Consensus Support Services Limited

Haydock House

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

This unannounced inspection took place on the 17 and 22 June 2016.

Haydock House provides accommodation with personal care for up to eight people. There were seven people in residence when we inspected. This is a service that specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS). This is a genetic condition that predominantly manifests with early years onset of hyperphagia which is an abnormal unrelenting great desire for food driving the person towards excessive eating and, left unchecked, life threatening obesity. Other characteristics of PWS include, for example, learning disabilities that may range in severity, and challenging behaviours are a feature of PWS whether or not the person has a measured learning disability.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were cared for by sufficient numbers of care staff that were experienced and had received the specialised training they needed to do their job safely when supporting people with PWS. The care staff team as a whole were very capable and understood and acted upon the complex care support needs of each person. They were able to maintain a safe environment for people to sustain excellent practice that enabled people to meet the challenge of managing their PWS and live rewarding, healthy lives.

People's care needs had been comprehensively assessed prior to admission. They each had an agreed care plan with goals they saw through to fruition with the support of their 'keyworker', the care staff team, and in no small measure the positive drive of the organisation to empower the individual to achieve life enhancing results through their own efforts.

People were enabled to do things for themselves by friendly, highly motivated care staff that were attentive to each person's individual needs and understood their capabilities and the day-to-day and long term challenges people had to contend with because of PWS.

People's individual preferences for the way they liked to receive their support were respected. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Care staff were mindful that people with PWS experienced heightened anxieties that had a negative impact on their quality of life if day-to-day living lacked boundaries that people understood had a positive impact on their wellbeing. Care staff consistently ensured that people experienced a well-structured day that enabled individuals to thrive.

People's healthcare needs were met and they received timely treatment from other community based healthcare professionals when this was necessary. People's medicines were appropriately and safely

managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals with expertise in PWS. People had enough to eat and drink, enjoyed their food, and were pleased with the results of their controlled diet and the health and well-being benefits rising to the challenge conferred.

People, their families or significant others, were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate action would be taken to try to resolve matters to their satisfaction.

People received care from care staff that were supported and motivated by the provider and management team to do more than just keep people safe. The goal of the provider was to enable people with PWS to make positive life changes and the success of the care staff team was to support each individual to achieve this through the person's own efforts.

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.

People's care needs and consequently any associated risks, including those specifically arising from Prader-Willi Syndrome (PWS), were comprehensively assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of knowledgeable care staff that had the experience and competence to provide safe care.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Is the service effective?

Good

The service was effective.

People benefitted from being cared for by care staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People received care from care staff that had the training and acquired skills they needed to meet the complex needs of people with PWS.

People's healthcare and nutritional needs were consistently met and carefully monitored, and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good

The service was caring.

People were individually involved and supported to make choices about their day-to-day care. Care staff respected people's preferences and the choices they were able to make about how they received their care.

People's dignity was assured when they were supported with personal care and they were treated with kindness, compassion and respect.

People received their care from care staff that interacted with them positively, enabling them to express their views and manage the personal challenges they faced as a consequence of PWS.

Is the service responsive?

Good

The service was pro-actively responsive.

People received personalised care that was holistic and quality of life enhancing. People's support plans were reflective of a service that strived to put individual needs to the fore and that was flexible and adaptable enough to meet the challenges posed by people with PWS.

People were enabled to cultivate and act upon their aspirations and were motivated by care staff that gave due recognition to each person's achievements.

People's skills and abilities were utilised to enhance their self-esteem and individuals had been encouraged and enabled to take up meaningful paid work with employers in the community.

People were enabled to experience and benefit from enjoying intimate personal relationships with consensual partners that, without enlightened and sensitive care staff support, may never have come to fruition.

Is the service well-led?

Good

The service was very well-led.

People's achievements were kept very much to the fore by a management style that inspired, motivated, and enabled them to do well. This included people rising to the challenges of their Prader-Willi Syndrome (PWS) as well as the care staff team that collectively sustained an environment conducive to people positively managing their lives.

People hugely benefited from a managerial culture that from top to bottom strived to have direct day-to-day involvement with the people they supported.

People benefited from receiving support from a provider that worked hard to support its management team by promoting and building upon individual strengths through training and opportunities to rise through the organisation.

Haydock 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.

