

Consensus Support Services Limited

Smugglers Barn

Inspection report

Snow Hill
Crawley Down
West Sussex
RH10 3EF

Tel: 01342719162
Website: www.consensussupport.com

Date of inspection visit:
19 January 2023
27 January 2023

Date of publication:
31 March 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Smugglers Barn is a residential care home providing personal care to 9 people at the time of the inspection. The service can support up to 9 people. The home is comprised of 2 separate houses in close proximity, Smugglers Barn and Little Smugglers, these are both under the same registration with CQC.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Whilst some people were supported to achieve goals, staff did not always focus on people's strengths or promote what they could do, so people could have a fulfilling and meaningful everyday life. There were missed opportunities to apply active support approaches. 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.

Right Care

People's needs and preferences were known by caring staff, but inconsistencies in the oversight of people's care plans meant that information was not always updated and correct. People were supported by staff who delivered kind and compassionate care. Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff understood how to apply the principles of safeguarding people, and how to recognise and report abuse. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

Managers and staff were working together towards improving the culture of the service. The service had experienced a number of management changes since the last inspection. Whilst staff and people's relatives said that positive elements had resulted from the current management, the inconsistency and uncertainty of leadership since the last inspection had impacted on the service fully addressing concerns previously raised about people's support. Positive steps had been taken by leadership to address these concerns although this required consistent management to be in place to fully implement and embed them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although some improvements had been made and the provider was no longer in breach of regulations, some improvements were still needed.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out an unannounced focused inspection of this service on 11 and 15 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Smugglers Barn on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors. One inspector was present on the second day of the inspection.

Service and service type

Smugglers Barn is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Smugglers Barn is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager has recently started at the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives about their experience of the care provided. Some people were unable to communicate with us directly, so we undertook a number of observations to see how staff supported and interacted with them. We spoke with 8 members of staff including the new manager, interim manager, 2 area directors and 4 support workers. The interim manager was in place to support the new manager who, at the time of the inspection, had been in post for two weeks.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection, we contacted 2 professionals who have a working relationship with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was reasonably practical to mitigate the risks to people's health and safety. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, risks around management of epilepsy and choking were not always monitored and managed safely. At this inspection, appropriate referrals had been made, and guidance had been updated for staff to ensure that they could manage these risks safely.
- Risks to people were assessed and managed well for people's safety.
- Some people had risk associated with complex needs and there was guidance in place for staff to support them with these risks. For example, risks had been identified for those people whose heightened anxieties potentially put themselves and others at risk. Guidance supported staff on prevention strategies and identifying warning signs, with restraint or restrictions being a last resort measure.
- The provider had assessed other risks associated with people's health needs and staff had guidance to mitigate the risk. For example, risks associated with people's mobility had been assessed and measures put in place to mitigate these.
- Risks to the environment had been considered and were monitored with regular checks. People had personal emergency evacuation plans (PEEPs) in place. PEEPs are used to help the emergency services know how to support people to evacuate in emergency situations

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

At our last inspection the provider had not ensured that sufficient numbers of suitable, experienced staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, there were not always sufficient staff to meet people's needs. Concerns were raised that staffing numbers were impacting on staff's ability to support people who were receiving 1:1 support, especially when people's anxieties were heightened. Our observations confirmed that people who had been assessed as requiring 1:1 support from staff were receiving this.
- The management team were clear on the level of support people required and staff schedules reflected this. Where staff had felt that more support was required, for example more 1:1 provision for one person, they had been proactive in liaising with the relevant authority to secure this.
- We reviewed staff schedules and found that staffing levels had been allocated consistently and in line with the providers assessment of how many staff were needed to support people safely.
- Feedback from staff and relatives, together with our observations, was that improvements had been made to the retention and deployment of staff in meeting the safely needs of people at the home. One staff member said, "We have retained staff and got much better. Unfortunately, we've lost some, but we are at a better stage." One relative said, "They have a stable workforce. People who have been there a little while. (Their loved one) knows them and understands them and this helps with his anxieties." Another relative said, "The staffing has definitely improved."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At the last inspection, systems were in place to protect people although they were not always effective. At this inspection, people were supported safely and effectively. Safeguarding incidents had decreased significantly, staff were confident in supporting people's anxieties, while reportable incidents had been escalated appropriately to the relevant authorities.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety. One staff member said, "You can tell if people are withdrawn or if there's a sudden change in personality, communication is important and to identify that something might be wrong. You can identify by their actions. Physically you can quickly tell there might be something going on."
- Systems and processes were in place to review incidents and accidents. Actions had been taken to mitigate further occurrences and support had been provided to those affected.
- When incidents had occurred that had involved the management of people's anxieties, positive behaviour

support plans had been reviewed and updated if necessary. Staff were knowledgeable about people's needs and consistently looked to improve people's support.

