Father Hudsons Society

St Catherine's Bungalows

Inspection report

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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

This inspection took place on 28 January 2016 and was unannounced.

St Catherine's Bungalows are registered to provide care and accommodation for up to sixteen people with a learning disability. The service is provided across three separate bungalows. At the time of our inspection visit there were sixteen people living there.

The service had a registered manager. 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.

People were comfortable with the staff who supported them. Relatives were confident people were safe living in the home. Staff received training in how to safeguard people from abuse and were supported by the provider who ensured safeguarding policies and procedures were in place, and acted on concerns raised. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks helped ensure medicines were administered safely.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until these checks had been completed.

The provider worked with specialist staff to ensure assessments were in place for people who lacked capacity to make decisions so they were protected. Staff and the registered manager had a good understanding of the Mental Capacity Act, and the need to seek informed consent from people before delivering care and support.

Staff were respectful and treated people with dignity and respect. We observed this in interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals when needed and we saw the care and support provided in the home was in line with what had been recommended. Health professionals told us they were confident the provider managed people's health effectively. People's care records were written in a way which helped staff

to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People were involved in how their care and support was delivered as much as possible, and where people were unable to communicate their views, staff talked to people's families or their reprsentatives to ensure people's care was appropriate to their needs.

Relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions were clearly documented and acted upon by undertaking regular unannounced visits to the home. As a result, improvements were being made to the service.

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's needs had been assessed and risks to their safety were identified and managed effectively. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's rights were protected. Where people lacked the capacity to make all of their own decisions, the provider protected people's rights under the Mental Capacity Act (MCA) by involving specialist workers to assess people's capacity. Staff sought consent from people about how their needs should be met. People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Good

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff showed respect for people's privacy and talked with them in ways they could understand.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement, or the involvement of people who were important to them. People's care and support plans

were regularly reviewed to ensure they were meeting people's needs. People were helped to maintain activities and interests outside the home environment. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good

The service was well led.

People felt able to approach the management team and were listened to when they did. Staff felt supported in their roles and there was a culture of openness. There were quality monitoring systems in place to identify any areas needing improvement. Where issues had been identified, action had been taken to address them.

St Catherine's Bungalows

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.

The inspection took place on 28 January 2016 and was unannounced. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection, and found it reflected what we saw during our inspection visit.

During our inspection visit, we spoke with three people who lived in the home. The people we spoke with had limited verbal communication skills, but were able to communicate with us using smiles and gestures. We spent time observing interactions between people and staff. We spoke with three relatives, and two health professionals. We also spoke to the registered manager, three assistant managers and four care staff.

We reviewed five people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

We spent time observing the interactions between the people living in the home and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them. Relatives told us they thought people were safe and well cared for. One relative told us, "It is brilliant here."

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They also understood how to look out for things that might be cause for concern. There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "I would report it straight to the assistant manager, or to [registered manager]. I would take it further if I needed to; we have information on who to report to in the office." Records showed the provider managed safeguarding according to its policies and procedures which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working in the bungalows. Records showed the registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff on how to manage these risks, and were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Risk assessments and action plans were regularly reviewed which meant that staff had the most up to date information on how to support people safely. Staff told us they were using these risk assessments as they supported people day to day. One staff member told us, "Each person has their own risk assessment. They are well written; easy to follow and straightforward." Records showed that any incidents or accidents were recorded and analysed so that risk assessments could be updated as necessary.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with appropriately. Maintenance work on the home was carried out when issues were reported. The registered manager told us there was a rolling programme of improvements and maintenance work. During our inspection visit we saw work was underway to modernise communal areas in one of the bungalows. This helped to ensure the environment was safe for people.

Staff knew what arrangements were in place in the event of a fire and were able to tell us about the emergency procedures they would follow. However, people did not have personal fire evacuation plans in

place so staff followed a general fire evacuation procedure, which was not responsive to people's different mobility needs. We spoke to the registered manager about this who agreed this needed review to ensure people's safety in the event of a fire. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

Relatives told us there were enough staff to meet people's needs safely. One relative told us, "There are enough staff. There is always someone there. They support people properly." We saw there were enough staff to meet people's needs as staff had time to talk to people, and to engage in one to one activities with people such as hand massage and puzzles. One external health professional told us, "There always seems to be enough staff. Even if I drop in unannounced." The registered manager told us staffing was based on the needs of people living in the bungalows, and could be changed according to what was happening on any given day. For example, staffing was increased if people planned to go out and needed support. If someone wanted to go out and this was not planned in advance, staff told us they could respond with support from staff in one of the other bungalows. The registered manager advised they had previously negotiated with commissioners for funding to be increased so more staff were available to meet people's changing needs. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. The registered manager told us each bungalow had its own staff team to ensure people received consistent support from staff they were familiar with.

