

GS Social Care Solutions Ltd

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of The Bungalow on 9 October 2018.

The Bungalow is a residential respite service, which provides short term accommodation and personal care for up to two younger adults or children. Respite services enable a person's usual care giver to have a break from caring while their relative still gets the care they need. At the time of our inspection the service was not providing any younger adults or children with support.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

This was our first inspection of the service. During the inspection we found that the provider was meeting all regulations reviewed. We have made a recommendation about the provider ensuring that people receive support from consistent staff who are familiar with their needs.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for the day to day running of the service.

Some relatives told us their family members were not always supported by staff they knew and staff were not always familiar with people's needs. They told us they had raised this concern with the registered manager but improvements had not been made.

Staff told us they encouraged people to be as independent as they could be. However, one relative thought that some staff could do more to promote their family member's independence.

Two relatives were happy with the support provided to their family members to take part in activities and outings. However, one relative told us they felt some staff did not encourage their family member enough to participate in activities.

The relatives and staff we spoke with were happy with staffing levels. They felt there were always enough staff available to meet people's needs. Relatives told us the staff who supported their family members were kind and caring.

Records showed that staff had been recruited safely. The staff we spoke with were aware of how to protect people from abuse or the risk of abuse.

Staff received an effective induction and appropriate training. Relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with nutrition and hydration and their healthcare needs were met. Information about the community healthcare professionals involved in supporting people was available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People's communication needs were identified and detailed information was available about how people communicated and any support they needed.

The registered manager regularly sought feedback from people supported by the service and their relatives about the care provided.

Relatives and staff were happy with how the service was being managed. Staff told us they found the registered manager approachable and they felt well supported.

A variety of audits and checks were completed regularly by the registered manager. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were appropriate policies in place for the safe administration of medicines.

People's risks were managed appropriately and information about any changes in people's risks or needs was shared between staff.

Relatives and staff felt that staffing levels were appropriate to meet people's needs.

The registered manager followed safe recruitment practices when employing new staff, to ensure they were suitable to support people who stayed at the service.

Is the service effective?

Good ●

The service was effective.

Information about people's mental capacity and the support they needed to make decisions was available. Where people were unable to make decisions about their care, their relatives had been consulted. The registered manager planned to introduce formal mental capacity assessments.

Staff received an appropriate induction, effective training and regular supervision. Relatives felt that staff had the knowledge and skills to meet their family members' needs.

People were supported appropriately with their healthcare, nutrition and hydration needs.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were caring and kind to their family members when supporting them.

We saw evidence that people's right to privacy and dignity was

promoted and staff gave examples of how they respected people's privacy and dignity when supporting them.

Two relatives were happy with how staff encouraged their family members to be independent. However, one relative felt that some staff should have done more. Staff told us they encouraged people to do what they could for themselves.

Is the service responsive?

The service was not consistently responsive.

Two relatives told us that there was a lack of staff consistency and people were not always supported by staff who were familiar with their needs.

Two relatives were happy with the support their family members received with activities. However, one relative felt that staff should have done more to motivate their family member and encourage them to take part in activities.

People's communication needs were assessed and detailed information was available about how people communicated and any support they needed.

Requires Improvement ●

Is the service well-led?

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. Relatives had no concerns about how the service was being managed .

Regular staff meetings took place and staff felt able to raise any concerns with the registered manager. Staff told us they felt fairly treated and well supported by the registered manager.

The registered manager regularly audited and reviewed various aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

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 was 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 a comprehensive inspection.

This inspection took place on 9 October 2018 and was announced. We gave the service 48 hours' notice of the inspection, to ensure that the registered manager was available. The inspection was carried out by an adult social care inspector and an inspection manager.

We used information the provider sent us in the Provider Information Return (PIR) to inform 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.

Before the inspection we contacted two community social care professionals who had been in contact with the service for their comments. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

As part of the inspection we spoke on the telephone with three relatives of people who had received support from the service in the previous 12 months. We were unable to speak with people who had received support due to their complex needs. We also spoke with three support workers, the registered manager and the deputy manager. We reviewed the care records of two people who had received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and audits of quality and safety.

Is the service safe?

Our findings

The relatives we spoke with told us their family members received safe care when they stayed at The Bungalow. One relative commented, "Yes, [relative] was always safe when he was with the staff". Another told us, "[Relative] was always kept safe and clean".