Using medicines safely

- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. There were systems and practices in place to ensure this was done effectively. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not ensured that sufficient numbers of suitable, experienced staff were deployed to meet people's needs with regards to engagement and activities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Although enough improvement had been made at this inspection that the provider was no longer in breach of regulation 18, we found areas that still required improvement, and to embed these into the overall running of the home to ensure they were sustained over time.

- At the last inspection, insufficient staff were deployed to ensure that people were receiving activities that met their needs and to provide them with suitable occupation and engagement. At this inspection, our observations and feedback received showed that the provider had worked to improve external activities for people.
- However, we identified that improvements were needed in working on, and achieving, outcomes for some people, and in being responsive to people's needs.
- One relative told us, "They know they need to engage him more. They have been getting him out and about more. He's just not doing much physically. Improvements could be made with encouragement, helping him do things for himself rather than doing it for him. He would be supervised originally, now someone does it for him. I think they do it as they don't want behavioural problems." Another relative said, "They are desperately trying to get (person) engaged in daily activities where they are gaps before. They need to learn and have more of a fluid way of working. It used to be rigid. He can do loads of things; they just need to get him doing them. They haven't done much on changing, working with him and giving him knowledge. He needs more encouragement to do more stuff for himself."
- Planning and practice was not always responsive, and person centred. For example, the provider had worked on improving the environment and décor in people's bedrooms to improve people's wellbeing. However, this had not been completed for one person despite previous assurances from managers and the provider. Feedback was that arrangements had been planned and put into place over a considerable period of time in order to achieve this but had continued to be unfulfilled. One relative said, "I asked staff who didn't know what happened. Then the managers changed. Then the area managers gone. We spent a long time getting him to that place. That part is not acceptable."
- People's care plans were detailed and staff we spoke with were knowledgeable about people's needs and preferences. Although care plans had been reviewed and updated where changes in people's support had

been made, more oversight was needed to ensure all information was correct.

- For example, one person's care plan stated that their nutrition was being monitored as they were at risk, although the manager confirmed that the risk had been reviewed and staff were no longer completing this. The care plan had been recently reviewed but had failed to identify this discrepancy in support. Another person's safety risk assessment had detailed, in ongoing recording, their response and staff actions to fire alarm drills. However, despite recently being reviewed, the guidance for staff was that the person had yet to be observed when the fire alarm was sounded. This information had failed to be identified and updated following a succession of reviews.
- Our observations and positive feedback received showed that people were being supported to engage in outside activities. For example, one person had been supported with social stories developed by staff and the Specialist Behaviour Support Practitioner to achieve their birthday plans.
- People were supported to explore the local area and visit the local garden centre, local pubs and go shopping. One person said, "It's really good at Smugglers Barn, more room to walk around and room outside." Some people needed support with setting up activities but chose to participate by themselves. One staff member said about one person, "He will come and tell you what activities he wants to do, but he is clear that he wants to do them on his own."
- Feedback from relatives was positive. One relative said, "(Their loved one) has been much more willing to go out and participate in things, that's been good. (Key worker) is lovely and goes in his room and plays together. He doesn't like sharing or people in his room, so this is good. He's being interactive." Another relative said, "Getting out more has been a good thing. He seems happier because of that."

End of life care and support

- No one was receiving end of life support at the time of the inspection.
- While some people had advanced care plans in place that recorded their preferences and wishes, we identified that this was not the case for all people at the home. Although staff had previously indicated that not everyone wished to discuss this area of support, we highlighted to the interim support manager the continued absence of planning and consideration for some people, one of whom was at an advanced age. They were unable to state why these had not been addressed or considered.
- For those whose planning had been completed, these were recorded within 'My Thinking Ahead' advanced care plans. These detailed any advanced legal decisions, the persons preferred place to receive end of life support and wishes that were personal or important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed. This information had been used to inform care planning for each person and guide staff on how they could communicate with people effectively. Staff were observed to communicate well with people throughout the inspection
- For example, staff needed to be patient when communicating with one person and wait for them to inform staff when they were finished. The person told us, "I like the staff they let me talk to them, they let me say what I need to say first and then they answer me, they give me time to say the words. If I'm not happy with something I talk to them."

