager and staff continued to care about people and provided on-going support for them after they left the home. An example of this was a person who had stayed at the home for some respite visited and still visited the home each day for their lunch. They said that they did not charge the person for their lunch, but suggested they give a donation to the home's comfort fund. This supported the person to remain independent in their own home but ensured they had a cooked meal and contact with other people every day and that an alarm would be raised if they failed to attend. In addition, we saw that the person spend time talking to the registered manager about a concern they had and the registered manager listened to their worries. The person went away from the registered manager happy and reassured. As well as speaking to the registered manager this person also went around the home to speak to all of their friends. We saw that everyone engaged with the person and was pleased to see them and the person brought in news about the local community which enabled people to feel involved with the community.

One person living at the home had chosen to move rooms as their room was quite tiny. However, after moving they did not settle in their new room and their health deteriorated. They requested to move back to their old room and this had been done just before our visit. We heard people asking them if they were settled back into the room and they told them how nice it was to be back in their old room and that staff had moved all their belongings back and their curtains were being moved when the maintenance man was available. Staff told us that moving them back had made them happier and that this had a positive impact on their health. An example of this was that their mobility was increasing and they did not need to use equipment to move all the time.

People were offered choices in their everyday lives. One relative told us how this was reflected on the tea trolley. They told us, "There is tea, Earl Grey tea, chocolate and soup, more choice that you could wish for." The registered manager told us one person only drank cappuccinos so they made sure there was some always available for them. We heard the registered manager talking to this person about having a cappuccino soon.

Relatives told us that people were treated with respect and supported to make choices about their every life. An example of this was the daily menus being displayed in both dining areas. Pictorial displays were used to support people who may not be able to understand words due to the progress of their dementia. In addition, care plans recorded people's abilities to make choices about their everyday lives. An example of this was one care plan which had recorded that the person was able to make choices around toiletries and clothes. One person told us that they had requested extra support and this had been agreed and actioned. They told us, "I asked if I could have two baths a week and it was agreed I could."

Relatives commented on how staff helped people to maintain their dignity. One relative told us, "I never see anyone with food spilled down their clothes." Several people commented to us that they received their clothes back from the laundry well-presented and that they always got their own clothes back. Care plans recorded people's preferences in in regard to clothes. For example, one care plan recorded that the person liked to look smart and we saw that they had been supported to maintain a high standard of personal presentation.

The registered manager was dedicated to ensuring people received the best care possible at the end of their life and that no one in the home was allowed to die alone. As people neared the end of life an extra member of the care staff was put on the rota to sit with the person to ensure they were comfortable, pain free and

had everything they needed.

We saw people's end of life wishes were recorded and where people were unable to make decisions their family's wishes were taken in to account. For example, one person's care plan recorded that they would like people around and to be kept pain free. Where appropriate people's wishes around resuscitation had been recorded.

The registered manager told us that they worked closely with the community nurses when people were at the end of their lives and also liaised with other services such as Marie Curie nurses who could help them make people's last days more comfortable. This was confirmed by a healthcare professional we spoke with. They told us that the registered manager had raised concern about two people who were growing increasingly frail and who were approaching the end of their lives. They described how working together with family and the wider health community allowed them to put in appropriate measures such as correct moving and handling equipment, pressure relieving equipment to keep people safe and comfortable. Anticipatory medicines had also been put in place. These are medicines that a person may need quickly to relive symptoms of their disease or pain. Having them available meant that they could be administered by specialist nurses without having to wait for a prescription to be filled. This advanced planning supported people to remain in their home and to have a comfortable pain free death.

Good

Is the service responsive?

Our findings

People we spoke with told us they received excellent care from the staff. One person told us, "The staff are very good here. They go over and above to help you. If we need any help we are in safe hands." Relatives also told us that they felt their relatives received a high standard of care. One relative said, "We don't have to worry about anything, we have total peace of mind. We know [name] can be hard work at times but they manage her beautifully."

We asked people and their family's if they were involved in their care. One relative told us, "Oh yes, every move they make. If Mum has a fall they will ring and let me know and will tell me if they have given her some painkillers. I trust them 100%." Another relative told us, "Yes, I have been involved recently with it and I am always kept very well informed if there are any changes, or if the doctor is called or anything like that."

Care plans included all the information staff needed to provide safe, person centred care. In addition, they also contained information about how people's families wished to be involved in caring for people. An example of this was one family who chose to take the person's washing home. The registered manager completed and reviewed all the care plans. Staff told us that they had appreciated them taking over this role as it supported them to spend more time with people. As it was a small home and someone from the management team was on site every day there was good communication when people's needs changed and the care plans fully reflected people's needs. In addition, when staff came on duty they were given a verbal update on the needs of people living at the home and if any of those needs had changed during the last shift.

