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

Overall summary

This unannounced inspection took place on 6 January 2016. Smythe House is registered to provide accommodation and personal care for up to 7 people and there were seven people living at the home at the time of this inspection The service specialises in providing support for people living with Prader-Willi Syndrome (PWS) This is a condition where people have a chronic feeling of hunger that can lead to excessive eating and sometimes life threatening obesity.

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.

Summary of findings

People felt safe in the house and relatives said that they had no concerns. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices protected people from being cared for by staff that were unsuitable to work at the service.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about actions to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and wherever possible people were involved in making decisions about their support. People participated in a range of planned activities in the community and received the support they needed to help them to do this.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

Wherever possible people were actively involved in decision about their care and support needs. Where required there were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people living in the house were confident that any concerns they had would be listened to.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run.

Summary of findings

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 felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Staff actively promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Good

The service was responsive.

Assessments were carried out prior to admission to ensure the service was able to meet people's needs. As part of the assessment consideration was given to any equipment or needs that people may have.

Summary of findings

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the house, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

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 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 6 January 2016 and was unannounced and was undertaken by one inspector.

Before the inspection, 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 the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

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

During our inspection we spoke with five people that lived at the home. Five members of care staff including the registered manager and the cook. We spoke with three relatives. We also looked at records and charts relating to three people, and three staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

All of the people we spoke with said that they felt safe living at the home. One person said "Staff help me when I get upset this makes me feel safe." Another person said that staff always helped them when they needed it." Relatives said that they had no concerns about their family member's safety at the home.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. A copy of the procedure was also displayed on a notice board in the staff office. Staff we spoke with understood their responsibilities 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 provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

There was enough staff to keep people safe and to meet their needs. The provider had recently recruited an additional staff member who worked when needed. This meant that staffing was flexible to meet people's needs and that all the staff that worked at the home had an in depth knowledge of peoples requirements and were able to support them safely.

People were protected against unnecessary risks to their safety as assessments to reduce risks to people were in place. The assessments included for example, risks associated when people managed their own money, accessed the local community, and what support people required so that they could safely increase their independence. For example the support required to travel on public transport or to cross a road. Where it had been identified that people were at risk due to their inability to gauge the temperature of water prior to taking a shower, staff ensured that the temperature of the water was taken to ensure it was safe for people to take their shower.

Accidents and incidents were recorded and discussed with staff at every team meeting so that any patterns or repeated accidents were reviewed and action taken to prevent further occurrences.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. The provider's policy stated that if there were any cause for concerns about existing staff it may require staff to re-apply for a new DBS check.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks had been completed. People had emergency evacuation plans and regular fire drills had been undertaken to familiarise people with the evacuation routes in the event of an emergency. We noted that the last fire drill took place on 6 December 2015 and that there were no outstanding actions arising from this.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it. We observed staff giving people the choice if they wanted to apply their own creams or if they wanted staff to do this for them. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff also had their competency to administer medicines rechecked on an annual basis to ensure that knowledge was refreshed. There were arrangements in place so that homily remedies such as paracetamol could be given when people requested it. Medicines were stored appropriately with daily checks of the temperature to ensure that the storage of medicines was within the guidelines set by the manufacturer.

People with PWS may have unusual reactions to standard dosages of medicine and may not complain of pain during an early stage of an illness. Therefore staff need to be vigilant to any concerns made by people. The provider had produced a small booklet for medical professionals which identified important considerations for routine or emergency treatment. The manager said that they had ensured that family members had been provide with this booklet should they need to seek emergency medical

Good

Is the service safe?

assistance while people were staying with them at the family home. A copy of this booklet was also stored in the 'emergency file' should people require emergency treatment at a hospital.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received a four week induction and mandatory training such as first aid awareness and health and safety. One member of staff said that the induction to the service had been very valuable. "We received our training from experienced staff that really knew what they were talking about." Additional training relevant to the needs of people were also included such as an awareness of diabetes and how to support people with PWS. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the manager and team leader worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff also received annual appraisals where feedback on their performance was given and plans made for the forthcoming year.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary. 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. We checked that the service was working within the principles of the MCA, and found that conditions on authorisations to deprive a person of their liberty were being met as related assessments and decisions had been properly taken. For example one person was not able to go into the kitchen unsupervised, in this case they understood and had agreed to this as they knew it was in their own best interest not to be unsupervised in areas where foods were readily available.

People were supported to maintain a healthy diet. Risks and nutritional needs were identified by dietary and nutritional specialists and meals were provided which ensured a healthy balanced diet. We observed people enjoying their lunch and we saw that the food was plentiful, looked appetising and was home cooked. We noted that healthy snacks and drinks were provided throughout the day. We spoke with the cook and they explained to us that all the meals had been approved by dietitians. The manager said that people had made a great deal of progress and that regular monitoring of people's weights was on going to ensure they remained within a healthy range or were supported to reduce their weight.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. This meant that people were able to receive on going monitoring of their health for example conditions related to diabetes. Risk assessments and care plans were reviewed on a three monthly basis or whenever people's needs had changed. People told us that staff spoke with them about any health related concerns and involved them as much as possible in this.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way with appropriate humour and touch. We observed staff interact with people and it was clear that staff knew how to talk to people when they were upset or anxious and how best to encourage them to carry out their planned activities. People were also involved as much as possible in day to day choices and arrangements. One person had requested that they change an activity from crafts to swimming and this had been arranged. Another person had accompanied staff to a conference and had been part of the presentation of an award.

