Derbyshire County 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

The Bungalow is a residential care home for ten people with learning disabilities. It provides short and longer-term breaks for up to ten people. At the time of our inspection nine people were living there; seven people were on planned breaks and two people live there are on a more permanent basis. There are over forty different people who use the short stay service in total. It is in a purpose-built home with several communal areas and large gardens.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. They were able to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the registered manager managed any complaints in line with the provider's procedure.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Bungalow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 November 2018 and was announced. We gave the service one days' notice of the inspection visit to ensure that people who used the service would be at home to speak with us. It was completed by one inspector.

We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with four people and also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We spoke with one person's relative on the day of the inspection visit and with two further relatives by telephone afterwards.

We spoke with the registered manager and three support workers. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed quality checks for medicines management, accidents and incidents, meeting minutes and the service improvement plan. We were also provided with a copy of the latest Healthwatch report for the service from a visit on 28 September 2018.

Good

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One person we spoke with said, "I do feel safe here. I talk to people and trust them". Staff we spoke with told us how they would report any concerns to their line manager or the local authority. We reviewed safeguarding with the manager and saw that referrals and investigations had been completed in a timely manner and action taken when required to protect people; for example, ensuring that two people did not have breaks at the same time to reduce the risk of repetition of an incident.

Risk was managed to protect people from harm. One person told us about the arrangements that were in place when they went out independently to ensure they were safe. When we reviewed risk assessments we saw that they were in-depth and regularly reviewed; for example, to move people safely using equipment. Staff we spoke with were aware of the support people required to minimise the potential for harm to people.

The environment was regularly checked to ensure that it was a safe place to live. There were plans in place to respond to emergencies, such as evacuation for a fire. The plans provided information which was specific to each person's individual needs and ensured staff understand the actions that would be required.

The home was clean and hygienic which reduced the risk of infection. One relative told us, "It is always spotless here". We saw that there was protective equipment available when needed.

There were enough staff to ensure that people's needs were met safely. We saw that staff had time to spend with people throughout the day of the inspection and to support them to pursue their interests in the home or by going out. Staff told us how the number of staff was determined by who was staying and what their needs were. One member of staff said, "We have extra staff on nights at the moment to support some people who are new to the service. It helps because other people can be awake and need support throughout the night and we need to still be able to provide that." The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Medicines were managed to ensure that people received them as prescribed. People told us how staff supported them to take their medicines and one person explained how they were assisted to manage their own when they came for short stays. They said, "I do my own medicines at home and so I do them here. I have a key to my medicines cabinet". Some people had medicines to take 'as required'. For example, some people had medicines prescribed to assist them to calm if they were distressed. We saw that there was guidance available to staff which described what other actions the staff should try to assist the person before giving them this medicine. There was also clear guidance on how and when they should take them and this was completed by medical professionals. One member of staff told us, "We always ask for that professional input as we don't know people as well when they first come here and we want to make sure we have clear guidance". Medicines were stored, recorded and monitored to reduce the risks associated with them.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, the

registered manager told us about the action they had taken to resolve medicines management errors. We saw that this had included discussions at team meetings, additional staff training and extra checks of paperwork.

Good

Is the service effective?

Our findings

People's needs and choices were met in line with national guidance and best practice. We saw that people's care plans contained information to support specific health conditions, dietary requirements, mental health support etc. One member of staff told us, "If someone new comes to stay who has different conditions the manager makes sure we have lots of information. This can be leaflets as well as from nurses or families. When we looked at previous staff meetings we saw that one was conducted by a specialist nurse who trained the staff team about diabetes type 1 in preparation for a new person coming for a short stay.

The staff team worked well across organisations to ensure that people's needs were met effectively. One relative we spoke with told us how the registered manager and staff team had been working with themselves and with their relative's social worker to plan the person's first short stay in adult services. Another relative explained how the staff team liaised with other organisations to ensure that people continued with their usual weeks activities when they came to stay at the home. One visiting social care professional said, "The staff are really friendly here. They help us out and always have a cup of tea ready. The staff and manager are brilliant".

People were supported to keep well through working alongside other social care and healthcare professionals. One person told us about being supported to see their GP during their stay at the home. The registered manager explained that although they didn't manage most people's regular health checks they did take this responsibility for people who were staying at the home on a longer basis. They also ensured that people saw health professionals for any issues that arose for short stays. Some people had regular support from district nurse teams and one relative told us how confident they were in the staff teams working in partnership to meet their relative's needs. To reinforce this staff we spoke with were able to tell us how they supported the person in line with the nurses guidance; for example, they described the exercises they supported the person with if they had discomfort.

