Consensus Support Services Limited

Waterbury House

Inspection report

8 Ford Road
Ford
Arundel
West Sussex
BN18 0BH

Tel: 01903881340

Date of inspection visit:
08 January 2019

Date of publication:
18 February 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

The inspection tookplace on 07 January 2019 and was unannounced.

Waterbury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Waterbury House accommodates nine people in a flat, a cottage and an adapted building. The flat and cottage are single-person accommodation. At the time of our inspection there were eight people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. '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.'

We observed warm and friendly interactions between people living at the service and staff. People were supported to maximise their independence in an environment which encouraged positive risk-taking. The staff team were passionate about promoting people's choice and independence. Staff were encouraged to think creatively about how to improve people's access to activities and the community. Staff discussed people's achievements with pride.

The staff team were thoughtful and creative about increasing opportunities for people. They were supported in this by the management team who had an ethos of empowering staff. Staff were trained and supervised and where needed received additional training to improve their understanding of people's care needs.

People felt safe and at home in the service. We observed good communication between people and staff, with staff quick to intervene when needed. The environment was safe, with any potential risks identified and managed.

People were able to maintain family contact and visitors were welcome at the service at any time.

People received their medicines safely; where possible people administered their own medicines with help. Staff were proactive about people's health needs and worked with health professionals to enable people to access health care.

People received individualised care which respected their preferences. The service had increased the range and frequency of people's activities and this had reduced the number of incidents of behaviour which challenged.

There was strong and effective leadership at the service. Staff were very positive about their job, the managers of the service and the quality of care they delivered.

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

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 07 January 2019 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

At the last inspection in October 2015 the service was rated Good. At this inspection we found the service remained Good.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. Due to the complexity of the people who live at Waterbury House most were not able to verbally communicate so we used observation of interaction with staff with five people in the lounges, kitchen, dining areas and throughout the service.

During the inspection we spoke with two people living at the home, three relatives and five staff members, this included senior staff, and the registered manager. We reviewed two people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

People were safe at the service. They were happy and relaxed with staff. One person told us, "this is my home, I love living here". Another person had a big smile and said, "it's good here." A relative told us , "I know my loved one is happy, when they come to visit me they are anxious to return to the home".

Staff understood about safeguarding adults and were clear about how and what to report. When asked about safeguarding they were clear about what actions to take and what to do if they felt their concerns were ignored.

People were supported to take positive risks and increase their independence. For example, one person had a goal of travelling by train independently. Staff carefully assessed the potential risks and worked with the person to gain confidence and understanding of how to do this and remain safe. Staff told us they were encouraged to share ideas for people's independence and that the team leaders and manager would risk assess this. If it could be implemented safely they were able to try it.

People had comprehensive risk assessments to guide staff on how to provide safe care in areas such as medicines, travelling by car and swimming. Additionally, risks within the environment had been assessed and plans in place. For example, all radiators were covered to prevent the risk of burns and windows had restrictors in place. Each person had an evacuation plan which was detailed and advised where the person should be supported following evacuation. One person's evacuation plan stated there was a high risk they would try to return inside to rescue their pets.

People had choice, wherever possible, about who supported them. One member of staff told us, "Everything with [Name] is on their terms. New staff only work with them when they ask." Another person was supported by two staff and one of these was always male.

The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff have not been convicted of any offence which would make them unsuitable to work with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.

Medicines were managed safely. The provider had systems in place to order, store, administer and dispose of medicines safely. Staff were trained in the safe administration of medicines and recording systems showed people received their medicines on time. We looked at the medicines administration records (MARs) for everyone who received medicines and there were no gaps. Each person had a medicines profile which guided staff on how the person liked to take their medicines. One person was supported by staff to take their own medicines. They had a locked medicine cupboard in their room. Staff prompted the person to put their medicines into the pot before taking them and signed the MAR to confirm the person took their medicines.

