

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: 20 January 2014

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2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Progress Care and Education Limited
Registered Manager	Ms. Amanda Jane 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 severe 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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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

On the day of our inspection there were 3 young people living at The Bungalow which meant the service was operating at full capacity. Two of the young people living at the service were not able to express their views and one young person was unwell and was in bed on the day of our visit. We were able to observe how staff interacted with the people living at the home and spoke to relatives of all three young people following our inspection. None of the relatives we spoke to had any issues with privacy or dignity issues. One relative we spoke to told us, "The care is delivered in a kind but skilled manner". Another relative we spoke to said, "(Name) gets a choice up to a point. For example (name) can choose the clothes he wants to wear and where he goes out".

We looked at all three care plans. We found these were person centred and up to date. People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

We saw that guidelines were in place for staff for the use of the equipment that was in place. We spoke to staff who were happy that they had the relevant knowledge and training to use the equipment needed.

We found evidence that there was an effective recruitment process in place and found policies to back the process up.

The provider had an effective system in place to identify, assess and manage risks to the health and safety of people using the service and others.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

On the day of our inspection there were 3 young people living at The Bungalow which meant the service was operating at full capacity. Two of the young people living at the service were not able to express their views and one young person was unwell and was in bed on the day of our visit. We were able to observe how staff interacted with the people living at the home and spoke to relatives of all three young people following our inspection. None of the relatives we spoke to had any issues with privacy or dignity issues. One relative we spoke to told us, "The care is delivered in a kind but skilled manner". Another relative we spoke to said, "(Name) gets a choice up to a point. For example (name) can choose the clothes he wants to wear and where he goes out. The staff are brilliant but I think they can be a bit over cautious at times. I know they have to be careful and that's not their fault". We raised this issue with the registered manager who informed us they would speak to the relative in question. A meeting was being set up with relevant professionals to discuss these issues. The relative we spoke to was aware of the meeting being set up but was unsure of when.

Staff were seen to be attentive and courteous in their approaches when helping and assisting people. When we spoke to staff they gave us examples of how they promoted privacy and dignity. They told us that as two of the young people living at the home were unable to communicate verbally they had learnt some basic sign language for one of the young people in order to know when they wanted to drink, sleep and go to the toilet.

The home was staffed appropriately to deliver personal care to one female and two males. There was always a mixture of male and female staff on duty. The family of the young female living at the home had expressed that they only wanted female staff attending to personal care needs and rotas were designed to achieve this 24 hours a day.

We looked at all three young people's care plans. They were all person centred, written from the perspective of the young person living at the home and included preferences and personal choices. The families we spoke to all said they were involved in care planning as much as they wished to be.

A key worker system was in place for all three young people which meant there was one point of contact for people and their relatives.

There were a number of policies and procedures in place with regard to privacy, dignity and independence including, 'Respecting and Involving people who use our service', 'Confidentiality' and 'Intimate care and lone working'.

We saw evidence that staff meetings were held. The next planned meeting was the day following our inspection. We saw each young person's care was discussed in detail and any changes to people's health, wellbeing or care plan was discussed. Staff told us they found these meetings useful.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we were not able to speak to the young people who used the service as one person was unwell and two were unable to communicate verbally. We spoke to relatives of all three young people following our visit to the home and they were all happy with the care their loved ones were receiving at The Bungalow. One of the relatives we spoke to told us, "I am absolutely delighted. I would be very anxious if (name) would have to move. (Name) is extremely difficult to manage. The home manager is very very kind and very skilled. All the staff are marvellous". Another relative we spoke to told us, "We are very pleased. Since (name) moved into The Bungalow their progress has been amazing".

We looked at all three care plans. We found these were person centred and up to date. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Records showed care assessments had been carried out. Care plans included pictorial information to assist people with learning difficulties to communicate their thoughts and feelings, for example what food they liked and disliked.

Each person living at the home had a Personal Evacuation Plan (PEEP) in place in the event of an emergency. Staff we spoke to were aware of these and what to do in the event of an emergency for each of the young people living in the home. On the day of our inspection one of the young people had a fall. We saw that the correct procedures were followed immediately after the fall. We spoke to the relative of the young person following our visit who confirmed they had been informed of the incident.

