

# MGB Care Services 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

About the service: The Bungalow is a purpose-built care home providing accommodation for three people living with autism, physical or learning disability requiring nursing or personal care. At the time of our inspection, three people were living at the service. The accommodation was provided on a single floor with all rooms accessed from a central corridor.

People's experience of using this service:

People felt safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs. Staff had received training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

People were protected from the risk of an acquired health infection, as the service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk.

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff had received training in relation to safeguarding and knew how to protect people from harm.

Information was provided in a range of formats to support understanding. People were able to access support to meet their cultural, spiritual and religious beliefs.

There was a registered manager at the home. When required notifications were usually completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: First inspection since registration.

Why we inspected: This was a planned inspection to assess if the service was meeting the requirements of the Health and Social care Act 2014. At this inspection found the service Good

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an Inspection manager.

**Service and service type:** The Bungalow is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We found that the building met the requirements of both Building the Right Support (BRS) and Registering the Right Support (RRS) guidance for best practice in community care services.

The service had 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.

#### Notice of inspection:

The inspection was announced as the service is very small and people using the service are often out so we needed to ensure they would be in.

#### What we did:

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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 all this information to plan our inspection.

Not everyone who used the service was able to communicate with us on the day of our inspection. However, we spoke with one person who used the service and a relative to ask about their experience of the care provided and observed staff providing support. In addition, we spoke with two visiting health professionals.

We spoke with four members of staff including the nominated individual, registered manager and two care workers.

We reviewed a range of records. This included all three people's care records and their medication records. We also looked at five staff files in relation to recruitment and supervision records along with records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

### Systems and processes

- People their relatives and staff told us they felt the service was safe. They told us they felt staff handled situations well and had a good understanding of people's needs
- The provider had a safeguarding policy in place. No safeguarding concerns had been reported since the service was registered, but staff we spoke with were aware of the signs and types of abuse and their role in raising a concern. A staff member said, "There is a telephone number we can call and (provider) and (registered manager) are always on hand to talk with."
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

### Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Fire risk assessments were in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support people using the service in the event of a fire.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, risk assessments were in place to protect people from the risk of others not understanding the reasons for any behaviours displayed. Staff were able to identify and describe what assistance people required and how to keep them safe. People told us they felt safe when staff supported them.

### Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. However, we found recording and storage of this information was not always adequate. We raised our concerns with the registered manager and provider and saw that improvements were made. We saw that where concerns were identified the provider took appropriate steps to protect people's safety.
- There were enough staff on duty to support the needs of people and keep them safe. All the people using the service, their relatives and care staff told us they felt enough staff were deployed to meet their needs. Comments included, "This house is never short of staff. If we need any more we just ask (provider) and it is given" and "I check the ratio (of staff to people at the service) and it seems to be appropriate."

### Using medicines safely

- Staff completed medication training and competencies were completed by the registered manager or deputy manager. We observed staff administering people's medicines and saw medicines were stored, administered and recorded safely.
- People told us they were happy with the support they received to take their medicines and we observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines. This helped to protect people from the risks associated with medicines.

- Staff told us medicine procedures and storage were monitored effectively and we saw audits to monitor this were regularly completed.

#### Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. People and their relatives told us the service was clean and they had no concerns regarding the spread of infection. One person said, "Everything here is very clean. I'd notice if it wasn't and I'd let staff know." Our observations supported this.
- Staff were observed using good infection control and prevention practices, including hand washing and use of personal protective equipment such as gloves and aprons.
- Staff respected peoples wishes for preserving a homely environment whilst still preventing the risk and spread of infection. For example, one person had requested that personal protective equipment and clinical waste bins be kept outside their room, which was followed.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use these as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence. For example, when people displayed behaviours that could be challenging, reviews were held to identify any new triggers and what could be done differently in future.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- People received a comprehensive assessment of their needs prior to admission at The Bungalow and these were regularly reviewed. Care plans contained detailed information about people's choices, likes and dislikes and preferences for how their care was delivered.
- Staff worked well with other agencies including, GP, district nurse and occupational therapist. Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff worked to ensure people had as much choice as possible in their daily lives. For example, what activities to take part in, choice of clothes or meal options. One person told us, "I have a choice with food, I like curry."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A visiting health professional told us, "As an organisation they are responsive to external input and guidance from health professionals which is reassuring."

Staff skills, knowledge and experience

- Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff.
- All staff had either achieved or were working towards the care certificate. A nationally recognised training qualification in care.
- Staff told us, "I've done all the mandatory training plus Autism and Bi Polar. The epilepsy training was really good, we had the same training that medical students get." Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff we spoke with told us they received one to one supervision sessions. Records we saw confirmed staff received regular supervision and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- People chose to eat their lunch in the main lounge, kitchen area or at the provider's sister service whose grounds the Bungalow was built in. Staff were very knowledgeable about people's specific dietary requirements and these were reviewed on a regular basis.
- Specific training was provided for staff to understand and help manage people's dietary requirements. A relative told us, "They (staff) cope very well with (loved ones) diet. The dietician comes in to help them and

there's input from the psychologist."

- Some people at the service received food, fluids and medicine via percutaneous endoscopic gastrostomy (PEG) tube. Staff received regular training in the safe use of PEG feeds and the rota always ensured at least one trained staff member was on duty for each shift.

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

- The Bungalow was built specifically to meet the needs of the people who lived at the service. Aids and adaptations that helped people's care and support needs were sympathetically incorporated into the building. This meant people were able to live their lives and receive support effectively and with minimum disruption to their home environment.
- People had a say in the decoration of their own rooms and communal spaces. Peoples' rooms were well presented and individualised with personal belongings and furniture and posters.
- People had access to secure open space outside the home which was well maintained and able to be utilised in all weathers. Staff told us how people had enjoyed eating outside in summer.

