

Cornwall Council

The Bungalow

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

About the service

The Bungalow is a residential care home providing respite support and personal care for up to nine people each night with learning disabilities. On the day of our inspection five people were staying at the service and respite support is regularly provided to over 30 people. The service is a detached building with an enclosed garden at the rear of the property.

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

The service's recruitment practices were safe and there were enough staff on duty to meet people's support needs. Temporary closures, one weekend each month, had been introduced with the agreement of people and their relatives as a result of low staffing levels. This had ensured the service was consistently safely staffed. Three new staff were in the process of being appointed and once their induction and training was complete the service would be able to open full time.

Staff had received safeguarding training and understood how to protect people from all forms of abuse or discrimination. Risks were well managed, and staff knew how to support people if they became anxious or upset.

Medicines were managed safely and there were robust procedures in place for the receipt and return of people's medicines.

Staff had the skills necessary to meet people's needs and their training was regularly refreshed. Staff told us there were well supported and records showed they received regular supervision and annual performance appraisals.

The service had been redecorated since our last inspection and plans had been developed and funding allocated for the installation of a wet room with specialist lifting and bathing equipment.

Staff and managers had a good understanding of the Mental Capacity Act and people's choices and decisions were respected. People chose which room they stayed in, how to spend their time and which activities they engaged with.

The staff team provided support with kindness, care and compassion. People told us they got on well with their staff and relatives' comments included, "I have found the staff team at The Bungalow to be excellent, competent and perfect. They are so helpful and caring."

People's care plans were accurate and detailed. They provided staff with enough guidance to enable them to meet people's needs. People and their relatives were involved in both the development and review of care plans and told us these documents were up to date. The service had systems in place to ensure any complaint received was fully investigated but relatives consistently told us this had never been necessary. Relatives' responses to a recently completed feedback questionnaire had been consistently complimentary.

The service was led effectively by the registered manager and the staff team were well motivated and focused on providing person centred support. Quality assurance systems were effective and designed to drive improvements in the service's performance.

The service was operating in accordance with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use this respite service are supported to live as full a life as possible and to have as much choice, control and independence as possible. Although the service is larger than most domestic style properties, people received individualised, person-centred support and were encouraged to develop new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used very few restrictive intervention practices, as a last resort, in a person-centred way, in line with positive behaviour support principles.

Rating at the last inspection

The last rating for this service was good. (Report published 11 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 completed by one inspector.

Service and service type

The Bungalow is a 'care home' which provides short, respite accommodation for people with learning disabilities in the west of Cornwall. 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 has nine bedrooms and was regularly providing respite support for approximately 30 people.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a registered manager in post.

Notice of inspection

This inspection was announced. The service supports a variable number of people each day and we wanted to ensure people were using the service on the day of our inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met five people who used the service and observed interactions between people and staff. We also spoke with three members of care staff and the registered manager. We reviewed a range of records. This included three people's care records. We also looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, medicines administration records, staff rotas and the service's training matrix.

After the inspection

Following the inspection, we spoke with four people's relatives about the quality of care and support the service provided. We also reviewed a range of documents that we had requested from the service during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a detailed understanding of their roles and responsibilities in relation to ensuring people's safety. They were confident any safety concerns reported to the registered manager would be addressed and all staff knew how to report safeguarding incidents.
- There were appropriate systems in place to ensure people were protected from financial abuse.
- Relatives and staff consistently told us the service provided safe care. Their comments included, "People are safe" and "I have never had any concerns about [my relatives] wellbeing and safety while [they] are there."

Staffing and recruitment

- The service's recruitment practices were safe and necessary disclosure and barring service checks had been completed.
- At the time of our inspection the service was understaffed. This had been recognised by the registered manager who had worked collaboratively with people and their relatives to agree a temporary closure one weekend each month. This arrangement had enabled people's respite needs to be met safely by the available staff. We reviewed the service rotas and found planned staffing levels had been consistently met.
- A targeted recruitment campaign had been completed and three additional staff were in the process of being appointed at the time of our inspection. Relatives told us staffing levels had not impacted on the quality of support provided and staff comments included, "We have enough staff to keep people safe", "We have been short staffed for a while, but we have now recruited more staff" and "We have managed to fulfill everything."

Assessing risk, safety monitoring and management

- Risks were identified and assessed. Appropriate procedures were in place to manage and mitigate known risk whilst supporting people to be as independent as possible.
- Care plans included clear guidance for staff on how to support people to manage their anxiety. Staff had the skills necessary to support people and told us physical restraint techniques were not used within the service. One person was upset during our visits, staff provided reassurance and effective support to help this person manage their emotions.
- Necessary safety checks had been completed by appropriately qualified contractors to ensure the environment of the service was safe. All lifting equipment had been regularly tested and serviced.
- The level of support each person would require in an emergency evacuation had been identified and firefighting equipment had been regularly serviced.