Staff told us they had training in how to administer medicines safely as part of their induction. After this, they watched experienced members of staff administering medicines. This was followed by them being observed three times by their manager to ensure they were competent. Staff told us their knowledge of how to administer medicines safely was checked annually when they undertook refresher training, which helped ensure they maintained their skills.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information on how people preferred to take them. For example, some people could occasionally refuse to take medicines. Where this was the case, care records gave staff guidance on the steps they should take should someone refuse. These were focussed on respecting people's wishes, whilst ensuring people had information they could understand on what medicines were for and why they had been prescribed. This helped to ensure medicines were administered as prescribed and that people could decide whether or not they wanted to take them.

Where people took medicines on an 'as required' (PRN) basis, plans were in place for staff to follow so that safe dosages of medicines were not exceeded and people were not being given medicines where they might not be needed. These plans focussed on supporting people so that they did not need PRN medicines, including information for staff on supporting people whose behaviour could be challenging before considering medicine administration.

Medicines were stored safely and were administered as prescribed. Records showed medicine stocks were checked regularly by a manager to ensure adequate medicine was always in stock, and also to protect people against risks of not receiving their medicines when they needed them. MAR (Medicine Administration Record) sheets were also checked regularly to ensure they had been completed correctly. These checks were used to provide assurance that medicines were managed and administered effectively.

Good

Is the service effective?

Our findings

Relatives told us they thought staff were well trained and knew how to support people effectively. One relative told us, "They always seem to be doing training. I know because I ask them. They know what they are doing."

Staff told us they completed an induction when they first started working at the service. This included face to face and online training, working alongside experienced staff and being observed in practice before they worked independently. The registered managed told us they had received feedback from staff that whilst the existing approach to induction was effective in giving staff the information they needed, it did not always give new starters the confidence they needed. In response to this, the registered manager had put together a working group with staff to improve the induction experience. In addition, the registered manager was in the process of being trained as a trainer. They felt this would improve the induction as it would give them more capacity and flexibility to respond to the needs of new starters. The registered manager told us they were also in the process of looking at how to incorporate the 'Care Certificate' into their induction programme. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us they were well trained and knew how to support people effectively. One staff member told us, "We have a lot of training. It is really interesting. We have done epilepsy training which is vital as it is really needed here. It helps me know how to support people properly." Staff also told us they had training to help them understand how to support people who had a learning disability, including how best to communicate. We saw staff used their skills to communicate clearly with people, for example, staff asked people open questions, giving people plenty of time to make their replies. This helped people to consider their responses fully.

A training record was held by the registered manager of the home, which outlined training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed, and would also monitor what other training staff needed. They told us this was in response to the changing needs of people being supported, as well as discussions with staff and day to day observations of their practice by the assistant managers.
The registered manager told us all new starters, and all staff who had not yet done so, were asked to undertake a diploma course in health and social care, which the provider supported. One staff member told us, "I have just started doing my level three in health and social care. They are supporting me and it is helping me in my day to day work."

Staff told us they attended regular one to one supervision meetings with their manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the registered or the assistant manager. This helped staff reflect on their knowledge, skills and values so people were supported by staff who were effective in their role.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us they asked for people's consent before supporting them. One staff member told us, "We support people with everyday living and we always give people a choice so they can choose how they want to be supported." We saw staff asking people how they wanted to be supported and what they wanted to do. People's care plans directed staff to talk to people on a daily basis about how they wanted their care to be delivered, even if people usually wanted things done a certain way. This helped to ensure that staff offered choice and sought consent before supporting people.

The registered manager told us if people were unable to make all of their own decisions an assessment was made to determine what decisions needed to be made in the person's 'best interests', in consultation with health and social care professionals. Staff worked with Independent Mental Capacity Advocates (IMCA's) where they were appointed. An IMCA is a legal representative for people who lack the capacity to make specific important decisions: including making decisions about where they live and about medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. This helped ensure people's rights were protected under the MCA.

Records showed that where restrictions were in place, these were intended to ensure the safety of people and others. Where people did not have the capacity to agree to these restrictions, they had been agreed by professionals and representatives of the person in their 'best interests'. The manager had made DoLS applications to the relevant authorities so they could be legally authorised. This protected people who could not make all of their own decisions by ensuring restrictions were proportionate and were not in place without the relevant authorisation. This ensured the provider and manager were acting to protect people's rights under the mental capacity act.

