Consensus Support Services Limited

Vale House

Inspection report

Vale Avenue
Horwich
Bolton
Lancashire
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Tel: 01204639539

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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

We inspected this service on 9 May 2018. The inspection was unannounced.

Vale House consists of six self-contained flats providing residential accommodation and nursing support for males with learning disabilities, autism and associated complex needs. The home has communal areas on the ground floor and a passenger lift provided access to the first floor. The home stands in its own grounds in a residential area of Horwich, Bolton. The home is situated close to Horwich town centre and local amenities.

Vale 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.

The 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 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.

At our last inspection in March 2016, we rated the service as good. At this inspection we found the service had continued to develop and further strengthened a very caring approach and responsiveness and leadership of the service. People continued to receive a high standard of care in the community where they felt valued and had a sense of belonging.

The service was well led. The registered manager, supported by a deputy manager and a well-established staff team had a strong sense of providing people with an enhanced quality of life which took into account individual wishes and needs so each person was valued and treated with equality. This inclusive ethos enabled people to carry on living their lives, pursuing their interests and maintaining and building relationships.

Staff treated each person as an individual and respected their life history and experiences. Staff had an excellent understanding of the people they were supporting and what was important to them and significant events in their lives. They focussed on the uniqueness of each person rather than labelling them with a diagnosis or condition.

We saw that staff treated people with dignity and respect and there was a good rapport between people

living at Vale House and the staff team.

Each person living at the home was supported individually during the day by a member of staff. On occasions two members of staff were required to provide support. Staffing levels were planned depending on daily events. For example hospital appointments, GP visits and for some trips and outings.

Staff were safely recruited and completed a thorough induction programme on commencing work. Staff had access to safeguarding policies and procedures and had completed safeguarding training. Staff safety was paramount and staff carried personal alarms at all times.

Staff completed mandatory and specialist training as required. Staff supervisions and annual appraisals were on-going. Medicines were safely stored in locked cabinets in people's own flats. Staff supported people with their medicines and medicine administration records (MARS) were completed.

Health and safety checks were in place and equipment had been serviced in line with the manufactures instructions.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Care files and support plans were person centred and contained comprehensive information around a range of health needs and wellbeing. Care records evidenced that people had been involved with their care planning and in attending reviews.

Daily activity plans were completed offering a range of trips and outings and house activities. People were encouraged to maintain their independence, where possible. The service worked closely with other agencies to help ensure people's needs were met.

There was information in the care records in an easy read format to help people make a complaint if they were unhappy or concerned.

There was information provided to people and their families when people were being offered a flat at Vale House.

Effective systems were in place to monitor and assess the quality of the service provided.

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

The management of medicines was safe. Health and safety checks were in place and equipment had been serviced in line with the manufactures instructions.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse. Staff safety was paramount and staff carried personal alarms at all times.

Is the service effective?

Good

The service was effective.

Staff were safely recruited and completed a thorough induction programme on commencing work.

The service was working within the legal requirements of the Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards (DoLS).

Care files and support plans were person centred and contained very detailed information around a range of health needs and wellbeing.

Is the service caring?

Good

The service was caring.

We saw that staff treated people with dignity and respect and there was a good rapport between people staying at Vale House and the staff team.

Care files and support plans were person centred and contained very detailed information around a range of health needs and wellbeing. Repeated sentence from above.

Care records evidenced that people had been involved with their care planning and in attending reviews.

There was information provided to people and their families about the service when people were being offered a flat at Vale House.

Is the service responsive?

Good

The service was responsive.

Care records were person centred. There was a high level of responsiveness to people's health, emotional and social care needs.

Staff worked hard to ensure people's lives were as meaningful as possible and encourage people to maintain an interesting life.

People had access to an easy read complaints form, to raise any worries or concerns they may have.

Is the service well-led?

Good

The service was well-led.

The registered manager acted as a role model for the staff team who were motivated to offer care that was kind, caring and understanding.

The registered manager had systems in place that were organised and effective. The service worked well with other agencies and healthcare professionals.

