RAS Care Limited

# Bungalow Retirement Home

## Inspection report

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Spalding
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Tel: 01775724995

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 Retirement home is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 28 people and is a single storey adapted building.

People's experience of using this service and what we found
There were enough staff to meet people's needs and the registered manager was able to be flexible with staffing levels if people's needs increased. Staff received ongoing training and support which enabled them to provide safe care to people.

People were supported to access healthcare when needed. Medicines were managed safely and people were supported by staff to be happy and settled and rely less on the use of medicines to manage their distressed reactions. People were supported to eat and drink safely and to maintain a healthy weight.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The environment was supportive of people's needs giving them a choice of communal areas. It was clean and staff knew how to prevent the risk of cross infection.

Care plans reflected people's needs and identified the risks to people and how they should be safely managed. People were supported to maintain their social contacts and to participate in activities. The registered manager understood how pets supported people's wellbeing.

The service was well-led and the manager had audits in place to monitor the quality of care provided. In addition, they collected their views of people living at the home and their relatives to identify areas for improvement.

Rating at last inspection
The last rating for this service was Good (published 03 February 2017). The service was sold and the new provider registered with us on 11 November 2019. This is the first inspection under the new provider.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Bungalow Retirement Home

**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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by one inspector.

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

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
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, a care worker and a housekeeper. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this first inspection under the new provider this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff told us that they had completed training in how to keep people safe from abuse. They could identify the different types of abuse and knew how to report any concerns that they had both within the home and to external agencies. Staff were also aware that the provider had a whistle blowing policy so that they could report any concerns anonymously and without fear of reprisals.
• The registered manager was also aware of their responsibility to report concerns and to investigate any issues identified. For example, they had recently raised a concern about the care a person received while attending a hospital appointment.
• People living at the home told us they felt safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• People's risks had been identified and care was planned to keep people safe. For example, staff had identified where people needed support to move safely around the home.
• Risk assessments had been completed to ensure that people would be safe in an emergency situation. Information was kept in a separate folder so that it could be accessed quickly if needed to support the emergency services.
• Incidents and accidents were recorded and where needed immediate action was taken to update care plans and inform staff of changes needed to keep the person safe. The registered manager reviewed accidents and incidents to identify if there were any trends and action needed. For example, if further training in areas were required.

Staffing and recruitment
• There were enough staff to meet people's needs. The registered manager monitored how well staff were meeting people's needs and was flexible around staffing levels when people's dependency levels increased. A relative told us, "There always seems to be plenty of staff around, even at the weekend."
• The registered manager explained that they were able to cover sickness and other staff shortages from within their staff group. They told us, we never have staffing issues. If staff are sick, we can get cover within half an hour. The staff are responsive to people's needs."
• The registered manager ensured that staff working at the home were safe to work with vulnerable people. Staff told us how they were required to provide proof of identity and complete a police records check before they were offered employment in the home.

Using medicines safely
• Medicines were ordered, stored and administered safely. People told us how staff managed their medicines for them and that they could rely on staff to administer them correctly. One person told us, "They

give out the medicines out at the same time every day."
• When people consistently refused to take their medicine, the registered manager worked with the GP's to identify which medicine was most important for the person to take and which could be discontinued.
• Medicines records were fully completed. Protocols were in pace to support staff to administer 'as required' medicines such as pain relief in a consistent and safe manner. Where needed instructions from healthcare professionals was followed to ensure people were safe when taking their medicine. For example, one person required their pulse to be taken each day before taking a medicine. Records showed that this had been done consistently.

Preventing and controlling infection
• Staff had received training in how to keep people safe from the risk of cross infection and explained actions they took. For example, care staff used protective equipment such as gloves and aprons and ensured they changed them as needed. The housekeeper ensured that they used coloured cleaning equipment so that they knew which cloth or mop to use in different areas such as bathrooms and bedrooms.
• Staff were clear on how to deal with contaminated items. For example, clinical waste was disposed of in yellow bags and soiled laundry was washed at a high temperature to ensure they were hygienic.

Good

# 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.

At the last inspection this key question was rated as Good. At this first inspection under the new provider this key question has remained the same. This meant 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
• People received an assessment of their needs so that safe care could be planned. One relative told us, "They came and did an assessment [before moving into the service] and they have had one since they have been in here."
• Where people had long term conditions the registered manager identified best practice guidance in supporting people with their specific conditions and ensured that this information was available to staff in people's care plans.
• Care plans showed that the registered manager had ensured recognised good practice tools had been used when completing the assessments. For example, people's risk of developing pressure areas had been assessed using the nationally recognised Waterlow tool.
• The provider had policies and procedures in place to ensure that up to date guidance and legislations was available to staff. They had enrolled with a service to ensure that the policies were reviewed regularly and remained up to date with any changes in best practice or legislation.

