

Consensus Support Services Limited

Weston Villa

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 6 January 2015. Weston Villa is registered to provide accommodation and personal care for up to four people who live with learning disabilities and autistic spectrum disorder. There were three people living at the home at the time of this inspection.

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.

People who used the service were well looked after by a staff team that had an in-depth understanding of how people wanted to be supported. Staff encouraged people to be as independent as possible and treated them with dignity, respect and patience.

Summary of findings

There was sufficient staff on duty to keep people safe. Staff were knowledgeable about the risks of abuse and the reporting procedures to follow if they wanted to raise any concerns.

We found there was sufficient staff available to meet people's individual care and support needs. Safe and effective recruitment practices were followed.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service. There were suitable arrangements for the safe storage, management and disposal of medicines.

People were supported to have sufficient to eat and drink to maintain a balanced diet and food choices were plentiful.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These

safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and referrals for a DoLS authorisation had been made so that people's rights would be protected.

Staff received Induction, training and regular supervision and appraisal which enabled them to carry out their job role effectively. The service is flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The arrangements for social activities, and where appropriate education and work, were innovative and met people's individual needs.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements.

Staff understood their role and had confidence in the way the service was managed.

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?

The service was safe.

People were protected from the risk of abuse and staff knew how to identify abuse and what action to take to keep people safe.

Medicines were stored and administered safely.

There was enough staff on duty to keep people safe and to provide care and support to people when they needed it. Effective recruitment practices were followed.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to carry out their role.

Regular supervision and appraisal systems were in place for staff.

People had sufficient to eat and drink to maintain a balanced diet.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People were supported to make choices about their care and staff were respectful of their decisions.

Staff were creative in developing ways to increase people's independence and wellbeing.

Staff were confident in their knowledge of people's care requirements and how to deliver their care and support

People's dignity and privacy were respected and upheld by all the staff.

Good



Is the service responsive?

The service was responsive.

Staff used creative ways that empowered people to make day to day choices and therefore improve their quality of their life.

People's care plans were individualised and had been completed with the involvement of people and family members.

Hobbies and interests were actively encouraged and supported.

The provider sought the views of people and their family members. Changes were made as a result of this feedback.

Outstanding



Summary of findings

Referrals were made promptly to healthcare professionals when assessments or treatment was required.

There was a complaints process and complaints were dealt with promptly and thoroughly.

Is the service well-led?

The service was well led.

The service has a registered manager in post

Quality assurance systems were in place and improvements to the service had been made as a result of these.

Audits had been completed by the manager to check that the service was delivering quality care to people.

The managers provided visible leadership to staff. Staff understood the philosophy of the service and how they can contribute towards this.

Staff had confidence in the management of the service.

Good



Weston Villa

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 unannounced inspection took place on 6 January 2015 and was carried out by one inspector.

Before the inspection we asked the provider to send us 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.

Prior to the inspection we spoke with Local Authority contract monitoring staff that were involved in monitoring the care of people who used the service. We also contacted

health and social care professionals that had been involved in people's assessments and support. During the inspection we spoke with a visiting professional that was providing specialist support to one person. We spoke with family members. We did this so we could obtain their views about the quality of care provided at the service. We also reviewed the data 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 the inspection we undertook general observations in communal areas, we spoke with one person who was able to talk to us and we looked at how people were supported during meal times and to participate in their chosen hobbies and interests. We were not able to speak with two of the three people who lived at the home as they were unable to talk to us. We also spoke with relatives of people using the service. We reviewed the care records of three people. We spoke with eight members of staff including managers, care staff and a visiting professional.

Is the service safe?

Our findings

We found that people were safe living at the home. Not all of the people were able to talk to us. Therefore we asked family members if their relatives were safe. One relative told us “[name] is well looked after and I know that [name] is safe, I have no concerns.” Another relative said “We know [name] is safe as the staff always tell us what [name] has been doing.”

People were protected from the risk of abuse as safeguarding referrals had been made by the manager when there had been any concerns that people were at risk. Staff were also able to tell us what constituted abuse and what they would do if they suspected that abuse was occurring at the home. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority safeguarding team or the Care Quality Commission.

Staff also told us that during staff meetings that people’s human rights were discussed and that they understood the importance of balancing people’s rights such as accessing the community to participate in their hobbies and interests, and keeping them safe. For example, staff told us that they knew that one person enjoyed being taken out to the local shops but that they became anxious if they thought they may go into a noisy environment. Staff then used picture cards to show the person where they were going in order to reassure them. This meant that staff knew how to support people so that they were able to enjoy trips into the community safely.