Improving care quality in response to complaints or concerns

- The provider had a formal system in place for recording and responding to complaints. There was evidence of communication and feedback to those who had submitted their concerns.
- Formal complaints that had been received had been addressed in a timely manner with the person raising them. Area Directors had addressed and responded to concerns about agency staff and training appropriately.
- Relatives spoke with us regarding communication and response to issues they had about their loved one's support. We have detailed these in the responsive and well-led sections of this report.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

At our last inspection the provider had not ensured that effective systems were in place to monitor and improve the quality and safety of the services provided. There were not effective communication systems in place to ensure that people who use the service, those who need to know within the service and, where appropriate, those external to the service, knew the results of reviews about the quality and safety of the service and any actions required following the review. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Although enough improvement had been made at this inspection that the provider was no longer in breach of regulation 17, we found areas that still required improvement, and to embed these into the overall running of the home to ensure they were sustained over time.

- There had been a significant number of changes in management and governance of the home. Since the last inspection, a peripatetic manager had provided temporary oversight to the service, while the departure of the registered manager had resulted in three different managers being in place. There had also been changes in regional support for the home. This inconsistency had impacted on fully addressing some shortfalls and ensuring that any improvements had been fully embedded.
- Improvements had been made to quality assurance systems although their effectiveness needed further oversight and to be embedded over time. For example, the inspection found examples of reviews that had been completed by key workers where guidance or information was no longer relevant or had not been updated correctly. These had not identified by management.
- Since the last inspection, there had been ongoing support provided by the operations team during managerial changes, these included completion of operational audits. The new manager was working with the interim manager in the handover of duties.
- Relatives told us that the management and provider had been more open when discussing when things had gone wrong. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- However, family members stated that overall communication, proactiveness around people's support needs highlighted in the responsive section and management consistency needed further improvement. Our observations confirmed this.
- One relative said, "I still get frustrated with promises of things that don't happen. I've not had communication from them about what I would like to see happen. I voice it to them. It falls on staff's ears and they are not in the positions to make it happen." Another relative said, "There's still a drip from the old days."
- Following the last inspection, the provider had met with family members to discuss the shortfalls highlighted in the subsequent CQC report and how they would be working to address them. One staff member said, "They have taken on board criticism from the last inspection and doing work to improve things."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The operational team, manager and team leader told us that they were working towards improving the culture of the home. Staff had described differences in the quality of the approach and attitude of staff and management since the last inspection. They also spoke of the different attitudes and approaches that sometimes occurred between the two houses that make up Smugglers Barn and how this had impacted on the levels of support being provided to people. Staff spoke of differences in the level of people's activities and how a culture had developed where managerial focus and staff attitudes were not consistent between the two units.
- Our observations, and feedback from staff and relatives, indicated that the culture and atmosphere of the home was improving but not fully embedded. One relative told us, "The old management structure has gone, and they are trying to put something else in place. The staff are doing their best in a difficult situation. They can be guarded. They close ranks. They (management) need to be a bit more open with the staff." One staff member said, "The atmosphere has changed. We communicate well and we don't have these gossips and cliques that we used to have." One relative said, "There's a good atmosphere there now, that's improved and there's more of a positive vibe."
- The new manager had begun to address these shortfalls. One staff member said, "The new manager spends the day in one unit and the following day in the other. This gives enough time to check what's happening. She's doing the right thing. That was an oversight before. People spend more time in Little Smugglers. There wasn't much supervision happening."
- The provider had utilised quality systems to monitor and reflect on incidents involving people's anxieties and behaviours. With the support of the Specialist Behaviour Support Team, analysis of the outcomes of staff support was analysed to work towards improved outcomes with people's behaviours. The provider had worked to monitoring reducing people's behaviours and the risks associated with these.

Working in partnership with others

- Staff had developed working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as Community Learning Disability Teams, Speech and Language Therapists, local authorities who funded people's care and GP's.
- Partnerships were formed with relevant health and social care agencies. When staff identified changes in need for people, appropriate referrals and notifications were made for external health support.