Staff understood and applied the principles of the MCA. One staff member told us, "There are assessments in place. We call a meeting if there is a big decision to be made, for example if a person needs a medical procedure. If they cannot understand the issues we discuss what would be in their best interests."

Risks to people's nutrition and hydration were minimised. Staff knew about people's individual food and drink requirements and needs. Care records showed staff were following recommendations made by health professionals. The registered manager told us they monitored fluid intake for those who needed it. We saw fluid charts were completed and up to date, and staff told us they knew how and when to complete them.

People were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. External health professionals were confident staff supported people with specific health conditions effectively.
One external health professional told us, "It is fabulous here. I feel confident enough to know I can just come and do what I need to do and the staff will carry on from there." They added, "Staff here have such a good rapport with health staff." Records showed people had access to routine medical professionals such as GP's and dentists when they needed it.

Good

Is the service caring?

Our findings

People were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. We saw people interacting on a one to one basis with staff. People were relaxed around staff and responded positively to staff input. Staff talked gently to people, laughed with them, and involved them in activities such as hand and foot massage. Relatives felt there was a caring, family-type atmosphere in the bungalows which helped people to feel cared for and valued. One relative told us, "They have done everything they can to make people feel part of a family." Staff told us the provider's values included a caring ethos, which was understood and promoted by the registered manager. One staff member told us, "It is about respect isn't it? Speaking to people as you would like to be spoken to." Visitors agreed. One external health professional told us, "It is not just a job to the staff here. There is a passion. Staff really care, and their priority is the people."

People's care plans were written from the person's point of view, and helped staff get to know people and their likes, dislikes and preferences. Care plans also helped staff support people to become as independent as possible. They included information on "Things I can do for myself, and things I can do with support." Staff told us they helped people to do as much for themselves as they could, cooking for themselves for example. Kitchens were adapted with lowered counters and sinks so people could access them and cook their own food, or help staff cook if they wanted to. One staff member told us, "We try to encourage everyone to help cook." However, care plans did not include action plans for people, or information on goals or outcomes they might be working towards. This meant it was difficult for staff to help people become more independent as there was no effective way of setting goals or measuring progress. We raised this with the registered manager during our inspection visit, who agreed they would look at formalising this in people's care plans to ensure the good work staff were doing with people was recorded and independence could be promoted.

People were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their care plans. Staff tried to communicate with people in ways they understood in an effort to establish what they wanted. They were supported in this as the provider had made care plans available in an "easy read" format ('easy read' formats use visual images and large print sizes to make the documents more accessible to people).

People could invite relatives and friends to visit them whenever they wished. One relative told us, "We can visit whenever I want to." Another told us, "Staff are very good, very welcoming." People also went out with their relatives. This was important to people, as staff supported people who wanted to maintain family relationships.

People's privacy and dignity was respected. We saw that people had time to themselves when they wanted it. Staff told us they were encouraged by the provider to promote people's dignity and to safeguard their privacy. During our inspection visit staff ensured people had the opportunity to speak with their family, friends and other visitors in private if they wanted to.

We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

Staff told us it could be difficult to know for certain what people wanted to do or how they wanted to be supported, especially if they had limited or no verbal communication. Staff told us, and we observed this during our inspection visit, they tried different approaches where this was the case. One staff member told us, "We try things out to see if people like things. We are always trying to do things differently." Staff were responsive to people's individual needs and choices because they used this approach and tailored the care and support they delivered accordingly.

People indicated they were able to make choices about what they wanted. We asked one person if they could choose what they wanted to eat, and they smiled and nodded. Staff told us there was a 'residents' meeting every Sunday afternoon, where people were given the chance to say what food they wanted to eat for the upcoming week. Staff told us they used photographs of a wide variety of meals to help people choose what they wanted to eat. We spoke with one person who had limited verbal communication. Their preference was for us to speak with us with a staff member present. The staff member communicated clearly with the person in order to help them decide whether or not they wanted to speak to us on their own. The member of staff told us the person liked animals so went regularly to see animals locally. The person smiled and pointed to a picture of an animal on their bedroom wall. Relatives told us people could choose where they wanted to go on holiday for example. One relative told us, "[Name] goes on holiday often. Staff talk to [name] about where they want to go. They have been on a few holidays."

People's care records included a "quick" care plan, which was intended to give an overview of someone's needs, likes, dislikes and preferences. Staff told us this could be used by agency staff, or that it could go with people to hospital for example, as a quick reference guide.
Care records also included a more detailed care plan. Care plans explained people's individual likes and dislikes and how they preferred to be supported. They included information on people's life history. Some people living in the bungalows did not communicate verbally, or had limited verbal communication. In order to help staff understand what people wanted and how best to communicate with them, people's care records included communication plans. These detailed how people communicated, and included guides on what the individual might do, and what that might mean. Staff told us this helped them get to know people and to support them effectively. One staff member told us, "The care plans along with the training we have had really helps with this."