People who used the service and staff were encouraged and supported to share their views and ideas to improve outcomes for people living at Vale House.

Vale 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.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we looked at information we had received about the service including statutory notifications, safeguarding's, whistle blowing and the last inspection report. We also received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make. We also spoke with the local authority commissioners of the service and the local authority safeguarding team. No concerns were raised about this service. We also contacted healthcare professionals who work closely with the home for their views and opinions on the service.

During the inspection we spoke with the registered manager, the deputy manager. We also spoke with the nurse on shift, three people who lived in the flats, four care staff and a consultant forensic psychologist who supported some people at the service and provided training when required.

We looked at two care records and the corresponding support files, two staff files, the training plan, staff supervisions, records and audits.

Good

Is the service safe?

Our findings

People spoken with liked living at Vale House. They were very proud of their flats which had all been personalised to individual taste.

Records we looked at showed a comprehensive assessment of holistic needs was completed by the registered manager to determine whether the service was a suitable placement for individuals and this was written into a service proposal. When considering the suitability of the service; compatibility, the physical environment and the local area was also considered.

The service delivered one to one staff support to each individual for fifteen hours per day. There was 24 hour nurse cover and a male waking night staff on duty. During the day there was a float shift which could be used to offer additional support where required and to offer flexibility to meet people's needs. We observed there was a good relationship with the gentlemen who used the service and staff.

We looked at staffing level and staff rotas. Rotas were reviewed weekly to ensure the needs of the individuals are being met. Staff were able to approach the registered manager with any queries they have regarding the rota. Risk assessments were in place for all supported individuals. The service was supported by the Positive Behaviour Intervention Team. Any incidents of challenging behaviour and methods used to manage behaviour were documented and learned from. Where any concerns arose a further assessment by the Positive Behaviour Practitioner in conjunction with the service manager was completed. Family members were consulted about a move to the service where appropriate.

Where it was believed the environment was restricting a person's independence or privacy then an urgent review meeting would be held with the person and others involved in their care and support.

We looked at two staff files. We saw that the recruitment processes were robust which helped to protect people from the risks of receiving care from unsuitable staff. Staff files contained an application form, references and other forms of identification and a Disclosure and Barring Service (DBS) check. A DBS check informs the employer of any criminal convictions against the applicant.

Prospective employees were invited to attend an interview. Interviews were conducted by two staff with at least one being the service manager. One of the people living at the home was also present for the second part of the interview process and was consulted with when considering whether to offer the applicant the position. Other people living at the home were given the opportunity to be involved in the interviews, often requesting to meet and greet but not ask questions.

Medicines were managed, administered and stored safely. Medicines were kept safely in locked cabinets in people's own flats. There were no controlled drugs on the premises. If required these would be kept separately in a controlled drugs cupboard and recorded in a controlled drugs register.

Staff kept a record of how much medicine was stored and when medicines needed to be reordered. Only

trained and competent staff assisted and administered medicines. Medication Administration Records sheets (MARs) were signed and up to date and confirmed people received their medicines as prescribed.

The registered manager had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff had received training in health and safety, first aid, and fire safety, to ensure they knew what actions to take in the event of an emergency. The registered manager had identified the support each person would need to keep them safe in the event of an emergency. On the day of the inspection a routine fire drill was carried out. A designated member of staff was in charge of the fire drill and was assisted by a person living at the home.

There was a business continuity plan in place should an emergency situation arise. Staff spoken with were aware of emergency procedures and there was a nurse on shift at all times that could take the lead on emergency situations. Emergency contact numbers were available. Each supported individual had a personal evacuation plan.

Good

Is the service effective?