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

- Where people required support from healthcare professionals this was arranged. The GP carried out regular visits for all people and attended when requested.
- We saw records of regular visits by and appointments for, district nurse, optician, chiropodist, dietician, social worker and psychologist.
- A relative told us, "The GP is involved in all care and very responsive."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have capacity to make decisions, 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.
- Staff displayed knowledge of the MCA legislation and its application. Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our visit, we observed a warm, pleasant and relaxed atmosphere. We observed positive, caring and friendly interactions between staff and people. People and their relatives spoke highly of staff. One person said, "I am happy here." A relative added, "I think staff are very caring."
- Conversations with staff demonstrated they enjoyed their work and knew the people they supported well. Comments from staff included; "The care is fantastic. I really must say... we are coping and doing well." A second added "I'd be afraid to move away from here!" Our observations during our inspection confirmed these statements.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why.
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them. Care plans contained very good detail about how people communicated and expressed themselves. This was particularly important as some people were unable to communicate verbally. Staff displayed a good understanding of people's communication needs and told us they found the detail in care records helpful.
- People were supported to maintain social and personal relationships and relatives and friends could visit at any time. A relative told us, "I live close and can visit anytime so I'm quite involved."
- People had access to Advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves. Not everyone at the service used an advocate but the provider carried out regular audits to monitor if people required additional support or use of advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity at all times, particularly when delivering personal care and support. Dignity training was included in the mandatory training for staff and some staff were trained as dignity champions.
- People were supported to maintain their independence as much as possible. For example, by attending college, choosing clothes, activities and helping with personal hygiene tasks. Staff supported one person to use public transport where possible.
- People's information was stored and managed securely which protected their confidentiality.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Personalised care

- People received care that was personalised and responsive to their needs. The provider and staff were committed to supporting people to live their lives in a way that promoted their feelings of, individuality, purpose and belonging.
- Staff displayed a good understanding of people's needs and wishes.
- The management team had an understanding of the Accessible Information Standards (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.
- Care plans were very detailed, and person centred and gave the reader an excellent understanding of the persons needs both physically and spiritually. Information about the person's life history, important events and important people were included to ensure the reader understood the person and their needs fully.
- People had access to a wide range of meaningful and interesting activities throughout their day. A designated activities coordinator was employed to work with one person at the service. This was funded directly by the service as their work had such a positive impact on the persons wellbeing and happiness.
- Activities resources were available throughout the service which people accessed when they wanted.
- People had access to the community and the service had worked to develop relationships with local community groups to ensure that people were involved in the life of the local community. We saw evidence of regular trips out for shopping and activities including dog walking were supported.
- Staff supported people to express the cultural and spiritual needs and ensured care was responsive to their individual needs. For example, people were supported to attend the church they worshiped at before they came to the service and sing with the choir.

Close gap

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and had confidence that the registered manager would respond appropriately. A relative said, "I've not really made a complaint, but they are very responsive. I would always start by speaking with the deputy manager."

- Staff we spoke with knew how to support people who raised a complaint and their role in responding to complaints. They told us they would report any complaints or concerns to the management.
- The providers complaints policy was displayed prominently and in accessible formats and was included in peoples care records.
- We saw that any complaints received were investigated quickly and honestly and followed the providers complaints policy. Any learning from the complaint was shared with the complainant and staff.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff supported people and relatives to develop care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's support was planned and reviewed regularly. Support plans contained very detailed and up to date information on how a person should be supported, including consideration to their needs and wishes.
- There were clear monitoring systems to ensure the service was run well. Staff were aware of their roles and responsibilities and the registered manager fulfilled their role. Staff had plans in place to ensure they were kept motivated. To help ensure that people received care from a stable consistent staff team, the provider aimed to promote staff from within the service.

- The service had an open and transparent culture. Where required lessons were learned if errors had occurred. Staff were highly motivated by the provider and registered manager and showed pride in the care they gave to people at all the stages of their care.

- There was a registered manager at the home and the rating from the last CQC inspection was displayed at the home and on their website. Notifications were submitted to CQC in a timely manner.

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

- The provider and registered manager had created an open culture and developed very positive values within the service. Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "Registered manager is a very good people person, very supportive. I go to them if I need to." Another comment stated, "The deputy manager is also quite outstanding, polite, tactful and diplomatic."

- Staff performance was monitored with regular meetings and individual supervisions. Staff told us they found these useful and informative.

- Effective systems were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks, legionella monitoring and gas and electrical safety checks.

- The provider and registered manager were passionate about providing responsive, effective person-centred care and this was reflected in every aspect of the service. We saw when accident or incident was recorded they were reviewed, and the learning shared.

Engaging and involving people using the service, the public and staff, Working in partnership with others

- People and their relatives had the opportunity to give their feedback about their experiences of the service.

- Regular relative and resident meetings were held. We saw that records of these meetings were provided in accessible formats so all people had the opportunity to review and comment on them. A relative told us, "I think the service is very well managed and the manager is approachable."

- Other health professionals, commissioners and the local authority gave positive feedback regarding partnership working with the service. One visiting professional told us, "They have a professional approach, and are well-led by (registered manager). Their documentation (e.g.: charts; medication lists) are always up-to-date."

Continuous learning and improving care

- Staff were confident to report and deal with any incidents or accidents which occurred and took personal ownership for sharing any learning or recommendations from these.

- Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding issues or concerns. Staff received a handover at the beginning of each shift, so they were continuously updated on people's current needs.

- We reviewed numerous case studies which showed people had experienced positive outcomes since living at the home.