

Consensus Support Services Limited

Smugglers Barn

Inspection report

Snow Hill
Crawley Down
West Sussex
RH10 3EF

Tel: 01342719162
Website: www.consensusupport.com

Date of inspection visit:
14 October 2019
28 October 2019

Date of publication:
10 December 2019

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

About the service:

Smugglers Barn and Little Smugglers accommodates eight people with learning disabilities and autism in two adapted buildings.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to nine people. Eight people were using the service at the time of this inspection.

People's experience of using this service and what we found:

People and their relatives told us they felt safe. We saw there were safe policies and procedures in place that protected people from harm or abuse.

A new process for recording people's needs and risks was in place that informed people's care plans and provided guidance for safe staff practices.

Staff recruitment practices were safe and appropriate staffing levels meant that people received appropriate support.

Medicines continued to be administered safely.

Good infection policies and procedures meant people were helped to be protected from the spread of infections.

The recording format for accidents and incidents included analysis that enabled the manager to learn from where things went wrong and put in place strategies to prevent re-occurrences.

Staff were not always supported appropriately with supervision. The provider recognised this and put in place a revised procedure that meant staff should now get appropriate support in this way.

Staff training was comprehensive and covered all the necessary areas of staff's work with people.

People were supported to eat healthy and nutritious food and to drink enough to keep well hydrated.

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 manager and staff spoke about the people they supported with care and kindness.

Assessments and care plans included details of their preferences and wishes for care and support. People and relatives told us they were involved in the assessment and care planning process.

The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way.

The provider had systems and processes in place to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (02 May 2017).

Why we inspected:

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

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.

Smugglers Barn

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 to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Smugglers Barn is a 'care home'. People in care homes receive accommodation and personal care as a 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The last registered manager left in July 2019 and the new manager started work in August 2019. We were told that the new manager has applied for registration with the CQC and we have received confirmation of this from our registration team.

Notice of inspection:

The inspection took place on 23 and 28 October 2019. The first day was unannounced.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information we require providers 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.

During the inspection:

We visited the care home and spoke with the operations manager, the manager and deputy manager, the

regional executive assistant, one team leader, two support workers, five people and one relative. We reviewed a range of records. This included five people's care records and five staff files as well as other records relating to how the service was managed.

After the inspection:

We spoke with three relatives of people.

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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- The provider had safe systems in place that helped to protect people from abuse.
- People and their relatives told us the service was safe. One person said, "I have lived here for years and never had any concerns about my safety." Relatives told us, "My [family member] is very happy here. I visit every week and people are well looked after", "We have never had any concerns. People are safe and well looked after."
- Staff told us they had recent safeguarding adults training. Training records supported this.
- Staff described the types of abuse that might arise and were aware of what actions they should take if they had any concerns.
- There were appropriate policies and procedures in place that were linked with the local authority processes. Staff were required to sign the policies and procedures to indicate they had read and understood them.
- Records showed that when concerns were raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Assessing risk, safety monitoring and management

- The provider had recently introduced a new and improved format for recording people's needs and their identified risks. The support or care plan format incorporated how people's needs and risks would be managed so there was guidance in place for staff to follow to support people safely. An example of this for one person was to do with how staff could help the person understand and work effectively with their communication needs.
- Implementation of the new format was complete for Little Smugglers and was underway for Smugglers Barn. The operations manager told us the new recording format would be completed for Smugglers Barn by the end of November 2019.
- There were environmental risk assessments that identified potential hazards. Action was taken to reduce any risks identified and this has helped to keep people and staff safe in the home.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and

references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.

- The provider carried out a regular annual audit of staff files to ensure appropriate recruitment checks were carried out. The audit showed that appropriate checks were carried out and documented. This helped to ensure safe staffing practices were in place.
- Staff told us and from our observations and inspection of staff rotas we saw there were appropriate staffing levels to meet people's assessed needs.

Using medicines safely.

- People received their medicines safely and as prescribed. Only staff who completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they were trained in the safe administration of medicines which they found useful.
- We saw documented evidence to show competency checks were carried out for all those staff who administered medicines to people. This had helped to ensure people received their medicines safely and as prescribed
- Medicines administration records [MARs] were completed with no unexplained gaps.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.
- An external audit carried out by the supplying pharmacist in April 2019 confirmed policies and staff procedures for the safe administration of medicines to people were safe and satisfactory.

Preventing and controlling infection

- Staff told us they received training with food hygiene. The manager told us annual refresher training with this was mandatory as part of staff's further development programme. This helped to prevent the spread of infection to people.
- The provider carried out a health and safety audit monthly that included environmental checks to ensure safe infection controls and practices were carried out. This meant risks were minimised for people from the spread of infections.