We found risk assessments had been carried out, to help prevent and detect risks to people's wellbeing. Examples of these included, travelling, community visits and the use of chair belts.

People living at the home had access to a range of healthcare professionals to monitor and treat a range of medical needs. Hospital passports were in place which were used to inform medical staff of each persons needs and wishes for any hospital stay or medical treatment.

The company employed a nurse who visited the home on most days. There was also an

on call nurse facility who were available for extra support if required. Company Directors were informed of any major incidents.

We saw that a fire risk assessment had been undertaken at the property by an external company within the last twelve months. Internal fire training was undertaken and there was a record of fire alarm tests and drills. There was also an up to date fire procedure in place that staff were familiar with.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People had access to sufficient and appropriate equipment to safely meet their needs. People who were using equipment were trained and competent to do so.

Reasons for our judgement

Only one of the young people living at the home needed any specialist equipment. The equipment used was a profiling bed, shower chair and wheelchair. We saw that the wheelchair had been recently serviced. One of the other people at The Bungalow did use a wheelchair occasionally. This was stored in one of the vehicles that staff had use of when taking people out into the community.

A hoist had recently been delivered to the home for use with one of the people living at the home following an assessment by the Occupational Therapy (OT) service. The hoist was located in the small conservatory area at the rear of the home. A notice was placed on the hoist stating that it was not to be used until the relevant training had been delivered. Staff confirmed to us that the hoist had not been used and that they were awaiting training. When we spoke to the deputy manager of the home they confirmed that they and another member of staff were arranging to visit the OT service to undertake the training and assess the suitability of the hoist. The hoist had been introduced for the safety of staff and one of the people living at the home who had frequent seizures as a result of their epilepsy.

We saw that guidelines were in place for staff for the use of the equipment that was in place. We spoke to staff who were happy that they had the relevant knowledge and training to use the equipment needed.

Risk assessments were in place for the use of equipment both in the home and when out in the community.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Service users are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

Reasons for our judgement

We found evidence that there was an effective recruitment process in place and found policies to back the process up. These included policies for equal opportunities, recruitment and selection and Vetting and Barring.

We spoke to three members of staff on the day of our inspection. All of them told us they had gone through a formal recruitment process before starting their employment with 'Progress care and education limited', the company that own The Bungalow. This involved filling in an application form and attending an interview. We saw evidence of this within the personnel files that were kept on site. We were told by the deputy manager that more complete records were kept at the company's head office. The personnel files on site contained an employer profile, staff supervision meetings and completed appraisals.

The staff we spoke to also told us that they underwent a thorough induction programme including a period of time shadowing a more experienced member of staff.

We saw that no staff were on zero hour contracts and were employed either on a full or part time basis. Staff turnover was good and the company did not use agency staff.

Whilst the relatives we spoke to could not comment directly on the recruitment process they were all happy with the management and staff at The Bungalow. One relative we spoke to told us, "I'm absolutely delighted with the staff. The manager has told me that's it's important that anyone coming into the service has to get on with all three (people who live at The Bungalow)". Another relative told us, "Staff are great. Sometimes good staff are taken away into other settings but they are a good organisation with good staff".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health and safety of people using the service and others.

Reasons for our judgement

Progress care and education Ltd held the external quality accreditation 'Investors in People' (IIP). IIP is a business improvement tool administered by UK Commission for Employment and Skills and supported by the Department for Business, Innovation and Skills.

We saw that team meetings took place and there was a notice in the home of a forthcoming team meeting for the day following our inspection. Staff we spoke to told us they were able to have an input into the meetings and make any suggestions for improvement to the service.

The three relatives we spoke to said they had not filled in a questionnaire or survey about the service their loved ones received. However they did tell us that they were in regular contact with the manager of the service and staff. One relative told us, "I'm always asked about how good things are both by the service itself and other agencies".

There had been no recent complaints or safeguarding issues at the home at the time of our visit. Procedures were in place in the event of either event happening. We looked at the accident and incident log within the home. Records were kept for each incident including the person involved, details of the incident and the outcome.

The home carried out regular audits to ensure the quality of the service was maintained. These included audits for cleaning, infection control and care planning.

A maintenance team was available for any repairs that needed to be done at the home.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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