

Saturn Healthcare Ltd

Bungay House

Inspection report

8 Yarmouth Road
Broome
Norfolk
NR35 2PE

Tel: 01986895270
Website: www.bungayhouse.co.uk

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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

Bungay House is registered to provide accommodation and personal care for up to 18 people. There were 16 people living at the home when we visited. Accommodation is provided over two floors. All bedrooms were for single occupancy with some having ensuite facilities. There were communal areas, including lounge areas, a dining room and a large garden area for people and their guests to use whenever they wished.

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments were in place to ensure that people could be safely supported at all times. Staff were knowledgeable about the procedures to ensure that people were protected from harm and would have no hesitation in reporting any concerns. People received and were administered their medicines as prescribed.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff, which had been deemed suitable to work with people at the home, were employed following the completion of satisfactory recruitment checks.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. DoLS applications had been submitted to the relevant local authorities and they were waiting for these applications to be assessed.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people only had to wait a few minutes before having their care needs met. This meant that people's dignity was respected and that their care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of healthcare professionals. These included appointments with a range of healthcare professionals.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people at all times.

People's care was provided by staff in a caring, kind and compassionate way. People's hobbies and interests

had been identified and were supported by staff in a way which involved people to prevent them from becoming socially isolated.

The home had a complaints procedure available for people and their relatives to use and all staff were aware of the procedure. People were supported to raise concerns or complaints. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the home and people were able to talk and raise any issues with the staff. People were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, staff and completing annual quality assurance surveys.

The provider sought the views of healthcare professionals as a way of identifying improvement. Where people suggested improvements, these had been implemented promptly and to the person's satisfaction.

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 were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures and protecting people from harm.

People were safely supported with taking their prescribed medicines. Medicines were stored, recorded and managed by competent staff members.

Only staff that had been deemed to be suitable to work with people living at the service were employed.

Is the service effective?

Good ●

The service was effective.

People made choices as to their preferences and were supported with these. Staff were skilled in meeting people's assessed needs.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People had access to a regular supply of sufficient quantities of nutritious food and drink. People were supported to eat a balanced diet.

Is the service caring?

Good ●

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

People's privacy and dignity was preserved by the staff at all

times.

Is the service responsive?

Good ●

The service was responsive.

People preferences were incorporated in their care plans and reviews of their care and support.

People were supported by staff to pursue their interests and hobbies and to access the local community.

Regular reviews were completed to ensure that people's care needs were being met. Action was taken swiftly in response to people's suggestions and concerns before they became a complaint.

Is the service well-led?

Good ●

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Bungay House

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 unannounced inspection took place on 7 December 2016 and was carried out by one 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 our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider information return (PIR) This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We also spoke with a chiropodist, a community psychiatric nurse and a GP from a local practice.

During the inspection we spoke with nine people living in the home, two relatives, the registered manager, the providers, five care staff, the cook and the administrator/activities coordinator. We also observed people's care to assist us in understanding the quality of care that people received. We also spoke with a care manager from the local authority.

We looked at four people's care records, training records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as health and safety audits and staff recruitment records.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said "I find it quite safe at this place and it's comfortable." A second person told us, "I feel safe here, the building's very secure and the staff make me feel safe." A third person said, "The staff give me my medication at regular times each day and ensure that I swallow my tablets and if I want a painkiller I just have to ask and they (staff) are pretty quick."..

Staff we spoke with showed a good understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. One staff member said, "I have received training in safeguarding and I would never hesitate in reporting any concerns to my manager." Another member of staff told us that they were aware of how to raise a safeguarding concern and knew where the information file regarding safeguarding procedures was kept. This was as well as the contact details of the local authority safeguarding team.

We saw that people's individual risk assessments had been completed and updated. These risk assessments included guidelines for staff such as behaviours that challenge, mental health needs and nutritional needs. During our inspection we observed staff supporting people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

We observed care staff safely administer people's medication. We saw that only staff who had received medication training administered medication at the home. Staff had received regular competency checks by members of the management team to ensure they were safely administering medication. Each person's medication administration record (MAR) was stored with a photograph of themselves to assist staff in safe medicines administration practices. The records showed that medicines had been administered as prescribed.