People were cared for in an environment that was safe. The environment was free from clutter that may cause a hazard to people that were assessed as at risk of bumping into items. People’s individual risks were assessed and accidents and incidents had been reviewed. We noted that as a result of this, people that were at risk of ‘bumping’ into doorways were guided by staff that ‘tapped’ on the door frame or clapped their hands to allow people with a sensory impairment to walk as independently and safely as possible. We saw staff supporting people in this safe way

and successfully guided them through doorways which enabled people to walk independently. People were protected against unnecessary risks as risk assessments were in place to keep people safe. We saw that these had been updated as people’s needs had changed.

People were cared for safely in an emergency situation. For example, people’s had been made familiar with the sound of the fire alarm and had practiced evacuation drills. We spoke with staff that were familiar with people’s individual requirements so that they could be evacuated calmly in an emergency situation. The manager told us that one person’s family member had been invited to be present when the fire alarm was activated so they could offer support to their relative if needed during this exercise. We were told that the exercise had been a success. Procedures were also in place for regular maintenance checks of equipment such as fire fighting equipment to ensure it was in working order.

There was limited use of prescribed medicine and those that were in use were managed safely. The manager showed us how they managed medicines and we saw that all medicines were obtained, stored, dispensed and accounted for.

The employment checks completed by the provider before staff commenced work at the home ensured that the staff were suitable to work with people living at the home. The manager was knowledgeable about the recruitment process and ensured that staff that worked at the home were of good character.

Staff told us that the numbers of staff on duty were adequate for the number of people living at the service. The manager told us that staffing levels were arranged to take into account people’s ‘one to one’ requirements and were based upon people’s needs. We observed that people were able to go out and enjoy their hobbies and interests when they wished to. A relative told us that their family member was “always out at the park, cinema, dance group, they have so much to enjoy, and are always doing something.”

Is the service effective?

Our findings

Relatives were very complimentary about staff's knowledge of their family member's requirements. One relative told us that "I can't fault the staff, they know how to look after [name] and [name] has come on leaps and bounds since they have been at the home."

People's needs had been assessed and we observed staff providing support to people in a way that demonstrated their in-depth knowledge of people's requirements. For example, some people were not able to speak to staff to say what they wanted, but staff knew what their facial expressions and gestures meant. Other people were able to indicate what choices they wanted to make through using illustrations and pictures, often pictures can be 'exchanged' or shown to indicate a choice of a drink, snack or chosen activity the person wants to participate in. It was clear from our observations of staff that they had the skills and knowledge to understand what people wanted and to promptly meet people's needs.

Staff received a good induction to the service. They told us that they had worked alongside a more experienced member of staff and that they were then shadowed by staff to make sure that they provided the support people required in the way they wanted it. One member of staff that had recently joined the service told us that they had received training in autism which had helped them to understand how important it was to understand people's likes, dislikes and routines when providing support and personal care.

Staff received regular supervision meetings every six weeks and had annual appraisals; staff told us that during supervision meetings they could discuss their future training and development needs with the manager and that they received feedback on their role and how well they supported the people they cared for.

We observed the staff handover where information was passed onto the staff coming on duty. We noted that staff gave a good handover of people's activities, the choices they had made and any changes to people's routines. For example, one person had not wanted to go out as it was raining, so staff were told that they may want the opportunity to go out later on in the day.

People received sufficient food and drink. As not all of the people were able to tell us what they thought about the

quality of the food, we discussed this with people's relatives. Relatives told us that the food was "plentiful, home cooked and that there was always plenty to choose from". We observed meal's being taken by people and we saw that there were different options for people to choose from. People's weights were checked on a monthly basis and nutritional assessments were in place to identify people that were at risk of not eating and drinking sufficient amounts to maintain a balance diet. Additional milkshakes were available for people to take if they did not want to eat meals such as breakfast. We saw staff encouraging people to eat independently and provided assistance and prompts where necessary. All the people we observed were enjoying their meals.

The service had an onsite teaching centre, with links to an organisation that provided specialist education and support for people with sensory impairments. We saw that specialist equipment was in place to increase people's independence such as an adapted 'iPad' (hand held touch screen computer) with tactile keys such as a 'button' or piece of 'rough material' so that people could 'feel' for the controls to use the iPad. There were weighing scales that 'talked' so that people with sensory impairment could weigh ingredients when cooking.