Staff noticed changes in people's behaviours over time and raised appropriate concerns. An example of this was one person who was living with dementia had been taking medicines to help them manage their moods and behaviours. However, staff had noticed that over time they had been sleeping more and their mobility had declined. They had liaised with the GP and family and a best interest decision was made to stop the medicine. After stopping the medicine the person was more alert and able to participate more in activities at the home. We did see and records showed that since stopping the medicine the person sometimes became unsettled in the afternoon and could be distressed. However, staff monitored the person and if they showed signs of distress they quickly stepped in and redirected the person's attention to an activity they enjoyed. Staff told us they had noticed the person was brighter, walking better and interacting more with staff and people living at the home instead of lying on their bed.

We saw other examples of staff noticing changes in people's abilities. An example of this was staff had identified that a person's hearing had deteriorated. We saw that they had taken advice from the GP and when there had been no improvement had booked a hearing test for the person. In another care plan we saw they noticed that a person was becoming a little snuffley and may be getting a cold, so they ensured they monitored the person to see if extra care or medicines were needed.

Staff ensured that people received the support and encouragement they needed to help them enjoy life and engage socially with other people. An example of this was a person who had only been living at the home for

a short while. The registered manager told us how when they had first come to the home they had lost their confidence to walk following a fall and were low in mood and chose to spend all their time in bed. Their care plan recorded, "I am not keen on getting out of bed, I like to stay in bed and I don't really like to get dressed. I need a lot of encouragement to get out of bed.

However, with support and encouragement from staff the person had started to get up and dressed. Their confidence in their mobility had increased and they had gone from not walking to walking independently with a frame. They had also spent some time in the communal area as they were confident they could return to their bedroom whenever they wanted for some peace and quiet. Furthermore, with encouragement their appetite had increased and they had put on some weight. Their care plan had been reviewed to reflect the changes in their care needs. In addition, as the person was more mobile and eating better we saw that the risks of developing pressure ulcers had dropped from very high to high and the person no longer needed close monitoring of their skin. In addition, as they were walking and eating better their risk of falling was reduced.

Staff also monitored people's long term conditions and took action to support people to remain healthy. An example of this was where a person was diabetic and needed regular injections to help them stay healthy. Staff monitored the person's blood sugar levels and when they had become erratic staff had requested support for the person from the local diabetic nurse. In addition, we saw there was clear guidance available in their care plan regarding the action staff should take if the person's blood sugars dropped below a certain level.

We saw that people were supported to engage in pastimes which they had enjoyed before they started to live at the home. For example, when we arrived at the home some ladies were in the sitting room knitting and chatting to each other. We saw one lady had lost some of their knitting stitches and the registered manager sat with them and helped them to correct their error. Where people expressed a desire to help around the home, they were supported to be involved in the everyday chores around the home. For example, one person liked to dry up and to help hand the washing out, while another chose to lay the tables at mealtimes.

There was an activities coordinator at the home and as well as supporting people to continue their hobbies they provided group activities for people and spent one to one time with people as well. The activities coordinator was well liked by the people living at the home. One person told us the activities coordinator was, "A very very nice person, she will stop and talk to you and explain things." Another person told us, "We all love her." We saw the activities coordinator assisted a person with completing some official forms on a laptop computer. The person told us how much they had appreciated this support. They told us, "[Activity Coordinator] is very good at helping sort things out on the computer for me, I don't know what I would do without her." In addition, the activities coordinator told us that they really enjoyed their job. They said, "I'll help anyone to sort things out. I love working here."

Relatives told us that activities were provided which supported people to engage with the local community. One family member told us, "They take them into town for a coffee and to get some wool for knitting. In the summer staff take people for a walk around the garden, there is lots going on." Another relative said, "They got the library people in to visit for one person who liked to read and if anyone expresses an interest in anything then staff will support them." We also saw that activities were used to get people to interact with each other at the home. Before lunch the activities coordinator did a quiz in the lounge asking people to give Girls Names working through the alphabet. People engaged with the quiz and were shouting out answers and were enjoying themselves. They told us that they would often have a quick quiz before lunch.

We saw there was a notice telling people how to complain in the main entrance. People told us they were happy to raise complaints with the registered manager or other staff. Relatives we spoke with said they knew who to go to if they had any worries or complaints. They felt the registered manager had a good strong presence and was often seen about the home and could go to them with any issues. One relative said, "If there was anything I needed to say I would go straight to the office it's very open and transparent here, but I never have had to."