This unannounced inspection was carried out by an inspector and took place on 17 and 22 June 2016.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people in residence, the managing director of the organisation and four care staff including the registered manager. We looked at four people's care records and related documentation about the support people required.

We also looked at four staff records in relation to recruitment, training, and best practice. We looked at other documented information related to the day-to-day provision of the service and quality assurance monitoring practices by the provider and registered manager.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed the communal accommodation and facilities used by people and, by invitation, we looked at one person's bedroom.

Good

Is the service safe?

Our findings

People's care needs were safely met by sufficient numbers of experienced and trained care staff on duty. People were protected from the knock on effects of experiencing low staffing levels. Staffing levels were proactively monitored and a weekly report sent to senior managers within the organisation to evidence that optimum staffing levels were being sustained. There were on-going recruitment drives to build up 'bank staff' that were readily available to cover for care staff absences due to sickness or leave. One person said, "I don't worry but if I do they [care staff] are always around to help me. That makes me feel safe here."

People's needs were regularly reviewed by care staff so that risks were identified and acted upon. People's risk assessments were included in their care plan and were updated to reflect any changes and the actions that needed to be taken by care staff to ensure people's continued safety. People were involved in determining the action they needed to take to help protect them from avoidable harm. Risk assessments had been developed with people's individual contribution as well as from family and professionals. Care staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. They were also mindful of and appropriately acted upon other specific risks associated with Prader-Willi syndrome (PWS), such as the potential dangers posed by people with the PWS having a high pain threshold and a 'poor body thermostat' affecting their ability to keep their body at the right temperature.

People's safety was enhanced because they were supported in a structured way that suited each individual. Care staff worked carefully and thoughtfully with each person to minimise the pressures felt by people with Prader-Willi Syndrome (PWS), such as temper outbursts. This was achieved by ensuring individuals were not faced with an unstructured day or insufficient warning of a 'change of plan'.

People were safeguarded against the risk of being cared for by persons unsuitable to work in a care home. Recruitment procedures were robust. This included checking the employment history of each prospective staff member, not just the 'frontline' care staff team, as well as ensuring that the Disclosure and Barring Service (DBS) was used to find out if an applicant was unsuitable at the outset because of the nature of a criminal conviction.

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff that had received the necessary training.

Good

Is the service effective?

Our findings

People received care and support from care staff that had acquired the experiential skills as well the training they needed to care for people with a range of complex needs arising from Prader-Willi Syndrome (PWS).

People's needs were met by care staff that were effectively supervised, trained, and had their job performance regularly appraised. Good practice was monitored on a daily basis by care staff whilst colleagues were engaged with people carrying out activities. Regular individual supervision meetings were held between care staff and their manager throughout the year and there was an annual performance review of each team member.

Newly appointed care staff had received comprehensive induction training that was competency based and prepared them for their duties. This was in line with the requirements of the Care Certificate that sets out the learning outcomes, competencies and standards of behaviour that all staff employed in social care should achieve. One care staff member said, "We regularly meet and discuss our job. It's a daily challenge to see if we could have done things better." Another care staff member said, "Working with PWS means you really need to know your 'stuff' to do the job. A lot of it comes with experience but we get lots of training and information about the latest thinking surrounding PWS. They [the organisation] are very good like that." Minutes of meetings held at Haydock House were kept and action plans were implemented with people's participation.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. 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. Care staff acted in accordance with people's best interests.

People received timely healthcare treatment from appropriate community based professionals. Care staff acted upon the advice of healthcare professionals that had a role in people's treatment. Suitable arrangements were in place for people to attend their GP's surgery and receive prescribed treatment when they needed it. People had regular healthcare check-ups to ensure their physical wellbeing.

People's nutritional needs were met. Care staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs within the constraints of PWS. People with PWS have a hypothalamic dysfunction that undermines their capacity to make consistently rational decisions about eating, particularly so in the absence of support that provides the boundaries they need to enjoy their food without seriously compromising their health. Care staff, for example, ensured the calorific value of meals was a measured factor in meal choices. Each person's food intake was consistently monitored to ensure they maintained a healthy weight by way of a controlled low calorie diet. People's

access to food was limited, for example by restricted access to where food was stored. Such an environmental restriction minimising unnecessary exposure to food was necessary as one of the key practical PWS management measures recognised by PWS healthcare professionals. This simple step, in working collaboration with each person supported, minimised the risk of out of control eating and the consequence of life threatening obesity. This practice was necessitated by a duty of care and was reflected in their care plan as in their best interest.