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important short term or long term 'dreams or goals' that people wanted to achieve. One person said that they had been on a holiday with staff and they had really enjoyed this. Other people had been able to express their wishes such as wanting a double bed rather than a single, and wanting to see a favourite singer. Staff worked with people to explore holidays and trips that they wanted to try, some people were applying for a passport so that they could go on a holiday abroad. The home displayed pictures of people enjoying events and outings and we could see that they were enjoying these events.

People were given information in a way that they understood. Each person has a key worker that knew them very well and together they discussed people's progress and interests. One person we spoke with said that they felt listened to by staff and this was very important to them. Another person said "I get on well with all the staff, I'm enjoying it here." An advocacy service was also available should people wish to have independent advice.

People's dignity and right to privacy was protected by staff. People had their own keys to their bedrooms. Some people had been provided with 'lanyards' to hang the key round their necks to prevent loss. People had also been asked if they had a preference for male or female staff to support them with personal care or to accompany them to appointments such as the GP. We noted that these preferences had been recorded in people's care plans and that the staff we spoke with were aware of people's requests and had upheld these. Staff were also mindful of not carrying visible identity badges when they were accompanying people in the community. The manager said "Staff carry their identity in their pocket so that this is not visible to members of the public, and does not draw attention to the people we support."

Relatives praised the caring nature of the staff. One relative said "The staff are marvellous [name] is very well looked after and very happy." Another relative said "When [name] has come home for a visit, they can't wait to get back to the home which re assures us that they are well cared for." Relatives also said they felt able to visit at any time and were welcomed by all the staff.

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment that would be required. For example organising appropriate bathing facilities or additional hand rails. We noted that for one person it had been identified that the shower tray had to be lowered so that they could more easily access the shower.

The assessment and care planning process also considered people's hobbies and past interests along with their goals for the future. We saw that these goals been incorporated into individual care plans. For example some people had wanted to become more independent. We spoke with staff and they explained that some people had been successful at obtaining volunteer work and another person had a part time job. We spoke to two people and they both said how much they enjoyed their work outside of the home. Staff said that they were very pleased with the progress of these people and that it was very satisfying to see them get ready to go to work independently.

There were arrangements in place to gather the views of people that lived at the home via questionnaires and monthly residents meetings. At the most recent meeting the current menus were discussed and people were asked if they wanted any changes to be made. Collectively they asked for the removal of one item and agreed what they wanted for a replacement. The manager said that all the staff listen to what people want and then support them to achieve this. For one person this could be increased independence for another person it may be learning a new activity or skill.

People were offered the opportunity to be involved in the recruitment of staff. Where people had agreed to do this we noted that their views and opinions had been taken into consideration during discussion about prospective members of staff. Staff were also 'matched' to people if they shared similar interests as people enjoyed talking about their subjects of interest.

People said they had no complaints about the service. One person said "I'm happy here, I don't have any complaints, and my key worker is very good I give her 20 out of 20." Information on how to raise concerns was displayed prominently on notice boards in public areas. The manager said that they had not received any complaints about the service. They also said that if people raised any concerns these issues were dealt with immediately. We noted that people were reminded annually about the complaints procedure and this was recorded within their care records. Relatives we spoke with also said they had no complaints about the service. One relative said "I have no complaints what so ever." Another relative said "I'm 100 % satisfied."

Good

Is the service well-led?

Our findings

People said that they had confidence in the manager. One person said "She is very good I know I can talk to her and she will listen to me and help me." Relatives praised all the staff. They said "The manager is excellent and they work well with the team leader – together they are a good team." Another relative said "I can't fault the staff at all."

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. Staff described the manager as "Approachable and fair." The manager said that regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We noted that staff signed the minutes of the staff meeting so that they were aware of what had been discussed even if they had not been present. As a result of staff feedback about the need for more 'staff bank' hours there had been an increase in staff hours to increase flexibility. There was also a suggestion box for staff to raise any ideas. The manager said that staff had identified some areas for improvement and these had been submitted to senior management for their consideration.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside the service and we noted that whistle blowing had been discussed at a recent staff meeting to refresh staffs awareness. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them. The manager was aware of their responsibilities to submit notifications to The Care Quality Commission and had done so promptly when required.

There were arrangements in place to consistently monitor the quality of the service that people received as regular audits had been carried out by the manager and the provider. As a result of a recent monthly care audit the overall score was 97%. It had been identified that the weekly cleaning schedules needed to be signed by the manager and this action had been completed. Regular audits had been completed by the manager which ensured that there was a good oversight of the quality of the service. For example medicines management and record keeping. We noted that any actions identified had been completed.

The provider had a process in place to gather feedback from people their relatives and healthcare professionals via annual questionnaires. Some of the questionnaires had been recently returned and we noted that relatives had commented "Is there a bigger word than excellent." And "Any concerns we have had have been handled fairly and satisfactory."