Learning lessons when things go wrong

- All incident and accident that occurred were fully document and reported to the registered manager. These records were regularly reviewed to identify any patterns or trends. Any learning identified was shared with staff promptly to minimise the risk of similar incidents reoccurring.

Using medicines safely

- There were suitable arrangements for receiving, storing and return of people's medicines.
- Medicines were administered safely. Medicine Administration Records had been fully completed and were audited each day. Any issues identified were promptly resolved.
- Some people received their medicines covertly. These procedures had been introduced following appropriate best interest decision making processes and guidance had been sought from appropriate health professionals before medicines were provided covertly.

Preventing and controlling infection

- The service was clean and personal protective equipment was readily available to staff. There were appropriate procedures in place to manage infection control risks.
- Staff encouraged and supported people to participate in cleaning and domestic tasks within the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All new staff completed a minimum of two weeks of shadow shifts in the service to get to know people and gain an understanding of their individual needs before they were permitted to provide support independently. The registered manager told us where staff did not have previous care experience they were likely to complete four weeks of shadowing before there were included on the service's rotas.
- Staff new to the care sector were supported to complete induction training in line with the requirements of the care certificate.
- Staff had the skills necessary to meet people's needs and records showed their training was regularly updated. The training provided was a mixture of online courses and face to face training. During the inspection three staff were completing online training together prior to people's arrival. Staff told us they received regular training updates and records showed refresher training had been provided regularly. One person's relative told us, "The staff are very competent and well trained, and are certainly able to cope with situations that may arise, some of which can be challenging."
- Staff told us they were well supported and regularly received formal supervision from their managers. Annual performance appraisals had also been completed and had provided opportunities for individual staff training and development goals to be identified.

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

- People's needs were assessed before they began using the service to ensure their individual needs and expectations could be met.
- Care plans were then developed by combining information gathered during the assessments process, with details from the person's relatives, other care providers, and staff feedback on the person's current needs.

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

- Staff supported people to make drinks and snacks as independently as possible. Fresh fruit and vegetables were readily available, and meals were prepared from fresh ingredients in the service's kitchen. Where people had specific needs in relation to food these were well understood by staff. Records showed staff had worked collaboratively with people and their relatives to identify how best to provide support with meals.

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

- Bedrooms and communal areas had been redecorated since our last inspection. Some bedrooms in the original part of the building were small but all were welcoming and well maintained. People chose when they arrived each day which room they wished to stay in.

- Staff told us, "It looks much better" and "We have had quite a bit of work done on the inside." The registered manager explained plans had been developed and funding allocated to convert two existing bathrooms to a single wet room with specialist lifting and bathing equipment. This will in future enable the service to provide respite support to people with more complex needs
- People were able to access the service's enclosed garden area when they wished.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when required. Where issues were identified with people's health or wellbeing these were reported to relatives and referrals for professional support made where appropriate.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of this legislation. People's capacity to make specific decision had been assessed and systems were in place to support and enable people to make meaningful choices.
- Where people lacked capacity, appropriate best interest decisions had been made with the involvement of relatives and health professionals.
- Some people who lacked capacity had restrictive care plans in place. The local authority had been informed of these restrictions which were to be included in necessary applications to the court of protection for authorisation. Where restrictions were necessary, staff and the registered manager ensured the least restrictive options were used to ensure people's safety.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 got on well with their support staff who they joked with and played tricks upon. People's comments included, "It is all right here" and "The staff are nice."
- Relatives were consistently complimentary of the staff team's caring approach and told us, "The staff are very good", "We have always found the staff from [registered manager] down very caring competent and professional, and cannot praise them enough" and "I have found the staff team at The Bungalow to be excellent, competent and perfect. They are so helpful and caring."
- There was a positive supportive atmosphere in the service and people clearly felt comfortable and at home in this respite service. Staff welcomed people individually as they arrived and supported people to choose which room they wished to stay in. The staff team were keen, well motivated and obviously enjoyed their roles. Staff comments included, "The clients are good fun" and "It is just an awesome place to work, we are like a large family really."
- Staff knew people well and had extensive knowledge of people's individual support needs. Care records showed staff had recently successfully supported one person to manage a difficult and challenging situation.