The staff we spoke with understood how to safeguard adults and children at risk. A safeguarding policy was available and records showed that staff had completed safeguarding training. No safeguarding concerns had been raised about the service in the previous 12 months. The registered manager showed us a template that would be used if any safeguarding concerns were received about the service, to ensure that information was shared with staff about any lessons learned.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

We looked at whether staff were recruited safely. We reviewed the recruitment records of two staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people staying at the service.

The registered manager told us that no-one who had accessed the service in the previous 12 months had required support with medicines and this was confirmed by the relatives we spoke with. We found that medicines policies were available which included information about administration, storage, disposal, refusals and errors. Staff who administered medicines had completed medicines training and their competence to administer medicines safely had been assessed. Staff understood how to administer medicines safely and confirmed that their competence to administer medicines safely had been checked.

We looked at how people were protected from the risks associated with poor infection prevention and control. Records showed that staff had completed infection control training and this was confirmed by the staff we spoke with. Daily cleaning checklists were in place and had been signed by staff. The service had been given a Food Hygiene Rating Score of 5 (Very good) in December 2017. The relatives we spoke with told us their family members received regular support with their personal hygiene

We looked at how risks to people's health and wellbeing were being managed. We found that risk assessments were in place, including those relating to the home environment, visiting the community and behaviour that could pose a risk to individuals themselves or to others. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Information about any changes in people's risks or needs was communicated between

staff during shift changes and through a communications book. This helped to ensure that staff were able to support people appropriately and manage their risks effectively. One relative told us, "The regular staff knew [relative's] risks. There were no issues". Another commented, "Yes, all risks were managed fine, there were no accidents". However, one relative commented, "There were a number of incidents. The staff didn't know [relative] very well, so they contacted me for advice when there were issues".

We looked at staffing arrangements at the service. The relatives we spoke with felt that staffing levels were always appropriate to meet their family member's needs. One relative commented, "Staffing was fine. [Relative] always had one to one support". Staff told us that there were always enough staff on duty to meet people's needs. One staff member commented, "We always have the right number of staff. If someone needs two staff to support them, there's always two staff with them".

We found that records were managed appropriately. People's care records were stored securely at the service and staff members' personal information was stored securely at the office. This helped to ensure that personal information was only accessible to authorised staff.

Records showed that equipment at the home was checked regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including gas, electrical and fire safety checks. This helped to ensure that people were living in a safe environment. We noted that the lock on the bathroom door did not allow for staff to gain entry in an emergency. We discussed this with the registered manager who told us an appropriate lock would be fitted before anyone else stayed at the service.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the service in an emergency. There was a business continuity plan in place, which provided guidance for staff in the event that the service experienced damage to the premises, a loss of amenities such as electricity or a significant shortage of staff. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

The relatives we spoke with felt that staff had the knowledge and skills to meet their family member's needs. One relative commented, "The care was ok. The staff were pretty good. Some were very good and some were less effective". Another told us, "Up to a point, the level of care was fine. The consistent staff had the skills to meet [relative's] needs".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. The staff we spoke with felt well trained and told us they received specialist training when it was needed to ensure that they could meet people's needs. One staff member commented, "We do all training that's relevant to the person's care plan. For example, I've done autism awareness, PEG [Percutaneous endoscopic gastrostomy – where a person is fed directly into their stomach through their abdomen] and diabetes training". This helped to ensure that staff were able to provide people with safe, effective support.

Staff told us they received regular supervision. We reviewed some supervision records and noted that the issues addressed included safeguarding, any concerns about people's needs or risks, training and health and safety. One staff member told us, "We get regular supervision every three months. We can raise any concerns then".

An assessment of people's needs had been completed before the service began supporting them. Assessment documentation included information about people's needs, risks, preferences and what was important to them. This helped to ensure that the service was able to meet people's needs.

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. The staff we spoke with was aware of people's dietary requirements. Relatives told us they were happy with the support people had received with eating and drinking.

Each person's care file contained information about their medical history, allergies and any prescribed medicines. Any community health professionals involved with people were also noted in their care plan. The relatives we spoke with told us they had no concerns about the service meeting their family members' healthcare needs. The registered manager told us that hospital passports would be used to share information with ambulance and hospital staff if people attended hospital. Hospital passports contain important information about people's needs and risks. This would help to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards.

We checked whether the service was working within the principles of the MCA. We found that people's care documentation contained clear information about their mental capacity and any support they needed to make decisions. We found evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted in line with the MCA. This was confirmed by the relatives we spoke with. We noted that formal mental capacity assessments had not been completed. The registered manager told us she would ensure that these were completed in future when people stayed at the service. This would help to ensure that people received support in line with the MCA.