People were supported by staff who were skilled and knowledgeable. One relative told us, "The staff are brilliant and they can't do enough. They know [Name] well and I am confident that they understand what [Name] needs". Staff told us that the training and support they received assisted them to do their job well. One member of staff said, "The training is amazing. I did training in supporting people to manage behaviours yesterday. One of our team has extra training in this and can give us advice. They held a team meeting recently to advise us. They will also help us with new people to have a plan in place and we always have a debrief with managers after any incidents to support us." The registered manager told us that another staff member had run sessions in Makaton to support staff to communicate well with some people. Makaton is a language programme designed to provide a means of communication to individuals who aren't able to communicate by speaking.

Alongside this personalised approach staff had regular updates and refreshers. One member of staff told us, "Last week I had updates in Mental capacity and epilepsy management". This demonstrated to us that the provider was thorough in ensuring that staff were competent to fulfil their roles.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff here respect that I make my own decisions". When people were unable to make their own decisions staff told us how they consulted with families and other professionals to ensure that their best interests were considered. DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in process. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.

People were supported to have balanced diets and made choices about the kind of food they enjoyed. One person told us, "I love the food here. Sunday roast is my favourite. I enjoyed boiled eggs this morning". Some people had their meals made for them and others could make their own. One person said, "I do lots of preparation for meals when I am at home so when I come here I enjoy having food made for me. If there nothing I like l can have a choice of something different.". Another person said, "I cook my own meals and staff go shopping with me. I used to plan a menu but I don't now as I am more confident and buy what I like the look of".

The environment was accessible and designed to meet people's needs. It was wheelchair accessible and there were ceiling hoists and rails to assist people when required. Signage was clear; for example, there were pictures and symbols to assist people to find bathrooms. There were several communal areas and one had been converted into a sensory environment for people who required space to relax or to be engaged.

Good

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One person told us, "I like the staff". Relatives we spoke with told us that they were happy with the caring attitude of the staff. One relative who was planning a first overnight stay said, "All of the staff have been very helpful. They always say hello to [Name] first and speak with them; then they will look to me and then I help them to understand [Name] communication This is very important to us and we are pleased that they prioritise [Name]. The staff are very cheerful, including the cleaner and we talked about how [Name] would like to be helpful around the home when they come to stay".

People were actively involved in making choices about their care. One person told us "I manage my own money and medicines when I visit and will let the staff know if I need support". Staff adapted their communication to meet people's needs so that they could make choices. For example, we saw that one person was shown some food to make a choice of what they wanted to eat. We also saw that staff were skilled in supporting people when they were distressed. One person was supported to take a long walk in the fresh air which helped to distract them and calm them down".

When some people were unable to make some choices independently they were supported to do so through an advocacy service; for example, support with financial decisions. Advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw staff knock on people's doors before entering and ask for their permission to talk with us. In the healthwatch report it stated, there was 'a 'digni-tree' which was a large cardboard tree that featured client artwork and key words relating to dignity, such as 'choice' and 'self-esteem'. Below the tree was a 'dignity box' which contained various male and female toiletries. Staff explained that sometimes, clients arrive at the home in an emergency without any of their belongings. The home created the 'dignity box' in order to accommodate this by providing immediate toiletries for them to use during their stay.' This demonstrated to us that the team at the home considered people's dignity and ensured that they could uphold it even in difficult circumstances.

Although most of the people were having a short break from family there were also arrangements for people who were staying for a longer time to see theirs. One relative told us, "I can come as often as I want. I came last Sunday so that we could have lunch together". Another person told us that they went to see their family who lived locally whenever they chose. A third person had remained at the home for a longer period because their family lived nearby and it was important to them that they saw them regularly.