Our findings

The Multi-Disciplinary Team (MDT) worked together with individuals wishing to move into Vale House to complete a comprehensive three stage transition plan. The initial stage provided opportunities for staff from Vale House, working alongside current staff, to develop therapeutic relationships with the individuals through gaining knowledge about their routines, likes and dislikes, future goals and activities at their current placement. During the second stage the individual spent time at Vale House getting to know their environment, peers, develop routines and identify meaningful activities at home and in the community with staff from the current placement working alongside. During the final stage Vale House staff built on the routines and activities identified and took the lead on supporting the individuals at the service including overnight stays. Transition was reviewed by the MDT on a monthly basis with the individual to ensure the plan was still appropriate. During transition the legal framework that the individual would reside at Vale House under was determined and applied for where necessary. For example conditional discharges. The staff team received training regarding meeting the individual's needs during the transition phase

Where it was believed the environment was restricting the supported individuals independence or privacy then an urgent review meeting was held with the supported individual and others involved in their care and support, Deprivation of Liberty Safeguards (DoLS) and guardianship. The staff team had received comprehensive training about the person prior to the final stage of transition which included the development of support plans and risk management strategies. Person centred approaches underpinned all transition work as evidenced in the support plan. No restraints were used at Vale House.

The service worked closely with the MDT and family members where appropriate. If during the assessment period it was found the staff were unable to meet the person's needs at the service the reasons were clearly documented as to why. If this was due to the environment the registered manager looked at what environmental changes could be made prior to admission. If no suitable changes could be made then the admission would not go ahead. If this was due to non-environmental factors the registered manager looked to see if this could be remedied before saying the placement was not able to meet the person's needs.

The registered manager with the MDT and current service providers ascertained people's capacity around consent for staff support and place of residence. Where the individual lacked capacity a best interest meeting was held. This sometimes required a DoLS application to the local authority or through the court of protection. The legal framework, if any that the individual would reside at the service under is ascertained prior to admission to the service.

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 so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that staff sought verbal consent for all interventions during the day. There were appropriate consent forms within care files, which were signed by the person who used the service or, where appropriate, their representative.

All staff had undertaken MCA and DoLS training. Staff spoken with were knowledgeable about MCA and DoLS and what the implications, conditions and restrictions were in place for the people they were supporting.

Supported individuals received one to one keyworker sessions on a regular basis. Their preferences and wishes were taken into consideration as much as possible in all aspects of decision making and living their lives as they wanted. Positive risk taking was promoted. This was reflected in the support plans and risk management guidelines. Individuals were involved in support planning and risk management strategies from the beginning of the support planning process. This ensured their needs, wants and wishes were met. Individuals were able to personalise their flats as they wished including painting and decorating.

Staff completed a comprehensive induction. Part of the emphasis was that staff worked alongside the people they supported as a team. Support plans and risk management strategies were in place for when people wished to access an activity without support. The supported individual was involved in this and problem solved how they could keep themselves and others safe and what they would do if they found themselves in a situation they were not comfortable with.

We saw from the training plan that staff had received training relevant to their role. Training included: Conflict and challenging behaviour, first aid, food hygiene, information and governance, safeguarding and health and safety. Staff spoken with felt supported in their roles and had opportunities to talk about their work, concerns or any other issues through formal and informal processes. They told us they felt able to raise any issues with the registered manager. They felt this was important as at times some issues could be challenging.

Supported individuals were advised on making wise choices with regards to meal planning and snacks to promote healthy eating and maintain a balanced diet.

Supported individuals were registered with mainstream services for example GPs and had links in to community groups such as slimming world.

The service sent out regular questionnaires to supported individuals and their wishes were taken into consideration as much as possible in all aspects of decision making which may affect their everyday lives. The supported individual's involvement in the support planning process was viewed as pivotal to ensuring appropriate planning where their wishes and rights were taken into consideration.

Good

Is the service caring?

Our findings

During our inspection we found the registered manager and staff showed an exceptional level of kindness and empathy towards the people they were supporting. People were very comfortable to be around staff. Staff knew about the individuals they were supporting. Staff were fully briefed about the history of each individual. This was critical information so staff and the individual person were kept safe.

We found each supported individual had their own key work team consisting of a named nurse and at least two keyworkers. These were identified at the transition process. The key work team were the initial point of contact for the individual, families and any professionals working with the person.