People's day to day health needs were met. Staff told us that people had regular reviews of their physical health requirements and that referrals had been made to specialists if there was any advice or guidance needed. Relatives said that they felt that their family members were well looked after. One relative told us "they care for [name] very well, if they have any concerns they always seek medical advice."

There was a 'best interest' procedure for staff to follow when people did not have the capacity to make some decisions for themselves. People's relatives told us that they had been involved in such discussions with staff, for example, when people required medication or dental treatment. Best interest meetings that had been held had included people's dentist, keyworker [a member of staff that was the person's main carer] and relatives. This meant that discussions were held and a decision could be made in the person's best interest when they required, dental treatment.

We noted that the manager had submitted requests to restrict people's liberty to keep them safe and that they were complying with the specific conditions applied to the

Is the service effective?

authorisations. We also noted that the provider had properly trained and prepared staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirement of the DoLS.

Is the service caring?

Our findings

Relatives were very complimentary about the caring nature of the staff. One relative told us that “the staff are always very friendly and welcoming, I wouldn’t hesitate in recommending the service to others”. We observed staff carrying out their role and we saw that they had a very caring approach to people. For example staff knew that when some people began ‘biting’ their hands, that something was wrong. Staff then tried to find out what the person needed or to reassure them in some way. We also saw that people received their care and support from a team of staff that knew and understood their likes, dislikes and preferences and responded promptly when people became unsettled.

Staff developed positive caring relationships with people. We observed staff interacting with people and we saw that staff were able to interpret people’s movements and sounds and responded promptly to settle people or to give them what they wanted. For example, by finding a story book they liked to read or to engage them with a game they enjoyed playing. It was also very clear that the staff were very familiar with people’s likes and dislikes such as what music they preferred to listen to or films they liked to watch. We also observed staff and people laughing and having fun, it was clear from our observations that staff were very caring and did their best to ensure that people were encouraged to express their needs and that they were listened to and responded to promptly.

Staff were motivated to provide care that was kind and compassionate, staff told us that they had been able to express their ideas as to how to increase people’s wellbeing with managers and family members and that their ideas had been taken forward. For example providing people with information in a picture format to help people understand the options available to them. We observed staff actively involving people in a patient and gentle way ensuring that people were involved as much as possible in planning and making decisions. Staff told us that they also had an advocacy service available if relatives wanted to access an independent service for guidance. Relatives explained that they were always consulted by staff when there were opportunities to increase their family members choice and independence

People’s privacy and dignity was respected. We saw that people were able to spend time in private if they wished to. We observed that staff knocked on people’s doors or asked people for their permission before entering their bedrooms. Staff told us that they made sure that they did not discuss any other people’s needs when other people were nearby as “they are all entitled to their privacy and dignity.” Staff explained that it takes time before some people felt comfortable having their personal care provided by new staff. Therefore all new staff were introduced slowly so that people began to feel confident in having their personal care provided by staff. Staff also told us that some people were able to make it clear if they did not want to be supported by a member of staff, as they would ‘push’ this person away. In this case another member of staff would provide their personal care.



Is the service responsive?

Our findings

Relatives were very complimentary about the staff “I can’t fault the staff they are all brilliant, if there are any issues they all know how to deal with it”. Not all of the people at the home were able to tell us about the care and support they received. Relatives told us that the staff were excellent and had an in depth knowledge of their relatives support needs.

People received care that was assessed and planned to meet their needs and supported them to achieve a good quality of life. We saw that assessments had been carried out by specialists in learning disabilities and autism. As a result of the assessment we saw that people had detailed plans which would enable them to make everyday choices where possible such as what foods they wished to eat and what activities they wanted to do.

Professionals visiting the service said that the staff had developed creative ways to overcome people’s difficulties. For example some people did not like having their hands and fingers touched, which made it difficult for staff to keep their finger nails in good condition. Staff told us that over a number of weeks they had developed a routine whereby they gave the person a shoulder massage, moving on to massaging the arms and hands. This relaxed the person to allow the staff to care for their fingernails. Staff also told us that this person was now able to tolerate having their nails filed and had recently picked up a nail file and started to do this for themselves.