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Accommodation was provided on one level and the bathroom could accommodate people who required support from staff. We noted that one bedroom had a Safespace bed. Safespace is designed for people with autism, epilepsy, profound multiple learning difficulties and people whose behaviour can pose a risk to themselves or others. It provides a space with soft surfaces, in which a person can sleep or move freely, reducing the risk of injury. We found that the service was decorated to a high standard. The accommodation was bright and furnishings were comfortable. We found the environment was suitable to meet the needs of people who had stayed at the service.

Is the service caring?

Our findings

Relatives told us that their family members liked the staff who supported them and that staff were caring and kind towards their family members when providing support. One relative commented, "[Relative] liked his regular staff".

We looked at how the service involved people in their care. We noted that where they were able to, people had signed their care documentation to demonstrate that their care had been discussed with them. Where people lacked the capacity to make decisions about their care, relatives had signed their family members' documentation to demonstrate their involvement.

Two relatives told us they were happy with how staff promoted their family members' independence. However, one relative told us that staff did not encourage their family member enough to increase their independence and to develop skills. They commented, "Different staff had different approaches, some just let [relative] watch television". Staff gave examples of how they encouraged people to be as independent as possible. One staff member commented, "We encourage people, so that they're confident to do things themselves".

People's care documentation included information about how people's privacy and dignity should be respected by staff, including the need to gain people's consent where possible, offering people choices and respecting their decisions. The staff we spoke with gave examples of how they respected people's privacy and ensured people received support in a dignified way. One staff member commented, "We make sure the door is closed when supporting people and we make sure we communicate with people, by explaining what we're doing and reassuring them". Staff told us they felt they had enough time to meet people's individual needs in a caring way.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the staff induction. Confidential personal information relating to people supported by the service and staff, was only accessible to authorised staff.

The 'House guide' was given to people when they came to stay at the service. It was produced in an easy read format and included information about staffing, care planning, health, contact with family and friends, hobbies, house rules, health and safety and how to make a complaint. This meant that people had access to information they needed about the service.

Brief information about local advocacy services was available at the service. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that she would ensure that more detailed, up to date information about local advocacy services was available at the service.

Is the service responsive?

Our findings

We looked at whether people received care that reflected their individual needs, risks and preferences. One relative told us their family member was usually supported by regular staff. However, two relatives told us this was not always the case. One relative told us, "The first two to three visits it was the same staff, so they knew what they were doing. Then staff left and it was different staff for most of the other visits. They didn't know him and he struggled with staff he didn't know, he wouldn't let them change him [this relates to support with personal care]". Another commented, "Initially [relative] had regular staff, but not later. There were too many different staff, they didn't know him. If they had phoned me and asked for advice, I would have given them advice and the overnight stays would have continued". This meant it was difficult to ensure consistency in the way people were supported. Both relatives told us they had raised concerns about the lack of staff consistency with the service but improvements had not been made. We discussed this with the registered manager who acknowledged that there had been issues with staff consistency. She explained that this was partly due to three staff members leaving within a short period of time.

We recommend the provider ensures that people are supported by staff who are familiar with their needs and how to support them effectively.

Staff felt they knew the people they had supported, in terms of their needs, risks and their preferences, though they acknowledged that this was difficult when people stayed for only short periods. One staff member told us, "Yes, we know people, if they're here for longer". Another commented, "We try to keep consistent staff so that people know us". They told us they read people's care plans before supporting them and spent a period shadowing other staff so that they could become familiar with the person's needs.

We looked at how the service respected people's diversity and protected them from discrimination. One relative gave an example of how staff had supported their family member with their spiritual needs. However, they told us that there had been an occasion when staff had provided their family member with food which did not reflect their religious beliefs. A community professional who provided feedback about the service also mentioned this issue. The professional told us that the service had dealt with the issue sensitively and following the incident, had sought advice from a cultural advisor. We noted that the service considered people's beliefs in relation to the use of alcohol-based hand sanitisers and hand washing practices.

One relative told us they were unhappy with the lack of activities provided to their family member by staff. They told us, "They didn't stimulate or encourage [relative] enough. There was little conversation. It felt like a babysitting service when it could have been more". They told us some improvements had been made when they raised concerns with the service.

We reviewed two people's care files. We found they included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed

regularly and updated when people's risks or needs changed. We noted that care documentation included information about people's religion, ethnic origin and gender. This helped to ensure that staff were aware of people's diversity and what was important to them.

