

SH Care Ltd

The Bungalow

Inspection report

54-56
Mossfield Road, Farnworth
Bolton
BL4 0AB

Tel: 01204794172

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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

About the service

The Bungalow is in the Farnworth area of Bolton and is close to local amenities and public transport. Parking is available at the front of the home. There is an enclosed garden at the rear of the home. The home is registered to provide residential care for 19 people on one floor. On the day of the inspection there were 17 permanent residents and two people on respite breaks at the home.

People's experience of using this service and what we found

Staff had regular safeguarding training and were confident around how to recognize and report any concerns. Health and safety checks and required certificates were complete and up to date. General and individual risk assessments were in place and regularly reviewed and updated. Medicines were managed safely. The home was extremely clean and fresh in all areas.

Staff files evidenced that new employees were recruited safely. There were sufficient staff to meet people's needs. Staff training was up to date and on-going.

Care files included assessments and appropriate health and personal information. People's nutritional needs were assessed and care plans were in place for each individual with regard to nutrition and hydration. People's dietary requirements or nutritional issues were clearly recorded and adhered to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about their care and support and told us their dignity and privacy was respected. Visitors were made welcome and felt comfortable at the home. A range of activities and outings was on offer at the service. Complaints were responded to promptly and used to drive improvement to the service.

Staff told us they were well supported. The service encouraged feedback from people who used the service, their relatives, staff and professional visitors. A programme of audits and quality checks was undertaken regularly.

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

Rating at last inspection

The last rating for this service was good (published 13 April 2016). Since this rating was awarded the provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection as part of our comprehensive inspection schedule.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Bungalow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service individually and seven people as a group about their

experience of the care provided. We also spoke with two visiting relatives. We spoke with five members of staff, including the provider, the manager, a senior carer and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including care files for three people who used the service and three staff files. We looked at the training matrix, health and safety records, meeting minutes, audits and other records about the management of the home.

Is the service safe?

Our findings

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

We rated this domain as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures for safeguarding adults and whistle blowing.
- Staff had regular safeguarding training and were confident around how to recognize and report any concerns. One staff member told us, "I would certainly whistle blow if I saw any poor practice."
- There had been no recent safeguarding concerns, but any issues would be recorded and followed up with actions.

Assessing risk, safety monitoring and management

- Health and safety policies were in place and all health and safety checks and required certificates were complete and up to date.
- General risk assessments were in place for the environment and these were reviewed regularly.
- Individual risk assessments around issues such as pressure area breakdown, falls, mobility, continence and nutrition, were included within people's care plans and reviewed and updated as required.
- There was a call bell system so that people could call for help and be attended to promptly.

Staffing and recruitment

- Staff files evidenced that new employees were recruited safely in line with the company's recruitment policy and procedure.
- A dependency tool was used to calculate the staffing numbers required to meet people's needs.
- There were sufficient staff on the day of the inspection to meet people's needs and rotas evidenced consistent staffing levels at the home.

Using medicines safely

- Systems for ordering, storing, administering and disposing of medicines were safe.
- We observed medicines being administered and this was done safely and sensitively.
- Temperatures of the medicines fridge and the surrounding area were recorded daily to ensure they were at the correct levels to maintain the effectiveness of the medicines.
- Senior staff, who were responsible for administering medicines, had regular medicines training.
- Regular audits of medicines were carried out to identify and address any issues.

Preventing and controlling infection

- The latest external infection control audit at the home had scored 88%, which is an amber rating. The main area of concern was around people's bedrooms. However, on the day of the inspection the home was extremely clean and fresh in all areas, with no malodours. One person told us, "I'm happy with my room. It is all nice and clean, nothing smells."
- There was an infection control file which included information and guidance for staff.

- Management attended regular local infection control link meetings and we saw minutes of the latest meeting.

Learning lessons when things go wrong

- Accident and incidents were logged appropriately and followed up with actions where needed. Lessons were learned from any incidents and changes made to help prevent further issues.
- Individual falls diaries, included in the care files, helped the service look at ways to reduce the likelihood of further falls occurring.

Is the service effective?

