

# Consensus Support Services Limited

# Waterbury 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

Waterbury House is a residential care home which is registered to provide accommodation for eight people with a learning disability and people who may also have complex health needs. On the day of our visit there were eight people living at the home.

There was a registered manager in post. 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 told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

## 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.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information so that staff could support people in a person-centred way.

Many people went out to a day centre during the day. Other activities were also available according to people's preferences.

Complaints were acted upon in line with the provider's policy.

### **Is the service well-led?**

The service was well led.

People gave their feedback about the service provided by communicating their views to their keyworker.

Staff were supported to question practice and asked for their views about Waterbury House through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided.

**Good** ●

# Waterbury 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 was planned to check 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 inspection took place on 13 June 2016 One inspector undertook this inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies and procedures.

We spoke with three people and two relatives to ask them their views of the service provided. We also spoke to the registered manager and four members of staff.

The service was last inspected on 6 February 2014 and there were no concerns.

## Is the service safe?

### Our findings

People were supported by staff to be safe and people told us they felt safe at Waterbury House. One person said, "Yes I feel safe here". Relatives told us they were confident their family members were kept safe.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew they could contact the local authority safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care and were reviewed monthly. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding self-harm, swimming, use of keys, travelling in the home's transport, going out into the local community and managing challenging situations. Risk assessments had information about the identified risk and also contained control measures to reduce any risks. These risk assessments guided staff on how to keep people safe. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There was a minimum of one team leader and five care staff on duty between 7am and 10pm. At night between 10pm and 7am there were two members of staff on duty, one was awake throughout the night the other was able to sleep but was on call for additional support if required. There were additional staff employed at different times of day to meet people's individual needs. Some of the people who lived at Waterbury House had additional care hours for one to one support and one person received two to one support. Staffing levels reflected these additional support hours. The registered manager was also available to provide additional cover if required. We looked at the staffing rota for the previous two weeks and this confirmed these staffing levels were maintained. The registered manager told us that additional staff were organised as and when required to support people with appointments or for social events. Staff said there were enough staff on duty to meet people's needs. Relatives told us they felt there was always enough staff on duty.

We looked at recruitment records for three members of staff and these contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with staff who told us their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff who were authorised to administer medicines had completed training which included a competency assessment. Records showed and staff confirmed they

had been trained and that their training was regularly updated. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. Records seen were up to date with no omissions. There was a clear protocol for administering any PRN (when required) medicines. A local pharmacy provided medicines to the home in a monitored dosage system and medicines were ordered, received, administered and disposed of safely.

## Is the service effective?

### Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included "I am very happy here" and "I like all the staff they are very good". People said the food at the home was good. Relatives said they were happy with the support provided by staff. One relative told us "The staff are brilliant I could not be happier with the care and support provided at Waterbury House"..

The registered manager told us about the training provided for staff. Training was delivered face to face as well as online refresher training. Training records were kept on the computer system and the registered manager updated training records weekly. Training undertaken by staff included: Health and safety, infection control, food hygiene, moving and handling, conflict and challenging behaviour awareness, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, and first aid. All staff also completed accredited training in physical interventions and positive behaviour support which was regularly updated. Although staff told us that physical interventions had not needed to be used, the training provided helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. The registered manager told us that additional training would be provided if necessary to meet the needs of the people they were caring for.

The registered manager said that all new staff members completed an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. The registered manager told us that all staff had completed the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. This included staff who had been working at the home prior to the care certificate being introduced.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 24 care staff. Of the 24 staff, 22 had completed or had enrolled on additional qualifications up to National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications. Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. 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. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in this area and understood the requirements of the legislation. The registered manager told us that people living at Waterbury House had differing abilities to make choices for themselves. The registered manager understood that if a person needed to make specific decisions their capacity to do so would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. We saw capacity assessments had been carried out for people and best interest decisions had been clearly recorded. The registered manager had made applications for people under Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Records showed that DoLS applications had been completed for five people and these had been authorised by the local authority.

We spoke to people and staff about the meals provided at the home. Staff encouraged people to be involved as much as possible in preparing meals and drinks and we saw evidence of this during the inspection visit. Breakfast was normally cereals and toast and people could choose what to eat. Lunch was normally a snack type meal such as sandwiches, fish fingers or beans on toast and this was also down to individual choice. The main meal of the day was in the evening and there was a three week rolling menu which was flexible and reflected people's own preferences and choices. One person who had specific dietary requirements had meals 'ordered in' monthly and the person was involved in ordering in the meals they liked. Another person was supported to eat meals that were compliant with their cultural and religious beliefs. Staff told us that people also went out for meals in the local community which they enjoyed. Staff said there was always a range of food in the fridge so that they could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met and everyone was registered with a local GP. Each person had a health file and this contained a health assessment with information about the person's learning disability and any other medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. Each person had a 'Hospital Passport'. This was a document which provided important information about the person should there be a need to go to hospital. There was information such as: 'Things you must know about me,' 'Things that are important to me' and 'My likes and dislikes'. The registered manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support.

During the inspection, we undertook a tour of the home. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing. There were a number of picture boards around the home with photographs of people's holidays and outings into the local community. Two people had their own self contained accommodation while others had their own bedrooms but shared communal space.