In the PIR the provider told us about some work they had completed to support people and their families to consider relationships. They said, 'We currently have a staff member undertaking their final year nurse training. This staff member produced a good piece of work regarding supporting people with Learning Disabilities in personal relationships.' The registered manager told us that they had made a display in the

foyer of the home about this. Although this display had since been taken down for one commemorating Armistice. The healthwatch report had written that there was 'an information board in easy-read format which contained the themes of; sexuality, sexual health and consent & relationships'. The registered manager told us that the display had stimulated conversation, particularly with people's parents.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and helped them to plan for things they wanted to do. One person told us "The staff know me well and I am good at asking for help. Sometimes I need a bit of space and staff understand that. They sometimes know better than me what I need and help me out". We spoke with staff about the variety of people they supported and how they planned for changes. One member of staff said, "I like the change and variety. It can be challenging and can take some planning particularly if people have conflicting needs but we work well together as a team". Another member of staff told us, "It has been lovely working as a team. I do love the change of people who stay here. We have to read the care plans before people come in. They usually come for tea visits before an overnight stay so we can get to know each other. We also do a pre- stay telephone call to check if anything has changed; and post stay telephone call for feedback". A relative described the transition planning they had completed. They said, "We visited twice in preparation for a stay early next year. I found the staff really thorough in what they asked; for example, they asked how [Name] likes to sleep in detail, such as do they refer the door open."

People had care plans which were regularly reviewed to ensure that staff had guidance to enable them to support people in the requested way. When people's care needs changed the plans were reviewed with them. One person told us, "I have a review with my social worker once a year and staff from here came as well to talk about if I was happy with everything."

Assessments and plans were in place to support people with all aspects of their lives; including relationships, cultural and religious preferences and communication. For example, one person's plan described the sign language they used and how to communicate making sure to maintain eye contact as the person was able to lip read. We saw that there was signage and information provided using pictures and symbols to meet differing communication requirements; for example, a booklet about staying at the home. This showed us that the provider had complied with the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Every person who used the service had a care plan in place. However, some people only came to the home on an ad hoc basis. The registered manager described how they wanted to extend their offer to other vulnerable people, so that they could see the home as a 'safe haven'. For example, one person came for lunch sometimes to avoid being isolated and another person could ring staff and visit if they felt anxious when they were alone. Another person who lived with elderly relatives had an agreement in place that they could come to the home at any time of the day or night if either of their relatives became unwell. This demonstrated to us that staff in the home went the extra mile to ensure that people were given individualised support.

Although the service mostly supported people on a short-term basis they had recently looked after one person at the end of their life because that was the person's choice. The registered manager explained the support they had received from the district nurse team to ensure that the person's pain was managed. They also talked about the extra time the staff team put in to ensure the person had company at the end. They

said, "Although it was new to us and slightly out of our remit we felt it was a privilege to give them that support". A member of staff told us, "When [Name] passed l had a lot of support from other staff and the manager. It was lovely that we got them home. The nurses kept saying what an outstanding job we did. This shows what an individual service we provide".

People were supported to continue with their usual weekly activities if they chose to; for example, attending day services. Other people arranged different pursuits with staff or went out alone. There were also activities available in the home; from a sensory room to games equipment to meet individual needs.

People knew how to make complaints and were confident that they would be listened to. They also told us about telephone calls they received after a short stay. One person said, "They always give me a ring after a stay to check how it went. I haven't had to say how it could be made better yet. I look forward to coming here and have booked up for next year". The registered manager explained that they took this proactive approach to ensure that any worries were resolved straight away. We saw that any complaints which were received had been reviewed in line with the provider's procedure.

Good

Is the service well-led?

Our findings

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

People knew the registered manager and we observed that they could talk with them easily and knew what was happening in their lives. One person told us, "The manager is lovely. I can talk to her". One relative said, "If I ring about anything it is never too much trouble and the manager sorts it out". There were systems in place to ensure that people's and relative's feedback was used to improve the service; for example through post stay telephone calls, completed surveys and annual reviews. We saw that one family had expressed their pleasure in the development of the sensory room and were going to fundraise for additional funds for this.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "We have regular one to one meetings. I would go to any of the managers if there were any issues; they are all very supportive and approachable". Another member of staff said, "The deputy manager sometimes arranges meetings for the night staff. All of the managers are spot on at supporting the staff if there are any issues". They spoke positively about the culture of the home, including working closely together to support one another and share information. Staff took pride in the personalised service they provided to a wide range of people which showed us that there were shared values within the team.

There were quality audits in place to measure the success of the service and to continue to develop it. For example, reviews of medicines management were regularly completed and they were also checked on a daily basis so that staff could respond to any errors promptly. We saw that these were effective and that the overall service development plan was regularly reviewed. There were also checks completed by other managers and the operational manager to ensure the quality actions were completed which showed us the provider had an oversight of the service and could ensure that it was well managed. There were also close working relationships with other partner organisations to ensure that people's needs were met; for example, the provider had commissioned healthwatch to undertake a review of all of its services. We saw that this had been completed and that the feedback about the quality of the service was positive.

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.