Consensus Support Services Limited

Smythe House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Smythe House provides accommodation and care for seven people. This is a service that specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS). This is a genetic condition that predominantly manifests with early years onset of hyperphagia which is an abnormal unrelenting great desire for food driving the person towards excessive eating and, left unchecked, life threatening obesity. Other characteristics of PWS include, for example, learning disabilities that may range in severity. There were six people in residence when we inspected.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. People's care was regularly reviewed with them so they received the timely care they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were friendly, kind and compassionate. They had insight into people's capabilities and aspirations as well as their dependencies and need for support. They respected people's diverse individual preferences for the way they liked to receive their care and participate in activities they enjoyed.

The goal of the provider was to enable people with PWS to make positive life changes and the staff team were successful in to supporting each individual to achieve this.

People's healthcare needs were met. They had access to community based healthcare professionals, such as GP's and nurses, and had regular check-ups. They received timely medical attention when needed. Medicines were safely managed.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals with expertise in PWS. People were supported to have a balanced diet and they had enough to eat and drink.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service. There were arrangements in place for the service to make sure that action was taken and lessons learned when things

went wrong so that the quality of care across the service was improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

Smythe House

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 is 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 comprehensive inspection took place on 23 and 28 February 2018 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events, which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home. We also contacted Health-Watch, which is the independent consumer champion for people that use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We spoke with three people using the service and observed the interaction between people and the staff in the communal areas. We also spoke with the team co-ordinator in charge and three other staff.

We viewed the accommodation and communal facilities within the home and looked at where medicines and food were stored. We took into account the precautions put in place to protect people against the risk or fire and other emergencies.

We looked at four people's care records and four records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This included the provider quality assurance audits, maintenance and cleaning schedules, training information

for staff, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People said they felt safe. People continued to receive care and support from staff in a way that maintained their safety. There were sufficient numbers of experienced and trained care staff on duty. Recruitment procedures ensured that only suitable staff worked at the service.

Risk was well managed by the staff. Staff understood their responsibility to identify new risks, for example if people's behaviours or health changed. People's safety was enhanced because they were supported in a structured way that suited each individual. Risk assessments had been developed with people's individual contribution as well as from family and professionals. A staff member said, "Their (People's) safety is always really important but so is enabling them to do things for themselves and have power over their lives."

People's care plans provided staff with guidance and information they needed to know about people's personal care. Staff were mindful of, and acted upon, specific risks associated with Prader-Willi syndrome (PWS), such as people having a high pain threshold that may result in symptoms of injury or illness going unnoticed because they had not told staff they were in discomfort. Regular checks and vigilance by staff trained in PWS, as well as getting to know each individual's behaviour, minimised this risk.

Care plans were reviewed with each person on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred.

Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way.

Staff received regular refresher training on safeguarding and understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. Staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

The premises were kept clean and staff had training in infection control and food hygiene. There were regular fire drills and staff knew what action they needed to take if there was an emergency.

Staff knew and acted upon their responsibility to raise concerns with the registered manager if there were issues that impacted upon people's safety. Lessons were learned and improvements made whenever things went wrong.

The registered manager also used team meetings to enable staff to make suggestions for improvement whenever things had not gone as well as expected.

Good

Is the service effective?

Our findings

People were supported by trained staff that had the skills they needed to care for people's diverse needs. They had a good understanding of each person's needs and the individual care and support each person needed to enhance their quality of life. Staff received refresher training in a timely way so they were supported to keep up-to-date with PWS best practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles and had received training in assessing people's capacity to make decisions and in caring for those who lacked capacity to make some decisions.

We checked whether the service was working within the principles of the MCA and we saw that they were. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff sought people's consent on a day-to-day basis before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare.

People's nutritional needs were met. People were supported to eat, drink and maintain a healthy balanced diet that was suitable for people with PWS. Care staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs within the constraints of PWS. Staff ensured the calorific value of meals was a measured factor in meal choices. Each person's food intake was consistently monitored to ensure they maintained a healthy weight by way of a controlled low calorie diet.

People's access to food was limited outside mealtimes, for example by restricted access to the kitchen where food was stored. Unnecessary exposure to food was necessary as one of the key practical PWS management measures recognised by PWS healthcare professionals. This practice was necessitated by a duty of care and was reflected in each person's care plan as being in their best interest and with their consent.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services. Timely action had been taken by staff whenever, for example, there were concerns about a person's health. The outcome of healthcare appointments were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing.

Good

Is the service caring?

Our findings

People were supported in a caring and inclusive way. People's personal care was discreetly managed by staff so that people were treated with compassion and in a dignified way. People's privacy and dignity was respected, staff supported people to maintain their personal hygiene during their activities of daily living. Personal care support, whenever needed, was provided in the privacy of people's own rooms.

Staff respected people's individuality. They used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. When talking with people staff were friendly and used words of encouragement that people responded to positively. People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. People's 'personal space' and privacy was respected by staff.

People had access to external advocacy services when required. The staff were able to source information for people should they wish to use an advocate and had supported people to access advocacy in the past. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

People were supported to maintain links with family and friends. Visitors were welcome and people chose whether to receive their visitors in the communal areas or in the privacy of their own room.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to their admission to the home. Their care plans were regularly reviewed with their involvement. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities, including outings into the community, suited people's individual likes and dislikes and were tailored to their capabilities and motivation.

People received personalised care and support predominantly, but not exclusively, from the staff member assigned to be their 'key worker'. All staff were able to describe in detail the care and support they provided for people. People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff were aware of the communication needs of the people they supported from the information in the person's care plan. There were regular house meetings so that staff were able to make sure people were kept up-to-date with information about the running of the home, forthcoming events, and had an opportunity to ask questions and have their say. Written information, such as the service user's guide, was available in an 'easy to read' format and with large print as necessary, with each person's individual communication needs taken into consideration.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. Complaints and the action taken to resolve issues were reviewed by the manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made. There were no complaints being investigated when we inspected.

Good

Is the service well-led?

Our findings

A registered manager was in post when we inspected. 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.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to the day-to-day running and maintenance of the home were also accurate, up-to-date, and the action taken to make repairs around the home or replace furnishings was reflective of the home being appropriately managed.

Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received since we last inspected. Policies and procedures to guide care staff were in place and had been routinely updated when required. Records were securely stored when not in use to ensure confidentiality of information.

People's experience of the service, including that of their relatives, continued to be seen as being important to help drive the service forward and sustain good quality care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider.

The registered manager completed regular audits, which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice. Suggestions from people and visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

The staff team maintained good working relationships with external community healthcare professionals and service commissioners. They continued to support them to have appropriate access to the information they required about people's health and wellbeing and to use feedback from them to sustain a good quality service.

Staff said there was always an 'open door' if they needed guidance from any of the senior staff. They said the registered manager was very supportive and approachable. Staff said that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and registered manager.

There continued to be an open and transparent culture within the home, with the home's CQC rating from the last inspection, on display.