Consensus Support Services Limited

Smugglers Barn

Inspection report

Snow Hill, Crawley Down, RH10 3EF

Tel: 01342 719162
Website: www.consensussupport.com

Date of inspection visit: 10 February 2015
Date of publication: 27/03/2015

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

Overall summary

The inspection took place on the 10 February 2015 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 four adults with learning disabilities and complex needs including mental health, challenging behaviour and epilepsy.

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.

The experiences of people were positive. People told us they felt safe living at the home and staff were very kind. Staff supported them to live independently and helped with living skills and self care. Staff showed a great understanding about their needs. People were encouraged and supported in daily activities such as going shopping and cooking their own food.

Summary of findings

People had access to and could choose suitable educational, leisure and social activities in line with their individual interests and hobbies. These included day trips, shopping and working at a local farm.

People's needs were assessed and care plans were developed to identify what care and support they required. Staff worked with healthcare professionals such as Doctors and Psychiatrists to obtain specialist advice to ensure people received the care and treatment they needed. People were supported to live as independently as possible.

Residents and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Staff and people told us they liked the regular meetings. Feedback was sought on a daily basis; the home accommodated four people and this meant they could talk to the staff throughout the day and raise any concerns if needed. Feedback was also sought on an annual basis via a survey for people and staff.

Staff were aware of their responsibility to protect people from harm or abuse and knew what action to take if they were concerned. They told us they were confident to use the procedures to raise concerns.

We saw there were enough staff to meet people's needs. People were supported on a one to one basis. Staff were kind, attentive and patient when supporting people and treated them with respect. Staff spent time with people and were present in communal areas.

There was a positive and open working atmosphere at the service. People, staff and professionals all said they found the management team approachable and professional.

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?

Good

The service was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access and cook food and drink of their choice.

Is the service caring?

Good

The service was caring.

People who used the service told us felt they the care staff were caring and friendly.

People were involved in making decisions where possible about their care and the support they received.

Staff were respectful of people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's individual care needs were assessed and reviewed on a regular basis.

People were supported to take part in activities within and away from the service. People were supported to remain in contact with people who were important to them.

There was a system in place to manage complaints. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a positive and open working atmosphere at the service. People, staff and professionals all said they found the management team approachable and professional.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The service had detailed quality assurance and audit processes in place to monitor the quality of the service and make improvements where necessary.

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.

The inspection took place on the 10 February 2015 and was announced. The provider was given 48 hours notice because the service had four people living there, we wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector and an expert by experience with experience in learning disabilities, they were accompanied by their support worker. 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 we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people who lived at Smugglers Barn, one volunteer, two senior team leaders, three support workers and the registered manager. We observed care and support in the communal areas during the day. We also spent time observing the lunchtime experience people had.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, three staff training, support and employment records, quality assurance audits, audits and incident reports and records relating to the management of the service.

After the inspection we spoke with one health care professional who worked with the service to gain their feedback and they consented to have the feedback included in the report.

The service was last inspected on 9th January 2014 with no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us "I feel comfortable talking to the manager or my support worker if I need help or am worried about something".

One healthcare professional told us "Staff always appear to be mindful of the safety of the residents and whenever I have visited, the correct levels of staffing have been observed".

People were 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 policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and we confirmed this from the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns.

Safety notices including how to make a complaint were displayed in both written and pictorial format around the home enabling people to understand what they could do if they had any concerns.

We observed there were enough skilled and experienced staff to ensure people were safe and cared for. Staff rotas showed staffing levels were consistent over time. Staff confirmed that there were enough staff to meet people's needs.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider to describe how medication was managed and administered safely. Medicines were safely administered by the senior support worker on duty. All medicines were stored securely in a locked medicine cupboard and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. A senior support worker described how they completed the medication administration records (MAR) and how they would support a person if they refused their medication. This description was in line with best practice guidance.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book and reflected in people's care plans. Individual risk assessments were in people's care plans and preventative measures in place to minimise the risk of accidents or incidents. Any actions or follow ups to an accident or incident were documented.