We saw that there were protocols in place regarding the use of as required medicines (PRN) with guidelines for staff about their use. We observed a member of staff administer medication in a careful and unhurried manner and completed the MAR chart as required. Where a medicine needed two signatures regarding its administration we observed that two staff signed to ensure that this had been safely completed. People told us that, "Staff give me my medicines when I need them and I can have painkillers when needed." This meant that people were safely provided with the support they needed with their prescribed medication.

People told us, and we saw that there were sufficient numbers of staff available to meet people's assessed needs. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if a particular care and support need was identified. For example, when a person needed additional support for medical reasons. At night time there were staff available to provide assistance when needed. One person said, "There is always enough staff on duty to help me with what I want." We observed that staff were readily available to people and answered their queries were promptly answered by staff in a reassuring manner.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. Recruitment records we viewed showed us that appropriate checks including criminal record checks (via the Disclosure and Barring Service (DBS)) and satisfactory references had been received prior to the new member of staff starting work in the home. This showed us that the provider had only employed staff suitable to work with people living at the home.

There were fire and personal emergency evacuation plans in place for each person living in the home to make sure they were assisted safely. We saw records of fire safety checks, water temperatures, refrigerator and food temperature checks that had been completed. This helped ensure that the home was a safe place to live, visit and work in.

Is the service effective?

Our findings

People told us that they felt confident that staff knew how to provide care in the way that they preferred. Our observations during the inspection confirmed that the registered manager and staff were attentive and responded to people in a reassuring way to any issues they raised. One person said, "I think the staff have the correct skills to care for me. They are very friendly and always happy to answer my questions", adding, "I only have to ask the staff and they will make an appointment for me to see a dentist/optician etc." Another person said, "They (the staff) will always give me their time, I don't think I could be in a better place." Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. One relative told us that, "The staff are very good in letting me know how things are about [family member's health and wellbeing] and they are always good at keeping me informed."

Staff told us they had regular supervision and ongoing support. One staff member said, "There is lots of good training and we get refreshers throughout the year." We saw a training record in the office with dates for training sessions. Examples included; safeguarding, manual handling, MCA and DoLS, infection control, health and safety, mental health and dementia awareness and administration of medicines (including a competency check). The manager showed us a training matrix they kept to monitor the staff's ongoing training. This process of monitoring staff's training completion helped ensure that staff were kept up to date with any changes in current care practice. The staff we spoke with told us that they received an induction to ensure they were aware of their responsibilities when they had commenced working in the home.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguard (DoLS). We checked whether the home was working within the principles of the MCA.

Staff confirmed that they received MCA and DoLS training. DoLS apply when people who lack capacity have restrictions on their freedom where this is in their best interests to keep them safe. Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible. We saw that there were two people with an authorised and valid DoLS in place. The registered manager told us that applications had submitted to the relevant local authority and they were waiting for these assessments to be completed.

We saw that two people were receiving some of their medicines covertly [hidden] in food or in drinks. The procedure for this covert administration had been recorded and agreed by the person's GP as part of a 'best interests' decision. The staff we spoke with demonstrated knowledge of the principles underpinning the

MCA and confirmed that people's choices were always respected.

We observed that lunch time was a sociable occasion, with lots of interaction between the staff and people having their lunch together in the dining room. People told us they had the opportunity to make alternative choices if they did not like the menu option. The staff also explained that people were asked, about menu choices in the house meetings and on a one-to-one basis. The cook completed a list of each person's meal preferences for the day and also prepared alternative meals upon request. One person said, "The food is good and the chef [cook] comes round each day with two choices of main meal but if I don't like them they will always offer to cook something else."

Another person said, "The food is very good and when I get up in the morning I get a choice of things to eat." We saw that people's dietary needs were monitored and the registered manager told us that where any concerns were identified advice from the person's GP and a dietician were sought where necessary.