Good

Is the service well-led?

Our findings

The registered manager showed their commitment to the home by coming in on the day of the inspection despite not being scheduled to work that day and having personal plans in place. While we assured them that it was not necessary for them to be at the home they told us that as the registered manager it was their responsibility makes sure that people living at the home and staff were happy and settled during the inspection. They also wanted to receive the feedback directly from the inspector so that they were aware of all the issues raised and could take immediate action. In addition, the registered manager and deputy ensured that one of them was at the home every day including weekends. This level of oversight meant they could be reactive to issues and concerns.

People living at the home and their relatives all spoke well of the registered manager and of the positive changes they had made at the home. One relative told us, "If I rack my brains I couldn't find anything wrong and the manager is so on the ball." Another person said, "The manager is very good and she's very involved with everything and approachable." People also commented on the culture of the home and how the registered manager had supported staff to work as a team. A relative said: "I think this is a very well led home, yes. They all work as a good team."

When speaking with staff it was clear that they had a lot of respect for the registered manager and felt confident with them leading the home. This had come through the staff being able to respect the decisions about care the registered manager made and how the changes the registered manager had implemented had supported them to increase the quality of care provided. An example of this was how the registered manager had taken on the responsibility of liaising with healthcare professionals. A member of staff told us how this had led to them having more time to spend with people while being confident that people's health was being consistently managed.

They also told us how the registered manager ensured that people's needs were always put first. An example of this was one member of staff who told us that they thought the registered manager deserved praising. They told us, "She has worked hard and her kindness shows. She never lets anyone die on their own." The fact that the registered manager had supported staff to provide the support and compassionate care they felt every person should get at the end of their life allowed staff to build a high level of trust in the registered manager's leadership. Staff told us that the registered manager encouraged them to develop and improve their caring skills through monthly staff meetings, supervisions and annual appraisals.

Staff told us that they felt supported by the registered manager and that they were responsive when staff raised concerns. One member of staff told us, "I feel listened to and they will try to resolve it." In addition, staff felt that the registered manager respected their life outside of work and offered support to them when needed. For example, one member of staff told us how they liked that they only worked two days in a row as it was hard work and having that time between shifts meant that they had been able to carry on working.

People using the service, their relatives and visiting health care professionals had been asked for their views on the service. The registered manager sent out surveys every three to four months to gather the views of

people living at the home. We looked at the last three surveys and saw that they showed that people were happy with the quality of care they received. Records showed that monthly residents' meetings were held and the care they received at the home was discussed. One relative told us they felt able to give their views on the home at any time. They told us, "I see the manager out and about on the floor all the time. I am totally happy with everything here."

Since our last inspection we could see that the provider had been gradually decorating the home and had a programme of work to continue the improvements. Some areas of the home were in need of decorations. For example, walls were marked and some vanity units were old and worn. However, relatives told us they were so happy with the standard of care that the décor wasn't a problem. One relative said, "I don't care about the décor. Everywhere is spotless and it never smells."

The registered manager told us that the provider was responsive and would listen to their needs and support them to improve the home. In addition, they were happy for the registered manager to purchase any equipment which was needed to keep people safe and to monitor their health. For example, the registered manager had ordered some hoist scales so they could monitor the weight of frail, vulnerable people who were unable to stand on scales accurately. The registered manager was looking at how they could make the home more accessible for people living with a dementia so that they could be more independent. They had identified that they needed better signage with pictures as well as words and that some personalisation of people's bedroom doors was needed to help them identify their own room.

The registered manager had a suite of audits in place to help them monitor the care that people received. Were saw that the audits were effective and highlighted areas where improvements were needed. Records showed that the registered manager had taken appropriate action when audits had identified areas for concern.

The registered manager had spent time building professional relationships with healthcare professionals who visited the home. One healthcare professional told us that when the registered manager had started to work at the home the relationship with the home, staff and community nursing was poor. However, by working together with the registered manager things had improved and the good working relationship that was now in place benefitted the people living at the home. They told us that they trusted the registered manager's assessment of people's needs and that they were confident that any instructions they left about the care people needed would be followed.

The registered manager explained that they kept up to date with changes and innovation in care by reviewing guidance issued by the government and NHS and by reviewing articles from industry journals. They also regularly reviewed outstanding reports published by the Care Quality Commission to see if any learning could be identified and adapted for the care of people living at the home. While The Bungalow Residential Home is not a nursing home the registered manager is a trained nurse and had recently completed her revalidation for the nursing and midwifery council.