Learning lessons when things go wrong

- The manager told us there had been no accidents or incidents reported to date. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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 good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's physical, mental and social needs were holistically assessed and their care, treatment and support delivered in line with legislation, standards and evidenced based guidance to achieve effective outcomes.
- The new recording format referred to earlier in this report has helped to ensure staff carried out a detailed assessment of people's needs and risks. These assessments formed the basis of people's care plans. The new care plans were comprehensive and reflected best practice guidance.
- People were supported by staff to keep healthy and well. People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed.
- Relatives told us people were seen by healthcare professionals such as their GP's or community nurses, as and when needed and always promptly. Staff told us they supported people to attend their healthcare appointments.
- Outcomes from people's healthcare appointments were noted and shared among the staff so that they were aware of any changes or updates needed to support people.
- Staff followed the recommendations of healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.

Staff support: induction, training, skills and experience

- The manager showed us the staff supervision records used with all staff. We found the records of these formal supervision sessions evidenced discussions with staff were brief and agreed actions were not recorded or followed through. Supervision meetings were infrequent. We spoke with the operations manager and the manager about this and they agreed staff supervision practices had deteriorated and needed improvement. Before the second day of this inspection the operations manager drew up an action plan to implement comprehensive and appropriate staff supervision practices. We saw evidence that supported this.
- Staff records showed that new staff received a comprehensive induction. ● Staff received a wide range of appropriate training in a range of topics and specialised areas such as, autism, epilepsy and behaviour support awareness. Staff said the training was helpful in keeping them up to date with best practice and new legislation. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles. The manager said that training was refreshed annually.

- Staff said that the manager operated an open door policy and was available if they needed to discuss anything related to their work.

Adapting service, design, decoration to meet people's needs

- The service met the full range of principles and values of Registering the Right Support and other best practice guidance. This ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- Bedrooms were personalised and contained items of each person's individual choice which reflected their age, gender and interests.
- The home was undergoing a comprehensive refurbishment that included re-decoration of people's rooms and communal areas such as the kitchen and the lounges. New carpets were also being fitted through the home on the day of this inspection. Some areas remained in need of redecoration including the downstairs bathroom and a bedroom.

Supporting people to eat and drink enough to maintain a balanced diet

- Relatives told us people were supported by staff to receive healthy and nutritious meals. People said they were asked on a regular basis what they would like to eat. Staff told us they accompanied people to go shopping every week to go out and purchase food.
- We saw menus were set out for a two week period and meals were healthy and nutritious.

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. The operations manager and the manager knew what they were responsible for under these principles.

- Where people did not have capacity to make a specific decision, best interest meetings had been held. For example, we saw that a best interest meeting was held in relation to a person having dental treatment.
- Staff had a good understanding of their role supporting people in line with the MCA. They were aware of the processes that needed to be followed when people did not have capacity to consent to decisions about their care.
- Where people lacked capacity to make decisions about the accommodation, care and support they received, they were supported with mental capacity assessments. Best interest decisions were carried out by staff where specific decisions were required such as with medicines administration.
- Where best interests assessments were carried out, staff acted on their findings and implemented their recommendations.
- Where people lacked capacity, care records detailed the restrictions in place to keep them safe.
- The details contained within people's DoLS authorisations included the dates of assessments, the period for which the deprivation was valid and when the DoLS authorisation would expire.

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 good and at this inspection this key question remained good. 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 and their relatives told us people were well treated and cared for. Comments included, "I am very happy living here, nothing to complain about at all"; "I like it here, I have a lovely room and the staff are kind to me" and "This is a good home and I am pleased my [family member] lives here, the staff are caring and kind to them all."
- We observed people were treated with kindness and compassion by staff. Staff spoke respectfully to people. All those interactions we observed indicated a very caring attitude of the staff. One member of staff said, "I love this work, I am very happy working here, the people are so lovely to work with."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. This was exemplified for one person in how their cultural religious needs were being met. Equality and diversity training was included as part of the formal induction training all new staff completed.
- Each person had a keyworker. A key worker is a named member of staff, responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. People met monthly with their keyworkers and were able to discuss how things were going, what they were happy with and what they were not so happy with.