Staff support: induction, training, skills and experience
• Staff received an induction when they started to work at the home. This included training in how to support people to move safely and how to recognise and report abuse. In addition, new staff shadowed an experienced member of staff to gain knowledge and experience. All new staff were required to complete the care certificate. This is a national set of standards which ensured staff had the skills to provide safe care to people.
• Ongoing training was provided for staff to ensure that their skills remained up to date. Records showed that the registered manager had a system in place to monitor when training became due so that they could ensure staff's skills remained safe and effective. Additionally, the registered manager was able to assign reading to staff where they identified a lack of knowledge in disease specific care.
• Staff received ongoing support and supervision from the registered manager. One member of staff told us, "I have regular supervisions with [registered manager] and we have team meetings as well." Staff's annual appraisals were planned for March 2020. This is where staff would be able to identify their career development and any training needs with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet
• People were offered a choice of food at mealtimes and if there was nothing on the menu they preferred the cook was able to make them anything they wanted. One person told us that they had requested an omelette as they had not wanted anything on the menu and this had been provided for them. Another person said,

"The food is fantastic, choice of two meals every day and if don't like either the cook will do what you want. Nothing is too much trouble."
• Staff took time and ensured that people were able to eat as much as possible to help them maintain a healthy weight. Over lunch two care staff supported people to eat, the staff engaged with them and spent time talking to then. One person living with dementia was initially reluctant to eat, however with encouragement and support from the member of staff the person ate all their lunch including a dessert.
• People's ability to maintain a healthy weight was monitored. Where concerns were identified people's food and fluid intake was recorded for an assessment period. People's food was enriched to maximise their calorie intake and where prescribed by a GP people were offed calorie rich supplements to support their diet.
• People's ability to eat and drink safely was monitored. When any concerns were identified the registered manager referred people to healthcare professionals for assessment, advice and support. Where needed people were provided with a modified diet such as food that was able to be mashed with a fork. This ensured people's risk of choking was reduced.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People told us that staff were aware of their health needs and would contact a GP for them if there were any concerns over their health. One person told us, "If anything amiss [registered manager] would phone the GP. Another person said, "They can tell if I am not well and the GP will come and see me."
• If needed, staff were able to support people to their healthcare appointments such as hospital or dental appointments.
• Records showed that healthcare advice and support had been sought for people when necessary.

Adapting service, design, decoration to meet people's needs
• The service had been recently purchased by a new provider. The registered manager showed us the programme of decoration for the home which was due to start in February 2020.
• In addition, the new provider had already made changes to improve the environment for people living at the home and staff. For example, new dementia friendly signage had been ordered for the home and commercial washers and driers had been installed.
• The home had access to secure outside areas for people to spend time in when the weather was nice. In addition, there were three lounge areas and two dining areas so that people could choose where to spend their time.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Staff had received training in the MCA and understood that people with the capacity had the right to make their own decisions.
• Where people lacked capacity staff understood that decisions needed to be made in people's best interest.

Best interest decisions had been made for some people. Health and social care professionals and people's relatives had been included in the decision-making process.

• Where people may lack the capacity to live at the home the registered manager had submitted applications for them to be assessed under the Deprivation of liberty safeguards. No one had any conditions on their DoLS.

Good

# 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.

At the last inspection this key question was rated as Good. At this first inspection under the new provider this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us that the registered manager and staff were kind and caring. A relative was grateful to the registered manager as they found their family member's dementia hard to understand and told us about all the support and reassurance they had received from the registered manager. Another relative told us how their family member, "Gets on well with staff, [Name] can get a good banter going with staff at times."
• Staff knew people well. Some people's ability to communicate was reduced, however, they still felt comfortable and able to joke and interact with staff in a non-verbal manner. We saw that staff picked up on their non-verbal communication and acknowledged their teasing and gently returned it.
• Relatives told us how by sharing information on their family member it helped them maintain a relationship. For example, one relative told us how she appreciated knowing what had been offered to people for lunch as it gave them a topic for conversation with a person who was living with dementia.
• The registered manager understood how pets were important to some people. One person living at the home had only agreed to be admitted if they could bring their cat and dog into the home with them. This meant the person could receive the care they needed to maintain their health and well-being.

Supporting people to express their views and be involved in making decisions about their care
• People told us that they were offered choices about how they spent their time. One person told us, "I can do what I want to."
• Staff told us how they offered choices to people. For example, one person liked to do jigsaw puzzles and so they always offered them this choice. Where people living with dementia struggles to make decision, staff simplified them, so they were still able to input into their care. For example, by offering a visual choice of two items of clothing.
• Relatives also told us how staff respected people's decisions, while continuing to offer support to help people be comfortable and happy. For example, a relative explained how their family member who was living with dementia would often turn down a bath. They told us how staff would respect their choice, but would offer again a few hours later and the person would accept and enjoy a relaxing bath.
• Another person living at the home had expressed a preference to own a pet. The registered manager had worked with the person regarding this and the person now had a rabbit that they cared for. The registered manager explained how this had been a positive experience for the person and had reduced their anxiety.

