

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## The Bungalow

47 Todd Lane North, Lostock Hall, Preston, PR5  
5UR

Date of Inspection: 05 December 2012

Date of Publication: January  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Progress Care and Education Limited
Registered Manager	Ms. Amanda Little
Overview of the service	<p>The Bungalow is a detached single storey property in a residential area of Lostock hall. It provides residential care for up to three adults with learning disabilities.</p> <p>There are individual service user rooms as well as communal areas for people who live there.</p> <p>There are aids and adaptations in place to meet the needs of people using the service.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 5 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

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### What people told us and what we found

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There were three people living at the home. Two people could not verbally communicate. They used other ways to communicate with people, including body language. One person had limited communication but also expressed their thoughts and feelings using body language and facial expressions.

Observations we made demonstrated people living there were comfortable and responded positively with staff members. We saw they liked to move around the home, use their rooms and other communal areas. There were no restrictions noted and staff were seen to encourage people to make choices about what they wanted to do. We saw they listened to people and were able to communicate, as they had a good knowledge and understanding of their needs. A staff member told us, "I have been doing this job for a long time and you get to know people well, so you tend to tune in."

We spoke with four support workers during our visit in order to gain their views. Staff were very positive about working in the home and praised the teamwork and supportive atmosphere.

We spoke directly with a relative. They told us they were "very happy" with the care their relative received.

"They have been so good at moving my relative on".

"Staff are exceptional. I have every admiration for them".

"The medical support they give is second to none."

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

There were systems in place to ensure valid consent was sought for treatment and support.

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### Reasons for our judgement

People using the service did not have mental capacity to give consent for their treatment and support. The home recognised this and there was evidence seen in care plans, that parents and advocates were consulted and agreed with the level of support being provided. This was confirmed when we spoke with one of the relatives. They told us they felt at the centre of planning and decision making about their relatives care. They told us, "We have been involved all the way. No decisions are made without us being involved and agreeing to things."

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and support was planned and delivered in a way that ensured peoples safety and welfare.

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**Reasons for our judgement**

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Care planning information showed us the service was focused on 'person centred' planning. This meant the planning and delivery of care took account of all aspects of what the person required. It included identifying risk in areas of care and the environment, both in the home and community. By doing this it could be monitored through review and changes made where necessary. Staff we spoke with told us they worked closely with families so they felt involved and could make contributions of their own. This ensured safe and appropriate personalised care and support through coordinated assessment. A relative told us, "They are very good at letting me know of any changes."

Care plans included pictorial information. This was to assist people with learning difficulties to communicate their thoughts and feelings about what they wanted. For example, it showed evidence of where choices were being made in what sort of diet they liked. Also, what they didn't like. This helped staff to understand how to respond to peoples individual likes and dislikes.

Staff we spoke with had an understanding of peoples needs. They told us, "We have seen some of the young people come through our education programme and now live in this service." Also, "Everything we do is 'person centred', so it means the way we do things is focused on that persons individual needs."

People using the service had access to a range of healthcare professionals to monitor and treat a range of medical needs. In one instance there was an identified allergy. This was documented and staff could demonstrate the procedures and risk factors to ensure a reaction was minimised. This meant staff had the knowledge and skills to provide care and treatment to meet the needs of people living there. We spoke with the organisations nurse. They visited the home daily or at least made telephone contact to review any medical issues. They also provided staff training in a range of areas including medication procedures for managing epileptic seizures and the use of epi-pen used as an emergency response to severe allergic reactions, and contains adrenalin. Staff we spoke with told us they felt confident using this emergency procedure as they had received training and support.

Records we looked at showed there were systems in place should an emergency arise.

There were contact details for doctors, hospitals, social workers and all emergency services. Staff told us they were made aware of these procedures by familiarising themselves with records and through in house training. By having these systems in place meant people using the service had their risks controlled.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People were living in safe, accessible surroundings that promoted their wellbeing.

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### Reasons for our judgement

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We found the home had been maintained and decorated for the comfort of the people living there. Aids and adaptations were available around the home to meet the needs of people using the service. The home had grounds which were accessible to wheelchair users and people with mobility issues.

There were maintenance personnel available to respond to any issues which may arise. We saw there was a record of when maintenance work was carried out. This meant the home had a system in place to ensure the home was being maintained for the comfort and safety of people living there.

On the day we visited the home it was clean and tidy. A tour of the building confirmed bathroom and toilet areas were clean and hygienic.

We saw service certificates were available confirming gas appliances and electrical facilities complied with statutory requirements.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were supported by a skilled and competent staff team.

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## **Reasons for our judgement**

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Staff members we spoke with confirmed they had access to a training and development programme. This ensured people in their care were being supported by a skilled and competent staff team. Staff development included mandatory training covering health and safety, food hygiene, infection control, safeguarding and medication. The provider might note there was no current staff training in moving and handling techniques. We recognised people living in the home had some mobility issues. The manager agreed moving and handling techniques would be beneficial for staff, so that movement and mobility was managed by staff who had been trained. Staff we spoke with felt confident they had the opportunity to develop their knowledge and skills within their roles.

Staff members we spoke with told us they were being supported by managers through individual supervision sessions. They told us the sessions were opportunities for them to discuss their role, training issues and general feedback. Records we looked at confirmed sessions took place on a regular basis and demonstrated staff involvement.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

Records relevant to the management of the service were accurate and fit for purpose.

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### Reasons for our judgement

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We looked at a range of records and documents in relation to the care and welfare of people using the service. We did this to see what evidence there was of recording information used to identify the needs of people living there.

Records we looked at were complete and up to date. They included evidence of how people's needs were being recorded and reviewed. This included care planning, risk and review records.

Staff we spoke with told us they were involved in updating and reviewing records so that information was accurate and used to monitor people's needs. Comments included, "It is important we make a record of what happens. It means we have accurate records." Also, "We get to know a lot about people through the records, they are important."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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