People were protected from the risk of infection. The service was clean and smelt fresh throughout. Staff

wore personal protective equipment (PPE) such as gloves and aprons when providing any personal care. Each person's laundry was washed separately. Staff placed soiled laundry in dissolvable bags and washed this at the required temperature.

Staff knew how to report any incidents and these were collated and shared at provider level. Following an incident staff were able to reflect on what had happened and any learning. For example, one member of staff said, "I turned my back at the wrong time and have learnt not to do this again." There were analyses available of incidents of behaviour which challenged. Staff were trained in a specific type of physical intervention and all episodes of this were recorded and analysed. Records showed this was used as a final resort following the failure of other interventions such as distraction.

Good

Is the service effective?

Our findings

People had their needs thoroughly assessed by the service. Assessed needs covered health, psychological and emotional needs, communication, daily living skills and relationships. The assessments were detailed and contained clear information about individuals' needs.

People received care from staff who were trained. Staff received the provider's mandatory training and also service specific training. Staff told us, "It was full on but necessary. I had online as well as face to face and its been very beneficial." Alongside training in safeguarding, first aid, Mental Capacity Act and food hygiene staff received specific training in autism, Maybo (Interventions for behaviour which challenged including physical intervention), positive behaviour and support and learning disabilities. One person had a condition which affected them physically and psychologically. All staff we spoke with could explain what the condition meant for the person and how to provide support based on their individual needs and preferences. There was a high completion rate for training.

Staff received supervision regularly. There was a structure in place for supervisions and each member of staff had an allocated supervisor. All the staff we spoke with told us they felt very supported to carry out their role. They said, "They will always listen and you can take ideas. If you make a mistake the way they treat you is dignified. It's never raised in a disrespectful or patronising way." This meant staff were able to be open and honest about any mistakes.
The registered manager explained that they aimed to, "empower staff to come up with ideas to support people. They said their management style was about "empowerment, education and knowledge." The service had a deputy manager currently undertaking leadership training. Staff at the service were encouraged to progress to more senior roles if they wished. Where possible staff were promoted from within the team and supported to develop new skills.

Staff had access to additional information about specific conditions people at the service had. We spoke with staff and it was evident they were encouraged to learn and question and had read some of the information.

People were supported to maintain a healthy diet. Staff catered for people's individual preferences and involved people in choosing the menu and shopping for food. Where people were able they were encouraged to participate in cooking or to carry out some preparation tasks. One member of staff said, "Is someone wants a cup of tea, it's about helping them but not doing it for them, so maybe asking them to get the cup then put the tea bag in." One person particularly liked food which reflected their ethnic background and staff ensured they had this regularly.

One person, due to a genetic condition, had a food plan and firm boundaries. All the staff we spoke with knew what the plan was, why it was in place and the importance of maintaining boundaries around food for this person. People were weighed regularly with consent, unless they had declined , and their weight monitored.

People were supported to live healthier lives and have access to ongoing healthcare. Everybody had a health action care plan which contained comprehensive information about their needs. Everybody had a competed and up to date hospital passport.

Staff were proactive in supporting people's health. Not everyone living at the service was willing to allow medical examinations but staff supported people to attend for appointments whenever possible or explored alternative ways to approach any health concerns. For example, staff had purchased a blood pressure monitor so one person could become familiar with it and gradually get used to it. This meant eventually the person would be able to tolerate health professionals checking their blood pressure.

One person refused any medical examination. As staff were worried about their family's medical history so they arranged to carry out the tests themselves where able, for example liaising with the GP and learning disabilities nurse to organise it. Staff supported this person to start accessing the dentist. The plan was to drive the person to the dental surgery just to look at it. However, the person agreed to go inside and sit in the chair. They would not open their mouth so staff planned a return visit with a taller dentist as the person may open their mouth standing up.

The service was adapted to meet the needs of the people who lived there. Everybody had en-suite shower facilities with one person who particularly enjoyed a bath having a bath in their en-suite. There was a range of communal areas so that people did not have to spend time with others unless they chose to. One person had a cottage attached to the main house and another person lived in a flat.