## Is the service caring?

### Our findings

People were happy with the care and support they received. One person said "The staff are good and look after me". Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family members. One relative said they all seem to get on well together, everyone is so kind and caring" ..

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, "It's a nice atmosphere everyone gets on pretty well". Another staff member said "everyone likes their own space, this is a big home so people can always find a quiet area if they do not want to interact with others."

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed frequent, positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding. People were confident and comfortable with the staff who supported them.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. For example one person was sitting watching a video with a member of staff and the person was asking questions and the staff member was patient and explained what was happening. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered.

## Is the service responsive?

### Our findings

People were well looked after and told us they liked living at Waterbury House. Relatives said they were kept updated on any issues and the progress of their relatives. One relative told us. "I am kept well informed and I am confident they will keep me in the picture".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified people's support needs and informed staff on how this should be given. There was information such as 'Things people like and admire about me', 'What makes me Happy' and 'How I like to be supported'. We saw care plans were in place for personal care and support, communication, decision making, meaningful activities and information such as 'My perfect week'. These gave staff the information they needed to provide people with the support they needed.

The care plan for one person explained the person needed two to one support when accessing the community. The plan had a 'distress assessment tool' which gave staff information about the person when they were content and also when they were distressed. This enabled staff to recognise when the person was becoming distressed and provided information on what action to take to reduce any anxiety. These clear guidelines ensured people got appropriate support and were responded to appropriately.

Each person was allocated a key worker (A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helps to support them in their day to day lives and give reassurance to feel safe and cared for). Keyworkers met with people on a one to one basis each month to carry out reviews of the person's care plan to ensure their current needs were being met. They discussed how the plan was working for the individual and if any changes were needed to ensure that care plans were up to date.

Staff said that people could express their wishes and preferences and these would always be respected. People were encouraged to express their views and these were communicated to staff in a variety of ways such as, verbally, through physical gestures or body language. Staff said each person needed different levels of support and staff gave individual support to people whenever it was needed. One staff member said "We all work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why". Staff said if a person refused support at a particular time they would

respect their decision and go back later and offer the support again.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

The provider was responsive to people's changing needs. For example one person attended a local college to undertake art classes. This was shortly coming to an end but the college had identified another art class which they felt would be of benefit. Staff had looked into this and had arranged for the person to visit to see if they would like to attend the new art class once the college course finished.

Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on each person and were given any information they needed to be aware of. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. Each person had an individual activity plan. On the day of our visit three people were out in the local community with staff. Activities included swimming, cinema, day centre, local college and trips out into the local community. One person was keen on horse riding and staff supported this person to go each week. Another person has obtained an allotment and staff will be supporting the person to grow crops and flowers. The registered manager also showed us some raised planters that they had obtained and it is planned to get people involved in growing vegetables. The registered manager said that the relative of one person had asked if staff could arrange a trip to a local steam railway. The registered manager told us this had now been organised and the person was visiting the railway next week with their relative and staff. A trip to London Zoo was also planned to take place the day after our visit. A record of activities that people took part in were recorded in people's daily records sheet.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that he had received two complaints since the last inspection and we saw that these had been responded to appropriately. The registered manager said if any complaints were received they were discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

## Is the service well-led?

### Our findings

People told us the registered manager and staff were good and they were always around to listen to them. Relatives confirmed the registered manager was approachable and said they could raise any issues with him or a member of staff. They told us they were consulted about how the home was run and were invited to reviews".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us he operated an open door policy and welcomed feedback on any aspect of the service. He encouraged open communication and supported staff to question practice and bring his attention to any problems. The registered manager said he would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager, and senior care staff were approachable and had good communication skills and that they worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager said he and senior staff regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

When we asked the registered manager about the culture of the service, he told us "We want to develop an open, honest and positive culture. Everyone can have their say and they will be listened to". He said staff treated people with empathy and were supportive of people and he encouraged staff to enable people to maximise their potential. To achieve this he told us there was constant communication between everyone via resident meetings, keyworker meetings, staff meetings, and supervision and handover meetings. Records showed that these meeting took place.

The registered manager showed a commitment to improving the service that people received by ensuring his own personal knowledge and skills were up to date. He said he booked training with the local authority when it became available and attended training courses organised by the provider. He told us he regularly monitored professional websites to keep himself up to date with best practice. If appropriate he would pass on information to staff so that they, in turn, increased their knowledge.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. We saw records that showed the checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

The provider employed an area manager who visited Waterbury House at least monthly, during their visit they spoke to people and staff. They met with the registered manager to discuss any issues at the home. Following the visit they produced a report and if any concerns or issues were identified the manager would produce an action plan to state how and when these would be actioned. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives, staff and stake holders were supported to question practice and asked for their views about Waterbury House through a quality questionnaire organised by the provider. Relatives and staff confirmed this. The questionnaires enabled the provider and registered manager to obtain people's views on the quality of the service provided to people.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. We looked at the minutes of the previous staff meetings and the minutes contained information about who had attended and gave information about the topics discussed.

Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose. All care records for people were held in individual files which were stored in the office at the home and records were stored securely.