Our findings

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

We rated this domain as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care files included assessments for each individual. Appropriate health and personal information was contained within the files.
- Care files and risk assessments were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- The induction programme was in line with the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life.
- The training matrix evidenced staff were up to date with all training the service considered mandatory. Staff told us there were lots of opportunities for further training and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and care plans were in place for each individual with regard to nutrition and hydration. People's dietary requirements and/or nutritional issues were clearly recorded and adhered to.
- Where individuals were at risk of malnutrition, this was monitored, weights regularly taken and referrals made to other agencies as required.
- People told us they enjoyed the food. One person said, "The food is good. They know what I like and what I don't like." A second told us, "The food is good" and a third said, "Very good food, no choice, but it's always very good." Choices were given, but this person was living with dementia and did not remember being asked.
- We observed the lunchtime meal, which was pleasant and relaxed. Tables were set nicely and people were given assistance when needed. When the meal was over we heard positive comments including, "That was good, very nice that" and "Very nice thank you love."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records included a professional visitors summary. We saw evidence of visits from professionals such as GPs, opticians, anticoagulation nurses and practice nurses.
- A health and social care professional who was visiting the home told us, "This is one of the best care homes I go into. Staff are always obliging and helpful. Staff are really good with the residents."

Adapting service, design, decoration to meet people's needs

- The building was easy for people to negotiate as it was all on one floor, corridors and doorways were wide

and there were signs on doors of communal areas, for example the lounge, dining room and toilet. People's bedroom doors had numbers.

- There were notice boards with the day's menu and activities. These had pictorial representations to make them easy for everyone to understand.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. Forms, such as authorisation for medicines to be administered, were signed by the person who used the service, or their representative, as appropriate.
- There was clear documentation within the care files around people's capacity for decision making and whether this was fluctuating. Best interests decisions had been made where needed.
- If people were subject to a DoLS authorisation this was documented within their file. Staff were aware of who was subject to DoLS as there was a symbol on the bedroom doors to indicate this.

Is the service caring?

Our findings

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

We rated this domain as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about their care and support. One person said, "I'm looked after, it seems alright." Another said, "I love it – everything. The girls are great and look after you." A third person commented, "They [staff] are very helpful and they are very kind. I don't have a bad word for any of them. I'm quite happy with the way things are going." A relative told us, "I am very happy with the care. Staff are fabulous". Another said, "[Relative] gets on well with staff especially [name] who is absolutely brilliant, nothing is too much trouble. All in all it is a good place, everyone treats [relative] nicely."
- People's preferences, likes and dislikes were recorded, including their faith or religion. All were supported to live as they wished and their diversity respected.

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

- Each care file included a relatives' communication record where we saw good information around care and support issues. A relative told us, "The home communicates well, always keep in contact."
- There was a residents' guide which included useful contacts, information about services offered, information about advocacy services and an outline of the complaints procedure.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. One person said, "They respect my privacy and dignity, of course they do."
- People were able to have door locks on their bedrooms and could be supplied with a lockable cabinet or cash box should they wish for one.
- There was a dignity champion amongst the staff who was responsible for ensuring all staff were aware of the issues and how to respect people's dignity.
- A health and social care professional told us, "They [staff] take people to their rooms when I come to see them to preserve their dignity and privacy."

Is the service responsive?

Our findings

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

We rated this domain as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files included information about people's backgrounds and interests, preferred routines and family and friends. This helped staff offer more person-centred care and support.
- A minister attended on a weekly basis to give communion to those who wanted to receive it.
- Most staff had been at the service for a long period of time. A relative told us, "A consistent staff team makes a difference."
- People's choices with regard to day to day life were respected. People told us, "I can go to bed and get up when I want, staff are very good"; "I can have a bath when I want. It's fantastic" and "I can get up and go to bed when I want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager and the provider were aware of the need to ensure people could access information easily.
- Some information was offered in pictorial form, such as menu and activity boards. Other information could be accessed in different forms as required.
- The manager told us that they explained information verbally to those who had difficulty with written information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Visitors were made welcome and felt comfortable at the home. They told us they were always offered a drink on arrival.
- A range of activities was on offer at the service, including bingo, music, cards, board games, newspapers and various outings. One person told us, "I like to watch TV. I join in activities, like when there are singers. We had Shetland ponies once, that was good." Another said, "I like to have a walk round or watch TV."
- On the day of the inspection some people were thoroughly enjoying a Karaoke session, whilst others read newspapers or chatted in the lounge.