With consent from individuals we looked at two care files and the support plans. We saw person centred support plans and risk management strategies were in place. Each person was involved in support plans and risk management strategies. Person Centred Thinking tools were used to record individuals wants needs, likes and dislikes and preferences. The support planning process took a holistic approach, promoted independence and positive risk taking. This was evident in the support files we looked at.

Support documentation showed that where there was a perceived deterioration, appropriate assistance was sought from internal and external professionals. Staff were fully aware of emergency procedures to undertake in the case of an emergency situation and staff in charge of the service are appropriately qualified and experienced to deal with emergency situations and knew of emergency contact numbers.

The importance of support, respect, care and independence was clearly communicated to staff during their induction process and this was closely monitored by the registered manager.

The assessment of independence and how independence could be promoted was completed pre-admission and through the regular assessment of need and actions. Staff actively promoted this independence.

People living at Vale House required minimal support from staff with regards to personal care. Staff supported and encouraged people with daily living tasks as required.

Good

Is the service responsive?

Our findings

Staff at Vale House took a person centred approach to supporting individuals and used person centred planning to enable them to work towards the goals they wished to achieve. This meant the service was tailored to suit each person's specific, and often, complex needs.

The registered manager had a clear vision of how to deliver a service that was very responsive to each person's individual needs and their requirements. We saw that solutions and plans were put in place with input from each person to help them achieve their aims and goals. The registered manager and the staff team invested time to find out interests, hobbies and relevant information about people's life histories to enhance and provide opportunities and encouragement.

From our observations staff spent time listening to, and understanding each individual. They knew what was important to them, what their needs and wants were and how they would like to live their life.

It was apparent that staff worked closely with the individual and their family, as well as other support professionals to create a person centred plan. The plan set out what their goals were and how they would work together to help them achieve them.

We saw that the care plans had been regularly updated as needs or goals changed. Where appropriate other professionals were involved to help ensure everyone working together to provide consistent, appropriate support. The care plans included: What's important to the individual, what they wanted to achieve, where they want to live, what they want to learn, what support they need and how they want to use it, how they can live a healthy life and what their hobbies were. For some this included cookery classes and gardening.

Activities were planned within the local community and people were supported to develop new relationships where appropriate. Regular team meetings and house meetings took place. This provided opportunities for supported individuals and the staff team to discuss what was going well and what could be improved or change. We saw minutes of these meetings were taken as a record of what has been discussed. There was a suggestion box in the front entrance of the service for anyone to add any suggestions to. These were reviewed by the registered manager and actioned accordingly. Charity days were held at the service. We were shown video recordings of some of the events that had taken place. Supported individuals invited family, friends and other professionals to attend the event. People had decorated the room accordingly, prepared cakes and organised raffles and other quizzes. Supported individuals decided as a group which charity they wished to donate the money to.

There were appropriate policies in place such as the support policy which offered guidance in conjunction with the support plans and risk management strategies on how to deliver the best person centred support. Supported individuals and staff had a one page profile detailing how they liked to be supported and what was important to them. These were seen in the induction file and support files.

Where possible the service provided access to local events to enhance social activities for individuals to

access and get involved with. This took into account their individual interests and links with different communities.

The registered manager told us some individuals may also display behaviours which others might find challenging. Vale House provided a specialist level of support for individuals with complex needs. It was configured to offer a unique support model to encourage independence but also support social inclusion and access to community engagement. Staff showed an extremely caring and responsive approach behaviour that was challenging. Staff were aware of people's body language and triggers that identified when people were becoming restless, bored or anxious. Staff could respond quickly to turn what could be a bad moment for a person into a positive engagement.

With a nurse led team and strong support team, there was a person centered approach to help individuals fulfil their potential at their own pace, complemented by positive behavioural strategies and interventions. The input of the Positive Behaviour Intervention team helped the service focus on building the skills and strategies that individuals needed to maintain and build upon their lives in the community. They were actively encouraged to enjoy activities of their choice and to gain a greater level of independence. The configuration of the house offered a unique support model which supported independence, but also encouraged social interaction and inclusion.