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

- People were involved in making decisions about their care and how they spent their time. Once settled in, people chatted with staff to plan what they would like to do during their stay. Staff responded positively to people's requests and respected their decision and choices.
- People were able to decline planned activities and care interventions. We observed that staff adjusted plans and varied how support was offered in response to people's choices.
- Staff had a good understanding of what was important and ensured wherever possible people's routines and preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and acted to ensure their privacy was protected. Where people required help, this was provided promptly and discreetly.
- People were supported to develop independent living skills and were encouraged to engage with a variety of tasks and chores.
- Care records were stored appropriately when not in use.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of people's specific needs and provided personalised care and support.
- Care plans were detailed and informative. They had been regularly reviewed and updated to ensure they accurately reflected people's current needs. Staff told us, "I think the care plans are pretty good" and "The care plans are really good. It tells you step by step how to support people."
- One-page care plan summaries had been developed for some individuals. These documents were highly personalised and helped new staff and professionals quickly gain an understanding of people's needs and what was important to them.
- Each person's care plan included life history information and details of their individual likes, hobbies and interests. This information helped staff to identify activities they were likely to enjoy and gain an understanding of how the person's life experiences could impact on their current needs.
- Relatives told us people's care plans accurately reflected their support needs and commented, "We have always been consulted and invited to any meetings regarding [My relatives] care" and "The staff are always completely up to date and aware of the care plan for [My relative]. I do not need to remind or worry that issues are overlooked. This is so reassuring and eliminates any worries I could have."
- Daily records were maintained detailing the support people had received, which activities they had engaged in and information about their physical and emotional well-being.
- The service had effective and robust procedures in place to ensure information was handed over between care shifts and was promptly shared with people's relatives.

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.

- People's care plans included detailed information and guidance for staff on their individual communication preferences and styles.
- Staff were able to communicate effectively with people and knew how to present information to enable people to make decision and choices.

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

- People enjoyed participating in activities while in the service and told us, "There are things to do" and "I like pulling up weeds and gardening at the bungalow." Relatives comments included, "The range of activities for [my relative] are completely suitable for his needs and so he is very happy to go there."

- People were supported to engage with a variety of person-centred activities, tasks and chores while staying at The bungalow. People choose which activities they wished to take part in and how to spend their time. Staff respected people's decision and choices and provided reassurance and encouragement when required. One person wanted to go to the local shop shortly after their arrival and staff supported and facilitated this activity.

- Staff told us, "We do whatever people want to do" and "We prompt people to get a game out. We try to get people engaged with a couple of activities every evening."

- Visitors and relatives were welcome at any time and the service routinely made arrangement to facilitate people's transportation home or to day centre placements.

Improving care quality in response to complaints or concerns

- The service's complaints policy was available in accessible formats and there were systems in place to ensure any complaints received were investigated and resolved.

- Relatives consistently told us they had no complaint or concerns about the service.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.

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.

At the last inspection this key question was rated as good. At this inspection the service remained 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

- The staff team were well motivated and clearly focused on providing person-centred and individualised support.
- People enjoyed staying at the service and relatives were consistently complimentary of the support provided. They told us, "We consider the service to be very well managed by [The registered manager] and his team, all of which are very capable, friendly, and who offer our [relative] a lovely away from home respite experience" and "Personally we feel so very lucky to have such a wonderful facility on our doorstep. The staff are very flexible in meeting our needs and will go out of their way to ensure we have any specific respite dates we require."

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

- Relatives consistently praised the service's performance and valued the care and support it provided both to people who used the service and their families. They told us, "I am so happy with this respite service, it's perfect for our needs", "It works very well" and "They are marvellous, and we are very lucky to have such great respite care in Penzance."
- The registered manager was supernumerary on the service's rota and responsible for day to day leadership. Their role was well defined and understood by the staff team. In addition, senior carers were now being provided with additional administrative time each week to allow them to focus on their leadership responsibilities.
- Staff told us they were well supported by the registered manager who was approachable and took action to address and resolve any issues reported. Their comments included, "[The registered manager] is absolutely brilliant, so approachable and supportive", and "The registered manager is great, he knows his stuff and knows the clients."
- The registered manager told us they were well supported and received regular supervision and informal support when required. The manager participated in a regular monthly peer support meeting.
- There were appropriate quality assurance and auditing systems in place designed to drive improvements in performance and ensure compliance with regulatory requirements.

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 duty of candour was well understood by staff and managers. Relatives told us the service

communicated well and shared information openly. Their comments included, "Any problems are always dealt with immediately. It is reassuring to me that my phone calls are always dealt with pleasantly and positively."

- The registered manager and staff team were open and honest throughout the inspection process and responded appropriately to feedback provided.

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

- A survey had recently been completed to gather feedback from people and their relatives. Comments received had been consistently positive and highly complimentary. They included, "You do an excellent job. We can't think of any improvements you could possibly make" and "I think everything is perfect, I would not change anything."
- Staff meetings were held regularly in the service. They provided opportunities for learning to be shared and for any changes in people's needs or wishes to be discussed and resolved. Staff told us the registered manager listened to their ideas and suggestions which were implemented where possible.
- Staff and managers had a good understanding of equality issues. They valued people as individuals, took pride in people's achievements and provided support and encouragement to help people achieve their goals.

Continuous learning and improving care

- The service had a system in place to ensure learning was identified following any incident that occurred and this was shared effectively with the staff team and where appropriate people's relatives.
- Where issues were identified via the service's quality assurance systems, action plans were developed. These plans were developed with the involvement of people and their relatives and reviewed to ensure action was taken to improve the quality of care provided.

Working in partnership with others

- The service worked collaboratively with people's relatives, day care providers and health professionals to support people to be as independent as possible.