The family of one person who lived at the service had purchased a hot tub which was in a shelter in the garden. There were risk assessments in place to support the person to use the tub whenever they chose which meant they could choose an activity to relax themselves. Staff told us it was for the person's sole use which meant they did not have to cope with any potential conflict with other people.

People's rooms were personalised and decorated to reflect their choices and interests. Some people preferred to spend time in their room and this was respected.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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.

Staff described assuming people had capacity to make decisions unless assessed otherwise. Staff told us they always gave people choice where possible. One member of staff gave an example of a best interest decision that would be needed, "If someone wanted to make an expensive purchase where capacity was in doubt, there would need to be a clear reason and the assurance it would only benefit that person." Staff also told us that people had the right to make unwise choices.

People's care plans gave information about how people who did not communicate verbally gave or withheld consent. For example, one person's communication information stated, "I will push you away when I do not want you close to me."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had a DoLS authorisation in place and the service had applied for a further seven.

Good

Is the service caring?

Our findings

People received care centred on their preferences and needs. Staff focussed on delivering care in the way people wanted. They told us, "You do what it takes to make someone happy", and, "The guys (how staff referred to people living at the service) are amazing." One relative told us, "the staff have a good understanding of the needs of my loved one and how they like things done", however another said, "I know there has been a problem with staffing and some of the newer staff don't always pick up the cues my loved one gives and this can lead to them displaying behaviours".

We observed staff providing comfort and reassurance, for example when one person became upset staff skilfully distracted them and within a few minutes they were smiling again. The staff always met the person at their level. When staff spoke with people who were sitting they would either sit next to them or crouch down to be at eye level.

Staff told us about the importance of getting to know people. A member of staff said, "At first I couldn't communicate with [Name] but now I know them well." They went on to explain how the person communicated and said, "It's like having a conversation with them." There was information in the person's file to guide staff on what their communication meant, one example was, "I will tap the wall or a door if I want to go out for a drive."

The registered manager told us that they had made efforts to engage more with relatives. It was evident from discussions that all the staff we spoke with knew people's relatives. Information was available in people's care files which contained information about their family history and significant relationships. Records showed that people were supported to maintain relationships with loved ones.

Staff were respectful of people's sexuality and described how people were supported to have the privacy they needed. One person wished to be in a relationship and staff were supportive of them intending to begin dating. Staff had helped them access the internet and monitored this to help the person remain safe.

People were supported to express their views about their care and treatment as far as possible. Each person's care plan contained a one page profile which began with 'How I would like to be supported', followed by, "Things people love about me," and, "What makes me happy". This gave very clear information about what each person wanted. One person had been involved in developing their care plan and had signed these plans to confirm they agreed. Their profile concentrated on independence which was very important to them. One member of staff said, "Everything with [Name] is on their terms; we work with them when they ask."

Staff were able to explain in detail how people liked to be supported and how they communicated consent. Staff explained they always offered choice. We were told about one person who became confused by too many choices so staff would offer two. For example, they would show two boxes of cereal the person liked so they could choose.

The registered manager and staff were passionate about promoting independence. One person had made a great deal of progress in increasing their independence. Staff had supported them to become confident in going out into the community independently. They had begun gradually with staff support but now went shopping alone regularly. They had set a goal of travelling by train and staff had developed a graduated plan with them to do this. Staff told us about another person who had seldom left the house at first. Goal plans showed how staff had supported them to gradually leave the service and they now regularly ate in restaurants and helped with shopping.

People's care plans contained specific information about what they could do independently. Staff told us they were always looking for ways to increase independence.

People's privacy and dignity was respected. Staff always knocked on people's doors before entering. They explained that whilst delivering personal care all doors, windows and curtains were closed. One person liked a bath and staff said, "I sit just out of sight so they can have privacy. I can hear them and can always call out to ask if they are OK."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The service was tailored to meet the needs of individuals and was organised around meeting people's needs. Staff prioritised working with people to develop meaningful and enjoyable activities. Staff told us, and records showed, that staff aimed to improve people's access to the community and to a range of activities.