Staff told us that they had also found creative ways to gently encourage people to get used to cleaning their teeth, for example, toothpaste was used when some people did some hand printing so that people became used to the smell when enjoying an activity. Staff told us that one person used to have to be sedated when they went to the dentist but they don’t need this anymore this was a direct impact of the staff’s encouragement.

People were supported to be as independent as possible. Cupboards showed pictures of the contents such as cereals so that people knew where to look for their breakfast items. In addition a special beaker was provided so that and people could independently pour their own milk onto their cereal without spills. One relative said “[name] has done really well both socially and in everyday activities, they even made their own bed the last time they came home.”

People were involved in updating their ‘choices and preferences’ every three months. This ensured that people were given the opportunity to make any changes to activities or include any new likes and dislikes. The manager told us that it was important for staff to check that people’s likes and dislikes were still important to them or if they had any new hobbies or interests that they wanted to try. One person had recently started to accompany staff to a local supermarket as a result of staff reviewing what people wanted to do.

People were supported to live as full a life as possible, and arrangements were in place for people with sensory impairments to access specialist education sessions which met their needs. We observed part of an education session and talked to the staff member who was providing the session. The member of staff explained that they had provided specialist sessions to one person prior to them moving into the home. They explained that “this has benefited [name] as we know each other very well and this has helped to continue with the progress made.”

Staff showed us equipment such as a ‘pen friend’ [this is a hand held device people can use to record specific messages or words, these ‘words’ are then transferred onto a small sticky disc so that objects can be found later by using the pen friend to ‘hear’ the message recorded on the sticky disc]. This meant that people with a sensory impairment could become more independent when finding items they needed, as the sticky discs could be attached to a cup, plate or to identify the person’s bedroom door.

As some people were not able to voice any complaints or concerns, we spoke with relatives and they told us that if they had any concerns these were always dealt with immediately. We noted that any concerns raised with the manager had been dealt with promptly and that the complainant had been satisfied with the outcome. We asked staff how they would recognise if people were not happy. Staff told us that people would push an item away if they did not want it, They said, “You just know when something is not right as [name] will push something away if they don’t want it and you try to find out what it is that they want.” We observed staff responding to people promptly and offering alternatives if items such as foods were pushed away.

Is the service well-led?

Our findings

Relatives said that the manager was very approachable. They said that the manager even made the time to visit them at their house to discuss something important when they were not able to go to the home.” The home had a positive culture that was person centred, inclusive and empowering. Staff understood and put into practice the philosophy of the service and the part they played in delivering the service to people. Staff told us that they liked working at the home and that they felt able to discuss any issues with the manager.

Staff also told us that “If I have an idea I know that I can talk to the manager and they will listen to me and encourage me to take my idea forward.” Another member of staff told us, “The manager always sort’s things out quickly; I know that I can go to them at any time.” The manager gave us examples where staff had initiated ideas to support people and that these had been very successful. For example discussing an issue with an external healthcare professional to improve one person’s oral hygiene.

Staff were clear about whistleblowing. Whistleblowing is a term used where staff alerts the service or outside agencies when they are concerned about care practice. Staff told us that they felt confident to whistle blow if they had any concerns about the management and practice at the home. They told us that they had a telephone number they could call if they had any concerns. One of the new members of staff told us that another member of staff suggested they should put this telephone number into their mobile phone so that this was available to them to use at all times.

There were systems in place to monitor the quality of the service. The registered manager was supported by their manager who carried out monthly audits of the service. The results were then fed back to the registered manager who had produced an ‘internal audit improvement plan’ so that progress could be measured when improvements were needed. We noted that action had been taken when improvements to the service had been identified. People’s care records had been reviewed on a regular basis and any additional information or updates required had been fed back to staff to action. This meant that the quality of the information held within people’s records was monitored and action taken if needed.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as health and safety and confidentiality.

Regular feedback was obtained from family members in a variety of ways. Through informal arrangements such as discussions with staff while visiting the home, relative’s social events organised by the home, or by more formal arrangements such as an annual satisfaction surveys. We looked at the results of the satisfaction survey that had been completed in December 2014 and saw that all the respondents who were relatives or visiting healthcare professional had been very complimentary about the service, the staff and the progress that their family member had made. One comment stated “Staff are always out and about doing things with the residents” another comments stated “this is a true home from home.” We noted where a comment had been made about the heating level in their relative’s bedroom; this had been addressed by the manager.