Supporting people to express their views and be involved in making decisions about their care

- We inspected meeting records which we saw provided regular opportunities for discussion about matters to do with this home. These records indicated that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. One person told us, "It's good that we have the chance to discuss things about the home and what we do." Another person said, "We discuss food menus, outings and all sorts of things. These meetings are a good chance for us to raise issues we may want to discuss."
- Records of these meetings were kept and showed the manager encouraged suggestions from people about changes to the service provided.
- Staff told us they were passionate about supporting and encouraging people to express their individual needs, preferences and interests. Care files included information about people's life histories, their preferences and what was important to them. This reflected information people told us when we spoke with them.
- Staff understood people's rights to make choices. One staff member said, "This is their home and just the same as we would want in our own homes, they have a right to discuss their preferences, make choices."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
- Staff were aware of people's preferences for privacy and independence. Respecting these choices helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
- We saw the provider encouraged people to be as independent as possible. Care files included information as to what people could do for themselves. Equipment to promote independence was also provided. For example, one person had a fully equipped workshop in the grounds of this home where they were able to design and make things.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with recent changes in legislation.

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 good. At this inspection this key question remained good. 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

- Care plans were detailed, person-centred and people and their families told us they were involved in developing and reviewing their care and support.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One person liked to make and engineer things and was actively supported safely to do in a workshop in the grounds of the home.
- Relatives said they felt staff provided personalised care to their family members and that this increased people's opportunities to maximise their independence.
- People were empowered to make their own decisions and choices where they were able to do so. People told us they could choose when they got up and went to bed, where they took their meals and how they spent their day.

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 was working within the Accessible Information Standard (AIS). Most people were able to communicate verbally and some were able to read written information.
- People's communication needs were assessed, and people's care plans included information to do with the support they required to communicate effectively. Staff knew people well and had learned how to interpret people's communication. People told us staff listened to them.
- Through the course of the inspection we saw staff interacting with people. It was clear staff understood the best ways to present information or choices to people, so that they could understand and respond appropriately. For example, we saw a staff member describing to one person the options they had for their day's activities. They did this in ways the person could understand.
- The manager was aware of how to access support for people in respect of their communication needs should this be required. They confirmed written information could be provided in different formats such as larger print should that be required.

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

- People were provided with opportunities to participate in a wide range of activities of their choice both

within the home and on regular outings to the local community. The provider had arranged for suitable vehicles to be available for this.

- Where people did not have any planned activities, we saw staff encouraged them to participate in activities within the home and local community. For example, one person who was a keen gardener was supported to work in the grounds cutting the grass and maintaining the flower beds around the home. Other people also told us how they spent their time, and all felt they had enough to do. A person said, "I don't get bored here at all, I've always got lots to do."
- We saw staff had time to encourage people to participate in individual and small group activities or discussions or go on ad hoc community excursions.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.
- People and their relatives told us they would talk with staff or the manager if they had any complaints.
- The manager told us they planned to put notices back up on communal notice boards to set out for people the process they would need to take if they needed or wanted to do make a complaint. They explained to us that the notices were taken down recently when redecorations took place.

End of life care and support

- At the time of the inspection, no one living at Smugglers Barn was receiving end of life care.
- The operations manager told us targeted training was planned for staff so that should it be required, people would be supported to receive good end of life care. They told us they would work with relevant healthcare and social care professionals as well as relatives.

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 rated good. At this inspection this key question remained good. 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; 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.

- There was a clear management structure in place, consisting of the provider's operations manager, the manager, deputy manager and team leaders. The manager told us the provider's operations manager attended the home monthly and provided good effective support.
- The operations manager and the new manager understood their duty of candour responsibilities and notified CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- Since the previous inspection, there had been changes in the home's management team. The previous registered manager had left, and the provider appointed another manager, who had applied to register with CQC. This manager was present throughout the inspection and, although they had only been working at the service since August, they demonstrated a commitment to the service.
- Staff were very positive about the home's management team and the new manager. One staff member said, "The manager is really good, they are very focused on the residents and what they need." Another staff member said, "The manager has an open-door policy and is very supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- The manager told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and support. In this way they were able to ensure improvements were made where necessary.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The manager's monthly audit reported on any accidents that occurred together with actions needed to minimise future occurrences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys to gain feedback about the provider's services were distributed to people who used services, their relatives and to staff. The operations manager told us the 2019 survey questionnaires provided good feedback information that was analysed, and a summary report produced together with an action plan that

identified areas where improvements could be made.

- People received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "I am happy working here I do really enjoy my work. Another staff member said, "We are well supported here and there is a friendly teamwork approach to the work." Staff told us the manager dealt effectively with any concerns if they were raised.

Continuous learning and improving care

- Staff had access to a wide range of training appropriate to the service they worked in and that they told us helped them to develop their knowledge and skills.
- Team meetings evidenced staff were provided opportunities to build a good team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.

Working in partnership with others

- The provider developed links to resources in the community which has helped to support people's needs and preferences. This included links with local church communities.