Voyage 1 Limited

# 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 provides accommodation with personal care for up to seven people. The home provides a service to adults who have a learning disability, autism and/or a physical disability. Accommodation is arranged at ground floor level. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

At the time of the inspection there were seven people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. There were systems in place to identify and manage risks and to protect people from harm or abuse. People received their medicines when they needed them and medicines were stored and managed in a safe way.

People continued to receive effective care. People were supported by staff who were well trained and competent in their roles. People's health care needs were monitored and met. People 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.

The home continued to provide a caring service to people. Staff were kind, considerate and patient when they supported people and people responded positively when staff interacted with them. The service had received numerous compliments. One relative had said "You have all been wonderful and have gone way over the call of duty to care for [name of person]. The Bungalow is a lovely place for [name of person] to live and I count myself truly fortunate to have found it. It is a rare commodity. So many thanks for your wisdom and compassion"

People received care which was responsive to their needs and preferences. Staff were skilled in recognising

what a person wanted or was feeling even though people were unable to communicate their needs. People were supported to maintain contact with their family and friends and to take part in their preferred activities and social events.

The service continued to be well led. The registered manager was very visible in the home and knew people very well. Staff told us the management within the home were open and approachable. The registered manager and provider continually monitored the quality of the service and made improvements where needed.

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?**<br>The service remains good | **Good** |
| **Is the service effective?**<br>The service remains good | **Good** |
| **Is the service caring?**<br>The service remains good | **Good** |
| **Is the service responsive?**<br>The service remains good | **Good** |
| **Is the service well-led?**<br>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 checked 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 was an unannounced comprehensive inspection carried out by one adult social care inspector. The inspection took place on 15 November 2017.
At our last inspection of the service in October 2015 we did not identify any breaches in our regulations.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

We met all of the people who lived at the home and one person who received day care. We met the registered manager, five care staff and a relative. Another relative contacted us following the inspection.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Good

# Our findings

The service continued to be a safe place for people.

People were supported to live their lives in a safe way. Risks to people were reduced because there were systems in place to identify and manage risks. These included accessing the community, travelling in a vehicle and participating in certain activities outside of the home. A plan of care had been developed to minimise risks and these were understood and followed by staff.

The provider learnt from incidents to minimise further risks to people. Following any incident or allegation a report was completed to identify exactly what happened and what learning could be shared with staff to improve care for people. For example; following an incident which occurred between two people who lived at the home the seating plan in the home's vehicle was reviewed and since then, there have been no further incidents.

People were supported by a staff team who knew them well. Staff had been trained how to recognise and report abuse. Their knowledge and understanding of these procedures were monitored through regular staff meetings and supervisions. Staff were knowledgeable and confident about reporting concerns. One member of staff told us "We are always encouraged to raise any concerns. I would definitely raise any concerns and I know [name of registered manager and deputy manager] would act straight away."

People received their prescribed medicines when they needed them. People's medicines were safely managed and administered by staff who had the skills and training to carry out the task. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. To reduce the risk of errors, we discussed the need to ensure that any hand written entries on the MAR charts were checked and confirmed by two staff signatures as this was not always happening. The home's dispensing pharmacist carried out an audit on the management and administration of people's medicines at the beginning of November. Findings had been very positive with no areas for improvement identified.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff were available when people needed them. We observed staff responded to each person's requests. For example on the day we visited staff responded to people's requests to take them out for a walk. There was an on-call system in place which meant staff always could always seek additional

support from the management or senior staff when needed. A member of staff said "We have an on-call rota which is excellent. Any problems at all you just pick up the phone and someone will come in whatever the time."

All new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

To minimise the risk of the spread of infection all areas of the home were kept clean. There was an infection control policy which was understood and followed by staff. Staff had received training in infection control and good practices were followed. Staff had access to personal protective equipment such as disposable gloves and aprons and used these appropriately. Regular audits were carried out to monitor standards and to monitor any outbreaks of infection. No concerns had been identified in the audits we looked at.