Improving care quality in response to complaints or concerns

- The complaints procedure was clearly outlined within the residents' guide.

- There was a complaints book and this evidenced that complaints were responded to promptly and used to drive improvement to the service.
- A relative told us, "I have no complaints but am confident to raise any concerns and these are always acted on quickly."

End of life care and support

- People's wishes for when they were nearing the end of their lives were recorded within their care files.
- Some staff at the home had taken part in the 'Six Steps' end of life care training. This training helps people who are nearing the end of their life to remain at the home to be cared for in familiar surroundings by people they know and trust. The manager was hoping to put more staff forward for the training in the near future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

We have rated this domain as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives felt the care and support was person-centred and inclusive. One relative told us, "The provider is very accommodating, for example, they are happy for [relative's] room to be changed if we decide we want that." Another relative said, "There have been improvements over last year. We are a lot happier now, since the new provider took over. [Relative] has cleaner clothes, the bedroom is cleaner."
- Staff felt the culture was positive. One staff member said, "The best thing [about the home] is the morale of the place. All the staff get on well and the residents seem happy." Another staff member told us, "The best thing [about the job] is looking after the residents. They are well looked after here, what they ask for they get. They get choices, plenty of choices. We all work well together."
- Staff told us they were well supported. One staff member said, "We are supported by management. I have gone to them with issues in the past." Another staff member told us, "Any troubles I would go to the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the duty of candour and was able to explain their role within that requirement.
- Notifications of significant events, such as injuries, deaths and allegations of abuse, were submitted to CQC as required.

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

- The manager had been a staff member at the home for a number of years and was in the process of registering with the CQC as required.
- Handovers from shift to shift included both written and verbal communication so that staff were clear about any issues or concerns and the expectations of them on each shift.
- Staff were able to explain their roles in detail and were aware of their responsibilities and duties within the home. They had regular meetings where they were able to discuss people who used the service, job roles and any other issues.
- Staff received formal appraisals annually, where they could reflect on the past year and discuss any training and development needs.

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

- The service encouraged feedback from people who used the service and their relatives both informally, during chats with staff, and formally. Satisfaction surveys were given to people on a six monthly basis. We saw the results of the most recent survey, which were positive. One comment read, "A happy place to be." A recent friends, relatives and advocates survey was equally positive. Comments included, "Staff always welcoming when we visit"; "Very happy with the care" and "Caring, friendly atmosphere". A 'You Said, We Did' initiative had resulted in the service responding to requests for a 'brighter fresher home, more varied activities and to get to know the management team and owner'. There was a programme of decoration on-going, more activities had been introduced and the management team and owner had ensured they were visible around the home.
- Residents' meetings were held regularly to support people to air their views and make suggestions. A recent meeting had included requests for different food on the menu, which had been fulfilled and a discussion around activities and days out. No concerns had been raised and people had said they were happy.
- The staff were also asked to complete a survey regularly and the most recent had indicated a high level of satisfaction with the job. Comments included, "We all work as a team"; "I feel happy and supported"; "I am so pleased that [name] has got the manager's post. She is well liked by the residents and staff" and "I love coming to work and see the staff and residents as my family."
- A professionals' survey had included the comment, "Very helpful and friendly staff made our job much easier."

Working in partnership with others

- There was evidence within care files that appropriate referrals were made to other agencies and professionals, such as GPs, opticians and social work teams. One visiting health professional told us, "Staff work with me well and make it easy."

Continuous learning and improving care

- A programme of audits and quality checks, around issues such as health and safety, fire prevention, care plans, falls, medicines, weights, infections and notifications was undertaken regularly. Statistics were sent to the local authority as part of the 'Care Home Excellence' programme, which aims to improve the health, care and experience of those living in care homes.
- We saw evidence of learning and improvement, for example, changes made in response to issues found through audits or raised via complaints.