Emergency and contingency plans were in place for any unseen emergencies for example fire or flooding. The plans detailed what route staff would take in such emergency and a detailed disaster recovery plan for each event. Staff we spoke with confirmed they were aware of the plans and where to find them.

Recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and references to assess their suitability. A new member of staff confirmed this was the process they had undertaken before working at the home. This ensured safe recruitment procedures were in place to safeguard people.

Good

Is the service effective?

Our findings

People spoke positively about food and one person told us "I have someone to help me cook, I like cooking cakes". Another person told us "I like going to the supermarket to buy food". We saw detailed records of people's dietary needs documented and where needed a doctor or dietician had been involved.

A weekly menu was available for people which offered choices and had pictures of food. One support worker told us that people choose daily what they would like to eat and were supported to go shopping and assist with the cooking. People were also supported to go out for a meal if this was their choice.

Some people had specific dietary requirements related to their health needs such as needing a healthy diet to lose weight. Other people had specific preferences about the foods they did or did not like. These were recorded in their care plans so support workers could make sure they catered for people's individual needs.

One health care professional told us "The people I have placed at Smugglers Barn have all further developed their daily living skills since being there and have all progressed towards being more independent. People have been encouraged to attend activities that will not only help them develop their skills but also their own confidence.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. Where possible people were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required with making decisions. If people did not have the capacity to make specific decisions, the service involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the MCA. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found keypad locks on the doors may have been restrictive to people's liberties. We discussed this with the manager who explained this had been risk assessed and documented in support plans and was in place for people's safety. If a person wished to go out, they were able to at any time with the assistance of their support worker. Within 24hrs of the inspection the manager had contacted the local authority to submit a DoLS application for three of the people who lived at the home in relation to the door restrictions and continuous supervision required.

Staff records showed they were up to date with their essential training in topics such as moving and handling and challenging behaviour. 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. The training plan documented when training had been completed and when it would expire. Staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs.

Staff had regular 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. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. One member of staff said "This is a great place to work, I am fully supported in my role and my manager is so helpful, I love it here". This showed staff were supported and encouraged in their role.

People were supported to maintain good health and have on going healthcare support. We saw visits 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.

Good

Is the service caring?

Our findings

People told us they felt supported by the staff and felt they were caring. One person told us "I am happy here". Another person told us all of the names of the people who lived at the home and said "They are all my friends".

We observed staff took time supporting people and responding to people's questions. People told us they were encouraged to be as independent as possible. They told us they were able to make choices about their day to day lives and staff respected their choices.

Staff were passionate about people receiving appropriate care and support to meet their needs. One support worker told us "We ensure people are supported to be as independent as possible and help them to build on life skills and confidence". Another member of staff told us "I enjoy working here so much, we have a great ethos and care so much for everyone".

There was a friendly and homely atmosphere at the home. People were smiling and happy to talk to us. The interactions we saw between people and support workers were caring and supportive. For example we saw one support worker encouraging and supporting a person to make a cup of coffee in the kitchen.

People told us how they were cared for and supported in and out of the home to live their lives and were helped when needed which included personal care, shopping and trips out. Each person had a support worker who was a member of staff that worked on a one to one basis with the person who listened and supported them with experiences and choices.

Each person had a daily living skills day. This included cleaning, washing and going food shopping. The person would then be supported to cook a meal for everyone that day. This enabled people to develop daily skills and build confidence. People we spoke with told us how they enjoyed going shopping and cooking in the kitchen.

People were aware of their support plans and had involvement in them. Care and support plans were personalised to the individual to facilitate an individualised care. Support plans contained clear information about people's likes and dislikes and what was important to them.

People's privacy and dignity was respected. We observed support workers knocking on a people's doors asking if they could enter and would wait for a response. The atmosphere in the home was calm and we observed that support workers interacted with people and visitors in a friendly, respectful and caring manner.