Good

# Our findings

The service continued to provide effective care.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service. Staff were confident and competent when they interacted with people and they demonstrated a very good knowledge of people's needs. One member of staff said "The training is really good. You get everything you need. You can't support the [people who use the service] until you have been trained and you can always ask for more training if you need it."

Before a person moved to the home they were fully assessed to make sure the person's needs, preferences and aspirations could be fully met. The care records for a person who moved to the home at the beginning of the year showed a comprehensive assessment had taken place. This included staff from the home liaising and spending time with the person and staff team at their placement. This enabled staff to get to know the person and how they preferred to be supported. Staff also liaised with health care professionals which helped to give a greater understanding of the person's needs. Training needs were identified and were completed by staff before the person moved to the home. This also allowed for additional aids and adaptations to be put in place in the person's bedroom before they moved to the home.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including opticians and dentists. People also saw professionals to meet their specific health needs such as epilepsy and other complex health needs . Staff recorded the outcome of people's contact with health care professionals in their plan of care.

The registered manager told us how they had liaised closely with health care professionals regarding the management of one person's epilepsy. They told us "[Name of person's] epilepsy was very unstable and they were having many seizures every day. Professionals kept changing the medication but there were no improvements. I decided to map the seizures over the year against the medicines prescribed at the time to look at the effectiveness. I provided the professionals with my findings and [name of person's medicines were changed." This had resulted in a positive outcome for the person as the frequency of their seizures had reduced significantly. We were told the person had had only two seizures in the last six months.

People were supported to eat well in accordance with their needs and preferences. Meals were cooked at the home using fresh ingredients and menus were based on the preferences of the people who lived at the home. The lunch time experience was relaxed and staff supported people in an unhurried and dignified manner. Some people required their meals to be served at a particular consistency as they had been assessed as being at high risk of choking. Care plans showed that people had been assessed by speech and language therapists (SLT) and we observed staff were knowledgeable about people's needs and followed the recommendations of the SLT team.

The home had been extended and adapted to meet the needs of the people who lived there. Bedrooms were decorated and furnished in accordance with people's preferences and each person had the equipment they required. For example, one person who had very complex physical needs preferred to have a bath rather than a shower. Prior to the person moving into the home, their en-suite shower room had been refurbished and fitted with a raised bath. All bedrooms were spacious and had en-suite facilities which met the individual's needs and preferences. Hoists and overhead tracking had been fitted to assist those people with mobility difficulties. Communal areas were spacious and we observed a number of people relaxing in the sensory room during our visit.

Staff sought people's consent before they assisted them. We heard staff asking both people what they would like to do. Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example heath care treatment and the management of people's finances.

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). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Good

# Our findings

The home continued to provide a caring service to people. People responded positively when staff interacted with them. For example one person smiled and held out their hand to the staff member, another person made a sound which indicated they were happy. People were not rushed and staff took time to find out what a person wanted to do. From our discussions with staff it was apparent they cared about the people they supported a great deal.

The service had received many written compliments from relatives and health and social care professionals about the care provided to people. Comments included ""Wow; I cannot speak highly enough of the staff and their commitment to the residents. [Name of registered manager and deputy manager] worked so hard to make sure [name of person's] bedroom beautiful for their arrival. This was certainly above and beyond all reasonable expectations." Another relative said "You have all been wonderful and have gone way over the call of duty to care for [name of person]. The Bungalow is a lovely place for [name of person] to live and I count myself truly fortunate to have found it. It is a rare commodity. So many thanks for your wisdom and compassion" A health care professional described the staff team as being "strong advocates for the residents." And "observant of changes to their needs and always asking the right questions."

A relative contacted us after the inspection. They said "[Name of person] was recently desperately ill and was fully staffed by the Bungalow while in hospital and they were superb throughout. He is now back at home, extremely happy and I can relax knowing that he is in such good hands."

Staff treated people with dignity and respect. Staff communicated with people in a very kind and respectful manner and respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted. When people required support with personal care needs this was carried out discretely and in the privacy of the person's own bedroom. To further promote people's dignity a pager system was installed in the home which would alert the staff member if a person required assistance with personal care or if they experienced an epileptic seizure during the night.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

# Our findings

The home continued to provide a responsive service.