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in how to support people's privacy and dignity. They told us how they would always ask permission before providing any care. In addition, they ensured that they closed doors and

curtains and kept the person covered as much as possible to retain their dignity.
• People's individual choices regarding their grooming routines were maintained. For example, one relative had made specific requests about their family member's appearance and this had been respected. While the person lacked capacity to request this for themselves, the relative has explained that this has been their preferred grooming routine before moving to the home. We saw the person looked smart and comfortable. Another relative told us that they were happy with the respect shown their family member saying, "We are happy that he looks smart and is nicely shaved and has his hair trimmed regularly."
• Relatives also told us that they were able to find quiet communal areas in which to spent time with their family members away from the busy main lounge and that they appreciated this.

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this first inspection under the new provider this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People and their relatives were involved in planning their care. One relative told us, "When [Name] first came in we went through their care plans."
• Care plans reflected people's needs and had been reviewed on a regular basis to ensure they took account of any changes people needed in their care. In addition, care plans contained the information needed to support staff to tailor the care to people's individual needs. For example, they identified where people needed support and where they could be independent in caring for themselves.
• Systems were in place to ensure that any changes in people's needs were shared with staff. The registered manager attended the daily handover when information was passed between shifts. This allowed them to identify any concerns or action that was needed to keep people safe.
• The registered manager and provider had a policy minimising the use of medicines to help people manage their distress. This was because they could make people sleepy and miss out on opportunities to visit with relatives or take part in activities and may impact on their general wellbeing. After moving into the home people's medicines were reviewed by a GP and care plans put in place to help people be calm and happy. During the inspection we saw a person become unsettled. Staff immediately supported them with activities and we saw they calmed down and engaged with the activity without using any medicines.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals.
• The registered manager told us they supported people to access information if needed. For example, by providing information in different formats, such as verbally for some people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• There was a variety of activities in place for people to undertake and an activities coordinator was employed to support people's engagement. Where people chose not to engage with group activities the

activities coordinator spend time with people on an individual basis to ensure they had social engagement and support.
• People were supported to access the local community. With support from staff people were able to go shopping. The registered manager explained how anytime staff needed to go shopping they would offer to take people with them so they could help and spend time out of the home. In addition, activities planned outings with people so that they could undertake activities they would have done before living at the home such as going out for lunch or attending a coffee morning.
• As well as planned activities there were activities around for people to engage with. For example, people were playing dominos and completing jigsaws. In addition, for people living with dementia we saw there were 'Fiddle blankets' and dolls for therapy in line with best practice. One person was happily settled with a doll, cuddling it and discussing their 'baby' with staff. This activity helped them remain calm and settled.

Improving care quality in response to complaints or concerns
• People told us that they knew how to raise a complaint, but they had never felt the need to do so. One person said, "Any complaints I would go to [registered manager] or a senior, but I have never had any concerns to raise." Another person told us, "[Registered manager] is a good manager, I could talk to them and [deputy manager] about any worries."
• The provider had a complaints policy in place which set out how to complain and the action they would take to investigate the concern and respond to the complainant. No complaints had been received in the last 12 months.

End of life care and support
• People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the home instead of being admitted to hospital.
• The registered manager ensured that there was an extra member of staff on duty to support people at the end of their lives so that if a relative was not able to be there people were not left alone.
• Training in supporting people at the end of their lives was booked for March 2020.

Good

# 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.

At the last inspection this key question was rated as Good. At this first inspection under the new provider this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People living at the home and relatives told us that the registered manager was approachable, and the service was well managed. Person living at the home said, "Any problems I would talk to [registered manager], I am confident to do that." A relative told us, "We get on well with [registered manager], we cannot fault her for anything."
• Staff were positive about the registered manager and felt that they had the skills needed to manage the home. A member of staff said, "I am happy with how the home is run." They also commented about how supportive the registered manager had been.
• The registered manager told us that the new provider was supportive, listened to their views and had put an action plan in place to drive improvements in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home and had notified us about events which happened in the home.
• The provider had been open and honest with people and relatives about incidents which happened. They had ensured that relatives were kept up to date with any concerns about people's care needs.
• The provider had audits in place to monitor the quality of care in the home. We saw that they had identified concerns and the registered manager had taken action to improve the care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People told us that they had been asked for their views of the care their received. One relative said, "We have just recently had a questionnaire. The manager is always around if we need to speak with her."
• People were able to give their thoughts on the care they received. The registered manager held regular residents' meetings to discuss the quality of the care people received and to plan activities in the home. Minutes of the latest meeting showed that people had discussed the planned redecoration of the home, activities to be undertaken at Easter and changes to the menu.

Continuous learning and improving care; Working in partnership with others
• The provider had taken action to continually improve the management of the home and the care provided

to people. For example, they had arranged for an external consultant to visit the home and complete an assessment of where improvements could be made. An action plan was in place to ensure all their recommendations were followed.
• In addition, the provider had invested in systems to help the registered manager. For example, to help with keeping the home's policies and procedures updated in line with best practice.
• The registered manager took action to keep up to date with changes in legislation and best practice. For example, by keeping their nursing education and Nursing and Midwifery Council (NMC) registration up to date.
• The provider worked collaboratively with health and social care professionals to ensure that people received care which met their needs.