Information for people who lived at the home was displayed in various areas. This included information on activities, menus and how to raise concerns. The information was informative and explained in a way for people to understand which included pictures.

The home had various communal areas including a lounge, kitchen/dining room and a activities/quiet room. The majority of people chose to be in the kitchen/dining room on the day we visited. Staff were observed attending to people's needs and spending time with them. Staff responded to people when they asked for help and were available for people throughout the observation.

Good

Is the service responsive?

Our findings

People had access to activities and could choose what they would like to do. For example, one person told us, "I like working on the farm". Another person told us "I can choose what I like to do"

People were supported to access the community and maintain relationships with family and friends. Arrangements were in place to assist people to access events outside of the home. We spoke with the manager who told us "People choose what they would like to do, we have one person who loves going to the local farm and helps out with the animals".

The staff talked about people's families and how they supported people to see them on a regular basis. Staff spoke about one person that calls his mum every day. The person smiled and nodded in agreement. One person told us "Staff take me on visits to my family home", the person smiled and looked happy when telling us.

Each person had an weekly activity plan, these 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 go on trips, I have been on a helicopter, museums, exhibitions, cinema, and library". The person was very happy telling us and got very excited talking about the trips". One support worker told us "We provide great person centred care, people get involved in so many activities that they really love and enjoy".

Support plans included information on maintaining people's health, their daily routines and how to support them. Support plans showed how people wanted to be cared for and supported. Staff had access to the plans which enabled them to provide support in line with the individual's wishes and preferences. One support worker said "The support plans are really person centred and detailed. We involve the person to make decisions on their support".

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 told us they 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.

People were aware on how to make a complaint or make a suggestion. One person told us "I normally go to a manager when I have a problem, I will tell him everything". Around the home were posters for people to remind them how to make a complaint if they wished too, the complaint form was designed in a pictorial format for people to understand. 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.

Good

Is the service well-led?

Our findings

People spoke positively about the quality of care and how approachable the manager was. One person told us "I get on with the manager". Another person told us "I go to the manager if I have a problem".

There was an open and inclusive culture at the service. Staff and people all 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 support worker told us "We have great team working and the manager is really good".

A health care professional we spoke with told us, "The current manager manages his team of staff well and is approachable and open to new ideas that are in the interests of improving services to the residents and staff alike. He has always been receptive to suggestions or recommendations from professionals and readily listens to relatives if they believe that something is not quite right and tries to work with them to resolve issues".

The manager told us they were constantly looking for improvements for the service. We were shown an improvements board in the communal lounge. The board was designed for people and staff to write ideas on and then these were discussed at a house meeting. A suggestion the manager told us of was to improve people's care plans, part of this was to make them more pictorial in an easy read format for people to have a better understanding, which they were working on.

We saw that regular audits of the quality and safety of the service were carried out by the homes management team and also a provider's representative to provide management support to the registered manager. Action plans were developed and followed to address any issues identified during the audits. Performance management systems for staff were in place and the manager told us how he had implemented these when necessary. This included observing and working alongside staff to ensure working practices delivered high quality care.

Monthly staff meetings were held and staff opinions listened to. The meetings were used to share information and support staff. Staff praised the leadership and the support they received. One support worker told us "We have a supportive manager who listens and helps us where needed, they have helped me to progress in my job".

There was good communication at the service. The manager stated, and staff confirmed, that handover meetings were an integral part of communication. The staff we spoke with all told us how important and beneficial these meetings were to be kept up to date with people's needs.

There was a commitment to quality assurance from the registered manager. We were shown the audits that were carried out monthly which reviewed care plans, health and safety, medication and training for staff. We were also shown a 'first impressions audit tool' this was used by the manager to gain a first impression of the quality of the service. It would be used as a walk around the service and rating the quality of areas such as the gardens, communal areas and exterior of the property. Any improvements that were needed were then addressed.