People received care and support which took into account their needs and preferences. Staff knew people well and knew what was important to them. For example what activities people enjoyed and how they liked to spend their day. Staff were skilled in recognising what a person wanted or was feeling even though people were unable to communicate their needs.

The people who lived at the home used various methods to communicate their needs and feelings. For example, objects of reference, sounds, body language and basic sign language. We observed staff were very knowledgeable about people's preferred form of communication and what certain sounds or behaviours meant. For example, staff responded quickly when they noticed a person was becoming distressed during lunch. They suggested the person finish their meal in a quieter area which they did. This resulted in the person becoming more relaxed and was able to finish their meal.

The people who lived at the home and their representatives were involved in planning and reviewing the care and support they received. The care plans we read contained person centred reviews which focused on what was working well for an individual and what was not working so well. This meant the person, their representative and staff that knew the person well could discuss how best to support the person. In their completed provider information return (PIR) the registered manager said "Family members and others who are important to the person are involved in annual reviews to ensure the best outcomes are achieved. We look at what best care is for the individual and how we will achieve this as well as what is important to the person to provide a good quality of life." In one of the care plans we read a person centred review had identified that it was the persons wish to holiday abroad by their thirtieth birthday. This had been achieved and the person had enjoyed a holiday to Disney Land in Paris.

People were able to follow their preferred routines. For example on the day we visited, one person had chosen to have a lie in until mid-morning. We heard about another person who often woke during the night and liked to spend time with the night staff. Throughout our visit we observed staff supported people to do what they wanted to do when they wanted to do it. Care plans contained detailed information about people's preferred daily routines and these were understood and followed by staff. Staff recorded information about each person on a daily basis. Information included how people had spent their day and how they had responded to activities of daily living. This meant that the effectiveness of people's care plans could be fully reviewed.

People were supported to follow their interests and take part in a range of activities, trips and holidays. These included shopping trips, swimming, bowling, massage sessions, arts and crafts, gardening and trips to the cinema and theatre. A holiday had been arranged for people at Centre Parks.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. The majority of the people who lived at the home received regular visits from their relatives. Where people did not have any relatives/friends, the registered manager had engaged the services of an advocate.

Good

# Our findings

The service continued to be well led. 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.

The registered manager was on leave on the day we visited however they arrived at the home to assist with our inspection. It was evident that the registered manager knew people very well and we observed people reacted positively when the registered manager arrived at the home. The registered manager was passionate about ensuring people had happy and fulfilling lives.

A relative who contacted us following our visit said "The Bungalow has proved to be the best thing that has happened for [name of person]. The home is well run, with exceptional managers in [name of registered manager and deputy manager], for whom nothing is too much trouble and who go to amazing lengths to ensure each resident is happy, their needs are being met and they are living life to the full, not just being cared for. All of the staff are wonderful, and this is down to discernment in recruiting."

There was a positive culture within the service where there was an emphasis on empowering and involving people whatever their disability. For example, the service was not risk adverse and it was proactive in enabling people to have control over their lives and to receive care and support which was personal to them. For example one person who required one to one staffing indicated they wanted to spend some time alone. Due to the risks of them falling, their bedroom was made safe to enable them to spend some private time alone.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was very good and staff told us they felt well supported in their role. One member of staff said "We have a great team. [Name of registered manager and deputy manager] are great. You can always talk to them and they are so knowledgeable."

A health care professional had commented "I am grateful for the regular, clear and honest communications

we have and attribute these strengths to [name of registered manager and deputy manager] commitment and leadership."

There were quality assurance systems which monitored and improved the quality of the service provided. The registered manager carried out monthly audits on all aspects of the running of the home and the quality of care people received. One of the provider's operations managers also carried out regular audits. The registered manager ensured actions were taken to address any areas for improvement. Annual satisfaction surveys completed by people and their representatives showed a high level of satisfaction with the quality of the service provided.