

Consensus Support Services Limited

Smugglers Barn

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 4 April 2017 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available

Smugglers Barn is a care home for a maximum of nine adults with learning disabilities and complex needs including autism and challenging behaviour. Smugglers Barn consists of two separate neighbouring houses which are next door to each other, Smugglers Barn and Little Smugglers Barn. On the day of the inspection seven people were living at the service.

At the last inspection on 10 February 2015, the service was rated Good. At this inspection we found the service remained Good.

People and a relative told us they felt the service was safe. One person told us "I like living here, safe oh yes". A relative said "I am happy with the service. My relative has 1:1 when he is out. The lovely garden is enclosed and is so safe. Being supervised they walk to the bus stop on the main road".

The provider remained to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. Staff were happy with the training and development that was provided. One member of staff told us "I have worked with our manager before and really liked her way of working. I was happy with the induction, lots of training. I was able to follow my own pace and develop confidence".

People's individual needs continued to be assessed. Care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and caring. People also said they felt listened to and any concerns or issues they raised were addressed. One person told us "Yes I talk to the manager who sorts it out".

Staff supported people to eat and drink and they were given support to prepare meals of their choice. People's nutritional needs were met and people reported that they could choose food and drink of their choice. One person told us "Yes I choose and do shopping weekly". The person also told us how they cooked a meal one evening a week.

Staff felt fully supported by management to undertake their roles. Staff had regular meetings, supervision and development opportunities. People, staff and a relative found the registered manager approachable and professional. One person told us "Yes, I like the manager she talks to us". A member of staff told us "It is a good place to work with good relationships and good support".

Further information is in the detailed findings below:

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Smugglers Barn

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 4 April 2017 and was announced. The inspection team consisted of two inspectors 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 some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback one health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to five people, one relative, four support workers, and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience.

We reviewed four staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at four people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Is the service safe?

Our findings

Some people at Smugglers Barn had complex ways of communication, however people we could speak with said they felt safe in the service. One person told us "I like living here, safe oh yes". A relative said "I am happy with the service. My relative has 1:1 when he is out. The lovely garden is enclosed and is so safe. Being supervised they walk to the bus stop on the main road, which is a bit frightening, but they are used to that. It's a nice home with lots of space".

Systems in place continued to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. One member of staff said, "Everyone has risk assessments which are needed. We will risk assess for people to access the community, activities and managing their money". We saw several risk assessments for people, which included the use of equipment in the kitchen, making drinks and accessing food stores and providing personal care.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff described the steps they took in detail on a safeguarding concern and how they had recorded and reported this to the manager and followed the correct process.

People felt there was enough staff to meet their needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and bank staff when needed. We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

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). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

We looked at the management of medicines. Staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of the medicines storage area. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us "The staff, they do meet my needs". A relative told us "They [staff] seem to get a lot of support getting NVQ's (Diploma in Health and Social Care), and the medicine training recently".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service remained working within the principles of the MCA. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. One member of staff told us "We have had recent training in this and I feel confident in this area. You need to assume capacity unless proven otherwise". The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty. Applications had been sent to the local authority and notifications to the Care Quality Commission when required.

People continued to have clear healthcare plans and staff told us that people had regular health checks. Staff described how people were observed in relation to their general wellbeing and health. Each person had a profile detailing how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. This helped staff to know when to seek support from health care services, when people were unwell. Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals, such as dieticians and GP's. We saw visits to and from healthcare professionals were recorded in the person's care plan along with any information needed for staff. Care plans showed people's current health needs and care records were reviewed and updated to ensure people's most health and care needs were met.

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One member of staff told us "It's very good, fantastic support from the company and staff. Everyone is very approachable, I am very happy". The registered manager told us how the provider had introduced the Skills for Care care certificate for staff and incorporating it into their induction and training. Detailed workbooks had been created for new staff to work through. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care.

Staff records showed they were up to date with their essential training in topics such as moving and handling and challenging behaviour. The training plan documented when training had been completed and when it would expire. The registered manager had put plans in place for some staff whose training had expired. Specific training where needed was provided to staff for example training in Prader-Willi syndrome (this is a rare genetic condition that causes a wide range of symptoms including a constant desire to eat food, which seems driven by a permanent feeling of hunger and can easily lead to dangerous weight gain). This ensured the staff could meet the needs of people and have an understanding of their behaviours. One member of staff told us "I have worked with our manager before and really liked her way of working. I was happy with the induction, lots of training. I was able to follow my own pace and develop confidence". Staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs. Staff had supervisions throughout the year and an annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. The registered manager told us how they worked closely with the staff every day and always offered guidance and support if needed.

People had a nutritional assessment and their dietary needs and preferences were recorded and updated regularly. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu based on people's choices and people could eat at their preferred times, and were offered alternative food choices depending on their preference. People were complimentary about the meals served, and we saw detailed documentation of people's choices of meals and whether they wished to prepare them themselves or have assistance from others. One person told us "Yes I choose and do shopping weekly". The person also told us how they cooked a meal one evening a week. A relative told us "My relative has his own spot where he sits on his own. He has a good diet, actually I've watched him eat things like salad which I am surprised he eats. It's good".

Is the service caring?