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found that the service was complying with the Standard. People's communication needs had been assessed and documented and people were receiving appropriate support. We noted that the service provided service agreements and feedback forms in easy read format. This helped to ensure that people had access to relevant information in a format they could understand.

We looked at how technology was used to support people living at the service and staff. The registered manager told us that the service had internet access and iPads were available for people to use. In addition, management communicated with staff by email and staff shared important information with each other using their mobile phones via a WhatsApp group.

A complaints, suggestions and compliments policy was in place, which included details of how to make a complaint and the timescales for a response. The contact details for the Local Government Ombudsman [LGO] were included in the policy. People can contact the LGO if they have made a complaint and are unhappy with the response they receive. Information about how to make a complaint was also available in the 'House guide'. The registered manager told us that the service had not received any complaints.

The registered manager told us that the service had not supported anyone who needed end of life care. However, this was something they may provide support with in the future. She told us that some staff had completed end of life care training and we saw evidence of this in the staff files we looked at.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who was responsible for the day to day running of the service.

Relatives told us they felt that staff and the registered manager were approachable. One relative told us, "I didn't have much contact with the manager, just the staff really and that was fine". Another told us, "The management of the service was generally fine but they couldn't provide consistent staff".

Staff told us they were happy working at the service and felt well supported by the registered manager. One staff member commented, "I feel able to raise any concerns with the manager. She's very approachable". Staff told us that staff meetings took place regularly and this was confirmed in the records we reviewed. Staff told us they felt fairly treated at the service and one staff member described how the provider respected and accommodated their cultural and religious needs.

We looked at how the provider sought feedback from people who had stayed at the service and their relatives about the support provided. The registered manager told us satisfaction questionnaires were sent out regularly to people who had received support at The Bungalow and people who had received support from the provider's other services. We reviewed the results of questionnaires issued to people in February 2018. Feedback had highlighted some concerns about communication between the office and people supported and we noted that the provider was addressing these issues.

The registered manager told us that staff views about the service were also sought regularly. We reviewed the results of satisfaction questionnaires issued to staff in February 2018 and noted that the feedback received was positive. We saw that where staff had made suggestions, for example that staff training should be paid for by the provider, these were being considered.

Record showed that regular staff meetings took place to discuss the needs of people being supported at the service. We noted that issues discussed included activities, finances, behaviour, life skills development and any concerns.

The staff we spoke with were clear about their roles and responsibilities, which they told us were addressed in their contract of employment and during their training updates and supervision sessions. One staff member told us, "It's about the client's welfare and needs, keeping them safe and providing reliable, flexible support".

We found evidence that the service worked in partnership with other agencies, including social workers and GPs. This helped to ensure that people had support from appropriate services and their needs were met.

We noted that a 'Thoughts for Thursday' newsletter was issued to staff each week to keep them up to date with developments relating to the provider's services. Memos were also sent to staff to update them about any changes to the service and to remind them of their responsibilities, for example to attend training events

on time. The registered manager told us she held an open door session once a month for staff, people receiving support and relatives, which she advertised in the 'Thoughts for Thursday' newsletter.

Records showed that a variety of audits were completed regularly, including those relating to care files, staff files, staff supervision records and the service environment. We saw evidence that action was taken where shortfalls were identified. An auditing calendar was in place to ensure that audits were completed at regular intervals. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the service.

The registered manager chaired a fortnightly registered managers network meeting. This was a Skills for Care initiative where domiciliary care providers met to discuss and share information around practice issues, including safeguarding, staff recruitment and training. This helped to ensure the service remained up to date with good practice. The service was also part of the Outstanding Society scheme, operated by Skills for Care. This involved the service being matched with an outstanding provider. The deputy manager informed us she had spent the day with the provider and looked at their paperwork and procedures and asked questions about what makes them outstanding. She told us she could also contact the registered manager for advice by telephone and email if needed.

The registered manager told that improvements to the service were planned, including more in-depth person-centred care plans with detailed information about people's circle of support and for all staff to be enrolled on the DBS update service, to ensure that they are safe to support people staying at the service. She told us that, in addition to the monthly open door session, coffee mornings were planned to encourage feedback from people being supported and relatives in a relaxed setting.

A statutory notification is information about important events which the service is required to send us by law. We had not received any statutory notifications from the provider about people using the service. However, we found no evidence that important events had taken place that we should have been notified about.