We saw that the cook regularly spoke with people living in the home to gather views about the meals and to ensure that individual preferences and favourites were included. We saw that drinks and snacks were available to people throughout the day.

We saw that people's care and support records were reviewed and daily care records were completed to record the care and support they had received. We saw any significant events that had occurred during the person's day were documented including any appointments with healthcare professionals such as GPs, psychiatrist, community nurses, dentist, chiropodist and optician. There were records in place regarding visits and support that people received from external healthcare professionals. One person said, "I do have good access to my doctor [GP] and the staff support me to see them whenever I need." A relative told us that the staff always kept them informed of any healthcare issues affecting their family member. This showed that people's healthcare was monitored and appropriate referrals and actions were taken when necessary.

Healthcare professionals we spoke with were positive about the care and support provided and that the registered manager and staff were proactive, knowledgeable and provided good quality information to them when required. This showed us that people's care and support needs were well monitored and effectively responded to by staff at the home.

Is the service caring?

Our findings

People told us that the home was very comfortable and that staff were very caring and sensitive in the way that care and supported was provided. One person said, "They use my first name and always treat me with dignity and respect. At night they will help and there is always a choice of male or female workers to help." A second person said, "The staff are very busy but they try hard to give as much time as they can to sit and talk with me."

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner which promoted people's independence. Staff engaged meaningfully with people. For example, they participated and helped with a craft activity in the dining room and taking time to chat with people in the lounge.

We saw that staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. One person said, "My room is very comfortable and I have a lock on the door. I get up and go to bed when I want." Relatives that we spoke with were very positive about the care their family member received and one relative said, "The staff are all very supportive and caring." Another relative said, "The staff always keep me aware of anything that affects or could affect my [family member]. The care is good and they give my [family member] a lot of help."

During our inspection we saw positive interactions between the staff and people living at the home. We noted any requests people made for assistance were responded to quickly by staff and we saw staff gently assisting people with their requests. We observed that during lunchtime staff assisted people in a kind and caring way. The staff and the registered manager demonstrated a friendly and good humoured approach whilst serving meals for people. We saw staff making sure people had plenty of food options and showed a willingness to do whatever people requested. One member of staff said, "I like to help people and nothing is too much trouble." We also saw that people were not kept waiting for long periods of time. One person told us, "I have nothing to complain about at all, the staff treat me very well and make sure I have everything I need."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed whilst in the house and when going out outside. We saw that staff assisted and prompted people with any personal care they needed in private. We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed. We saw a member of staff helping a person with their laundry in a gentle and reassuring manner.

One relative told us that, "This place has a good atmosphere and the staff are kind and helpful." We saw staff assisting one person who needed regular reassurance when they became worried and confused. We saw that this was provided to the person in a kind and gentle manner.

People were able to see their friends and relatives without any restrictions. One person said, "My family and friends visit often and there are no time limits on visits." A relative told us that, "The staff are always

welcoming whenever I visit."

The registered manager told us that people were provided with information as to how to access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes

Is the service responsive?

Our findings

People told us, and we found from records reviewed, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they know me and the things that I like and dislike."

We spoke with people about the planned activities in the home which they said they could participate in if they wished. People were supported to take part in interests that were important to them throughout the day. We spoke with staff who coordinated activities for people living at the home. They told us that they regularly met with people to discuss and organise activities and events to meet people's preferences. People we spoke with confirmed that they were consulted about their preferred activities and interests. Examples of activities included; board games, art and crafts, trips to the local pub, walks in the local village and trips to the local towns. We saw that groups of people had been on trips, with staff assistance, to the local seaside, coffee mornings in the village hall and visits to a local social centre to meet up with other people and relatives. Religious services of people's choice were also arranged. One person told us that they had been on a number of theatre visits and they were looking forward to going to see a ballet the next day with a member of staff.

We observed that people were free to use the communal areas and garden areas whenever they wished. People also had access to and used music playing facilities, television and DVD's in communal areas and could spend time in their own bedroom if they wished. People had access to local shops and were assisted by staff to visit local towns regularly.