We discussed with the registered manager how they would provide care for people who were ill and nearing the end of their life. The registered manager told us that they had not had to deal with this situation. However, this would be dealt with accordingly, training for staff would be offered and support from the community services would be actioned.

The service information pack contained information relating to the aims and objectives of the service, information relating to care treatment and support, review of support and treatment, local advocacy services and how to raise a concern or complaint. We saw the complaint procedure was in the files we looked at in an easy read and pictorial format. The registered manager had systems in place for receiving, handling and responding to complaints if required.

Good

Is the service well-led?

Our findings

At our last inspection we rated the leadership of the service as good. At this inspection we found the provider and the registered manager had continued to develop the service. The culture of the service was extremely positive and person centred. The management team had sustained the delivery of excellent care.

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.

The management team had a clear understanding of the principles and ethos of the service. The registered manager was supported by the deputy manager They both had a strong sense of providing people with an enhanced quality of life which took into account individual strengths, wishes and beliefs so each person was valued and treated with equality. This inclusive ethos allowed people to carry on living their lives, pursuing their interests and maintaining and building important relationships.

The registered manager received monthly supervision with the operations manager, who attended the service at least twice a week.

The registered manager had an open door policy to both staff and supported individuals and informal conversations were held on a daily basis with each supported individual to assess their health and wellbeing. Any information from these informal meetings was passed on to the staff team via a robust handover. During our visit we saw that people living at the home came in to the office to have a chat with the registered manager and staff.

Staff spoken with were complimentary about the management of the service. Staff described the registered manager as, "Very well organised", "Runs an excellent service" and "Very supportive to all staff and people living at the service".

The registered manager actively encouraged residents meetings to be able to shape the service in order to meet the needs of the supported individuals living there. Minutes of the meetings were documented.

The registered manager also promoted the supported individuals to maintain and develop their living environment by providing resources to allow freedom of expression. We were invited in to some of the flats and people were full of pride of what they had achieved in decorating and furnishing their flats.

Some people were very keen on gardening and the registered manager had organised with the help of staff a very successful allotment project that gave the supported individuals their own piece of land to cultivate as they wished and to develop nurturing and responsibility skills.

The service had both a local on-call and senior on call procedure which was accessible to all staff via the

rota file. This was updated by the registered manager if changes occurred and communicated via the communication book and handover sheets.

The registered manager tasked support workers with locating suitable accommodation to ensure effective care delivery and risk management in the event the service needing to close due to an emergency. For example local hotels could be contacted to provide overnight accommodation.

We asked the registered manager what systems were in place for assessing and monitoring the service and the delivery of care and support required. The registered manager told us the service was audited by the operations manager on a monthly basis. The audit monitored environmental standards, record keeping, supervision and appraisal, care planning, medication procedures and the views of staff, supported individuals and relatives. We were provided with evidence of the audits during and following the inspection.

The registered manager completed audits in Infection Control, Medication, Health and Safety and monthly checklists. Action plans were devised from all audits and tasks shared between the registered manager and staff team.

The registered manager had received training in the key areas to allow her to undertake her role. This included: MCA/DOLS, financial awareness, safeguarding, Person Centred Approaches and management training (e.g. attendance management). The registered manager was working towards the Qualifications and Credit Framework (QFC) level 5 qualification.

There was a computer system in place with a shared drive for each of the company's services where information regarding aspects of service delivery was accessed to track compliance and quality by senior management.

There was a clinical risk committee where areas of risk were discussed and responses fed back into the service via the managers. The registered manager and senior staff completed regular supervisions with the staff team.

The registered manager provided new staff with induction buddies to enable them to adopt best practice and offer support through the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

A three day orientation programme was completed with all new staff members. Support workers had created an easy read orientation pack. The service received feedback from the business review meeting (which assesses and monitors business and support trends) and the senior leadership team which reviews practice development and operational issues.

The registered manager understood their legal responsibilities. They sent notifications to CQC about important events that had occurred at the service and their PIR explained how they checked they delivered a quality service and the improvements they planned to make.