Each person had their own weekly timetable. This included a balance of time spent in and out of the service. For example, one person's weekly schedule included time developing independence in daily living skills as well as activities in the community and relaxing at home.

Staff worked with people to help them explore new experiences. For example, one person had never wanted to leave the house but was now able to enjoy walks in the countryside.

The registered manager had developed a file for each person entitled, "Why I am outstanding." This file contained information and pictures about people's achievements and activities. There was clear evidence within this file of people's progress with new activities and experiences.

People's care plans were detailed and staff had completed a preferences checklist. This contained information about how people preferred to live their lives. For example, one person preferred a female keyworker to provide their personal care and the service met this. Preferences for bathing, getting up times, going to bed and mealtimes were also recorded.

Staff knew people's personal histories and the people who were important to them. People were supported to go on visits to their families and families could visit the service at any time.

The registered manager told us they had worked with the staff team to increase people's range and frequency of activities as they felt this would reduce the number of behaviours which challenged. Incident reports showed that this had been successful and there had been very few incidents of behaviour which challenged.

People who sometimes had behaviour which challenged had individual support plans to guide staff on how to respond in a helpful manner which was aimed at re-focusing attention. The plans included detailed information about what may cause people to become distressed and what to do the help re-direct them. For example, putting on the radio, going for a walk and making sure familiar staff are present.

People were supported with communication verbally, by use of pictures or gestures and two staff had recently learnt basic Makaton. We observed good communication between staff and people living at the service. Staff demonstrated good understanding of people's needs and responded quickly.

Everybody living at the service was supported to access the community. People were supported by staff where necessary whilst other staff were encouraged to be independent. For example, one person regularly

went to a car boot sale on their own. People's records showed they regularly went out for walks, shopping, and meals.

The provider had a clear complaints procedure. We saw records of one complaint which had been resolved. There had been no recent complaints.

Good

Is the service well-led?

Our findings

The service was managed by an enthusiastic staff team. Everybody we spoke with expressed a high level of commitment to providing the best care they could for the people who lived at the service. The registered manager told us that the team approach was, "Do with, not for" and that their role was to empower staff to come up with ideas on how to support people. Staff we spoke with were proud of new things that people were able to do.

Staff described the service they delivered with pride. Everyone we spoke with talked about how they were encouraged to think of improved ways of supporting people and promoting independence. We were told about new things they had helped people achieve and that they felt supported and encouraged to do this. Staff told us that if they tried something and it didn't work they were encouraged to think of other approaches.

The staff we spoke with told us they loved their jobs. They said there was a strong, committed, supportive team. They spoke very highly of the registered managers and the team leaders, telling us they could always get help and support. Staff spoke with genuine warmth and enthusiasm about the people they supported.

The registered manager had an effective governance system in place. There were environmental checks in place to keep the physical environment safe and systems in place to monitor staff training and supervision. There were systems in place to learn from incidents and actions were put in place to reduce the risk of recurrence. Staff told us that they were encouraged to learn from incidents and mistakes in an open and supportive way.

The registered manager told us, and staff confirmed, that individual staff rotas were adjusted to enable staff to manage an effective work-life balance. This was done without compromising the care and support people received. The service had difficulty recruiting new staff, partly due to location, and a business case had been put together to increase pay.

The service had regular staff meetings. The managing director had attended a staff meeting to discuss with staff why they were passionate about care. A relative had also attended a meeting to talk to staff about what was important to them about care.

The registered manager told us they were well-supported by the provider. They told us they were happy to let them innovate and try new things. Recently a support worker forum had been set up so support workers could feed into service developments.

There were effective systems in place to communicate information. The communication book was used effectively and contained appropriate information about tasks to be handed over and people's day to day needs such as new clothes. The registered manager made notifications to CQC as required.