We saw that the people living in the home interacted in a friendly and positive manner with the registered manager and staff. A relative said, "We can visit whenever we like, and we are always made to feel very welcome. One member of staff described the home as, "Having a friendly and homely atmosphere." Another member of staff said "I really love my job and we work well together to support people." Throughout our visit we saw positive interactions between the staff and the people using the service. One person told us, "The best thing about this place is the staff who I talk to all the time."

Care plans we viewed had been written in detail and had been amended and updated as people's care needs changed. There was sufficient information for staff to be able to provide the care. One person said, "They ask me about my life and how I want things done. I feel involved." Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. We saw that guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines.

Daily records showed that people made choices about their care such as when they liked to eat or get out of bed. This was to ensure that their care and support needs were met. People told us the staff involved them and spoke with them about their care. We saw that people had signed their care plans as an agreement to the care provided. The care plans we looked at also included information about people's end of life wishes.

Staff had access to a shift handover to ensure that any changes to people's care were noted and acted upon. This ensured that people could be confident that their care was provided and based upon the most up to date information.

People's care plans had been reviewed regularly and changes had been made to people's care needs where this was required. We saw that nutritional assessments were recorded along with monthly weight records for people who needed monitoring regarding their nutritional and dietary needs. This demonstrated to us that the staff monitored and understood what helped to maintain a person's health, care and support needs.

We saw that the provider had an effective complaints process and managed complaints to the satisfaction of the complainant. There were no complaints currently being investigated. There was a complaints policy so that people could make a complaint including timescales and the response they should expect. People and relatives we spoke with told us that any concerns they raised were dealt with to their satisfaction by the registered manager and staff at the home. One relative said, "If I had to raise a concern I would be confident that they would sort things out straight away for [family member]."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the home and regularly spoke with them during the day. One person said, "I am very happy living here." I know who the manager [registered manager] is; I often see her round the home. She's very friendly and tries to give us as much time as she can and always uses my first name." Another person said, "She [registered manager] is regularly seen in the home caring for and helping residents and is always happy to have a conversation with me."

People we spoke with were aware of and had attended the 'house meetings' where they had discussed activities, meals and events in the home. We saw that minutes and outcomes of these meetings and feedback from house meeting showed tasks that had been achieved such as trips out and choices of meals prepared in the home.

In addition, people felt confident in raising any issue with a member of staff knowing that it would be listened to and treated with due seriousness. One person said, "The [registered] manager and staff are attentive and check that we are okay during the day." A relative also confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and the registered manager.

Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff we spoke said that they had felt confident and supported by the registered manager when they had raised a whistleblowing concern. One staff member said, "We are a good team if there was any bad practice this would be reported to the [registered] manager and acted upon without any hesitation or delay – I have reported poor practice and this was swiftly dealt with by the [registered] manager."

There was an open team work culture and staff told us they enjoyed their work and caring and supporting people who lived at the home. All staff we spoke with felt that they were well supported by the registered manager and their colleagues. Staff also commented that the registered manager was available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the registered manager and provider.

Staff told us that they had been supported and mentored by the registered manager and experienced members of staff when they commenced working in the home. They said they found this to be very helpful and helped them to be confident when they commenced working at the home. Many of the staff we spoke with had worked at the home for a number of years and one member of staff told us, "I love my job and supporting people it's like a big family here and everyone works very well together as a team."

We saw that there were arrangements in place to ensure that the day to day management tasks were being completed including the monitoring of; staffing, care planning and liaison with healthcare professionals.

Regular audits were also completed in relation to medicines administration, care planning and staff training. The registered manager regularly met with the providers to identify areas for improvement such as staff recruitment and the maintenance and ongoing refurbishment of the premises. This demonstrated to us that there were effective and active management arrangements in place.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw a copy of the summary of the annual survey that had been carried out which included positive comments about the care and support provided in the home. We also saw the recent six-monthly survey that had been carried out and we saw that the responses from people had been positive and action plans regarding food and care planning had been completed.