Relatives told us staff supported people according to their needs and responded effectively as their needs and abilities changed. One told us "It just keeps getting better and better. [Name] has really fallen on their feet here." The provider was quick to respond to changes in people's needs, and to help people get responsive support from other agencies. One relative told us, "Staff are helping me with [name's] health funding." People were assigned a keyworker to ensure their needs were reviewed on a regular basis. A keyworker is a member of staff who is identified to take a lead on overseeing a named person's care and support. One of the assistant managers told us, "If people want to keywork someone, the person has to agree to it if they can, and the staff have to show me how they are going to make a difference to that

person's life."

People were supported to maintain social activities outside the home environment which they enjoyed. One person did some voluntary work at a local charity shop. We asked the person what they felt about this and they said "Yes", and smiled and put their thumbs up. Another person was working in a shop run by the provider. Another person told us, "I have been to the garden centre for lunch today [with parents]." People also accessed day services offered by the provider. The home environment had been designed to enable people to engage in other activities they enjoyed. For example, there were garden areas at the back of each of the bungalows which were fully accessible. Raised beds and high planters were in place so people who wanted to could tend to plants and experience the smell of flowers.

The registered manager had not received any complaints in the past 12 months. There was information on display about what people could expect and how to complain if they were not happy with anything. There was information available for people in an 'easy read' format to help people to understand their rights. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively. Relatives told us they had not had cause to complain but they knew how to do so if they wanted to. One relative told us, "I have no complaints or concerns but if I did I would just approach [manager]."

Good

Is the service well-led?

Our findings

Relatives and staff told us the registered manager was effective in their role and was approachable. One relative told us, "[Registered manager] is quite responsive. They listen and they are approachable." Staff were positive about the registered manager and the assistant managers. One staff member told us, "We get great support from management. It is there whenever you need it. There is always someone on site or on call over the phone." Another staff member told us, "We have a great staff team. People here are fantastic. We all gel. That is encouraged by managers." Visitors also felt the registered manager was effective in their role. One external health professional told us, "[Name] is an excellent manager. They are supportive and if there are any issues they are dealt with. I feel very comfortable to come and talk to the manager."

Relatives told us there was a "homely" atmosphere which made them confident that the bungalows were well managed and run. One relative told us, "I could not compare this to any other place I have seen. I would never ever have [name] leave this place. [Name] is just so happy here. The staff, the things [name] gets to do. The way it is run. There is not one point I don't like."
Staff told us they followed the registered manager's example in creating an open, honest culture. We observed there was a homely atmosphere where people were relaxed and calm. There were open and honest discussions between people, staff and managers which staff told us helped people and the staff supporting them to feel valued and respected.

The registered manager was supported by a lead assistant manager. The registered manager told us the provider was responsive to requests for support, which meant they were better able to manage the service effectively for people. For example, the registered manager told us they had recently told the provider they needed more management input to assist them in their role. The provider had agreed to extend the time one of the assistant managers could act as a lead, and therefore could continue to provide direct support to the registered manager. The registered manager was supported by three assistant managers, one for each of the bungalows. One of the assistant managers told us, "I get really good support from the registered manager. They put everyone else first. It is fantastic."

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people living in the home and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager.

There was no formal system in place for gathering the views of people using the service. We talked to the registered manager about this, who told us staff spoke to people on a daily basis about how they were feeling and whether or not they had any concerns. People's care records showed these conversations had taken place. The registered manager agreed they needed to look at developing systems to capture and analyse people's views so they could be used to make improvements to the service provided.

Relatives were asked to complete questionnaires every year so the provider could understand how well they

thought the organisation was being run. Records showed issues raised by relatives were addressed. For example, a number of relatives had indicated on questionnaires that they were not sure how people's care plans were put together. As a result, each manager was asked to make sure all relatives were aware of the approach the provider took to care planning with people. One relative told us, "I fill in the questionnaire and if I ring up they are always happy to talk things over with me."

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.

Each bungalow was audited on a weekly basis by the registered manager, who looked at the quality and safety of the service, with actions being allocated to the assistant manager who oversaw each bungalow as a result.

Records showed that unannounced provider visits were also undertaken on a quarterly basis. This was to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. The registered manager was responsible for completing these actions and reported back to the provider once they were completed. Regular meetings took place with managers from across the provider organisation. Records showed that at these meetings, information was shared on how actions allocated following the provider visits had progressed. This meant that the service for people was improved on an ongoing basis in response to what the provider had found.