Our findings

People felt staff were caring and kind. Comments from people included "Yes they are caring, they help with everything", "I like all the staff, they are nice and care for me". A relative told us "'It's a nice bunch. They've always had good staff".

Smugglers Barn and Little Smugglers Barn continued to have a relaxed and homely atmosphere. People chose how to spend their day and were supported when needed. Throughout the inspection we observed staff having a kind and caring nature and supporting and encouraging people in their activities of choice. When we were being shown around the service by the registered manager, they introduced us and reminded people why we were there. If a person showed concern the manager took time to talk to them and make sure they were happy before we continued with the inspection. It was evident that the registered manager knew people well and had great rapport with everyone.

Staff continued a strong commitment to providing good care. Speaking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked to do and the activities they took part in. One member of staff told us "I love it here, really good continuity of care and a rewarding job and great support. There is a great sense of team work with good communication. Getting to know the people who use the service is key. Helping them to live as independently as possible with as few restrictions as possible".

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People looked comfortable and remained supported to maintain their personal and physical appearance. We saw that staff were respectful when talking with people, calling them by their preferred names. Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to lock their doors to keep their personal space secure.

People told us that staff were there if they needed support and they remained encouraged. People were able to do things for themselves and records and observations confirmed this. People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence. One member of staff told us "Everyone is supported to develop their daily living skills, they will carry out chores". People were supported with daily living skills day. This included cleaning, washing and going food shopping.

This enabled people to develop daily skills and build confidence. One person told us "I make my own cup of tea with support from staff". Another person told us "I clean my teeth pegs, the dentist teach me". We observed staff encourage and support people saying "Thank you" when required, using clear and simple appropriate language or with signs.

Is the service responsive?

Our findings

People had access to activities and interests of their choice. One person told us "I go to the farm three times a week with 1:1 support. I feed animals, clean them out and I pick hay". Another person told us "I like going shopping and take me own bags and pull the trolley".

People remained to have a detailed assessment and care plan, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, one person's care plan stated that staff were to ensure that they spoke slowly and in short sentences for the person to understand and give them time to answer. Another care plan stated how a person could become anxious and upset and the steps staff needed to take to reassure the person. A member of staff told us "We use the care plans to highlight likes, dislikes and preferred activities. One person likes to go for a drive, another enjoys going out to eat and all of these are catered for on a regular basis. Each person has a regular opportunity to help with shopping and dedicated time where they will go out to do their own shopping".

People's care plans continued to cover areas such as their communication, health care, personal care, mobility and activities. Each person continued to have a key worker assigned to them. There was evidence that people had had been involved in their monthly reviews as much as possible and the care plans included pictures to assist with people's engagement and understanding. People who were important, such as members of their families, friends and advocates were invited to review meetings and we saw that people's wishes were at the centre of the review process. One person told us "Have meetings yes. Keyworker meetings, I am able to say what I want and they try to make things happen".

Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns. Staff completed a handover at the start of each shift, these documented what was happening in the day with people and any changes to their needs or well-being.

Each person had a weekly activity plan in a pictorial format. They included a variety of activities to do at the home or in the local community. This included shopping, cooking, and helping out at a local farm. People's interests were encouraged and supported by their support worker. One person told us "I like the garden, I go bowling now and again and the cinema. I am going hot air ballooning and sea fishing". A relative told us "My relative goes to the cinema a lot and has a cinema card. He goes to two evening clubs where he does dance, football, music and meets friends. He goes out a lot, I ring every day and he has always been out".

We observed a training session taking place on the day of the inspection. Transition planning training was in preparation for a new person due to move into the home the following week. The session was facilitated by a behavioural lead and included new staff. There was a plan of action and discussion on making the transition as smooth as possible for the person and how they could respond to the person's needs.

People remained aware on how to make a complaint or make a suggestion. One person told us "Yes I talk to the manager who sorts it out". A member of staff told us "One person will draw if they are not happy and we give this to the manager who will deal with it". We saw records of complaints and the service had a policy which they worked to. Complaints had been recorded with details of action taken and the outcome. Follow ups to the complaint were in place where needed. This showed there was a commitment to listening to people's views and making changes where needed in accordance with people's comments and suggestions.

Is the service well-led?

Our findings

People, a relative and staff all told us that they were happy with the service provided at the home and the way it was managed. One person told us "Yes, I like the manager she talks to us". Another person said "Yes it is well-led, it is well managed". A relative told us "I do think it is well-led. [Registered managers name] came back as manager. She was here before and knows everything well. She is really good with my relative".

The service had a registered manager. 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.

An open and inclusive culture remained at the service. Staff and people told us they are happy to raise any concerns with the registered manager. Staff we spoke with told us how they worked well as a team. One member of staff told us "It is a good place to work with good relationships and good support". Another member of staff said "It is a good company, manager if very good. Main reason I took up the post was the manager, who is inspirational. Makes me feel that we are top of the competition and take the extra step to achieve good standards".

Regular audits of the quality and safety of the service remained to be carried out by the registered manager and senior staff and also the provider's representative to provide management support to the registered manager. Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and health and safety. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The registered manager showed great passion and knowledge on the people who lived at the home. They told us "Smugglers is a welcoming friendly environment with good leadership. Everyone has fun and people's needs are met and the staff do a fantastic job here".

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information was also made available for staff. They kept their knowledge and skills up to date and attended training provided by the provider and external training courses.