People were pro-actively involved in managing their own food intake. One person said, "I know if I eat too much I'll get ill but they [care staff] really help me to stop doing that so I'm happy." People also said they were proud of keeping their weight down and that it helped them feel 'good'. People also enjoyed their meals and were not denied 'treats'. Care staff were also mindful of people's likes and dislikes. One person said, "We get nice things to eat here and when we go out."

Good

Is the service caring?

Our findings

People were supported by care staff that were compassionate, attentive, and empathetic. People were relaxed in the presence of staff and chatted about their day. Care staff directed their attention towards the person they engaged with and did not become distracted, using words of praise or reassurance to good effect. Care staff used people's preferred name when conversing with them. Crucially for people with Prader-Willi Syndrome (PWS) the stresses of day-to-day living were managed by supporting people at their own pace; they were not rushed. One person said, "When I go out I get plenty of time to get ready so I don't get upset."

People received the attention they needed from the care staff team. This was provided in a sensitive way and people's right to privacy was protected by care staff. People's personal care support was discreetly managed by care staff so that the person's dignity was not compromised. Care staff responded promptly when people needed their attention or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was becoming upset. They were mindful of the 'triggers' that preceded behavioural challenges.

People were supported in an environment where positive relationships were nurtured by friendly social interactions. People experienced positive relationships with others. Enjoyable social events regularly featured in people's daily activities, both amongst the group of people living together and with friends people had made in the organisation's other homes.

People benefited from having a 'keyworker' they related to as a first 'point of contact', someone they knew that had this role of getting to know them personally and being able to spend time with them on a one-to-one basis. One person said, "I like [name of keyworker]. We go for coffee together in town. [Name of keyworker] is nice, friendly. I can ask [name of keyworker] when I'm not sure about anything." Care staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

People's bedrooms were personalised with the things they valued and had chosen to have around them. One person said, "I like to be in my room. I can go there whenever I like." A member of care staff said, "It's important to them that their room is their own private space where they can relax."

People were encouraged to have visitors, with relatives and friends made very welcome at Haydock House.

Good

Is the service responsive?

Our findings

People received personalised care, each according to their needs. Prior to a person arriving at the home a comprehensive 'assessment tool' document of over 20 pages had been completed. The detailed information gathered provided the assessor with a 'holistic' overview of the person's physical needs, mental health needs and the range of behaviours arising from how Prader-Willi Syndrome (PWS) has uniquely affected them personally. People were assessed if they required 1:1 support with certain aspects of their daily living, such as personal hygiene, particularly if they were overweight at the outset. The assessment considered people's values, beliefs, hobbies and interests along with their goals for the future.

People benefited from receiving support from care staff that were consistently mindful that they were supporting individuals that had their own hopes, fears, and aspirations. In addition to building up a picture of the basic care that each person needed considerable effort was made to capture the essence of the person and how to provide them with the care and support they needed to enable them to enhance their life experiences.

People were enabled to feel pride in their achievements and this was an important factor in their psychological wellbeing. Individual achievements were valued by care staff and featured in articles published in the organisation's news magazine to inspire others. These achievements ranged from individuals doing something they had always wanted to do, to facing tough challenges to improve their state of health. As a direct result of care staff encouraging and supporting people to set and achieve goals individuals felt empowered to enhance their quality of life. One person that had a passion for tennis was enabled to attend a Wimbledon match and enjoyed an 'unforgettable' and enriching experience that would have been an unlikely opportunity without the proactive involvement of the staff team. Another person has succeeded in losing an astonishing weight loss of nearly 90kg. They have sustained their healthy weight and gone on to work in paid employment in the community that they thoroughly enjoyed, as well as hugely enhancing their state of physical wellbeing by improving their health. Although such an achievement has been nurtured by the care staff team they have ensured that it is the individual's achievement that has been celebrated. One care staff member said, "They [the people they support] do all the hard work after all. We ensure the structure is there to enable them to safely achieve results they can be rightly proud of."

People's collective achievements as group working in collaboration with one another were celebrated. People living at Haydock House had teamed up to participate in the 'National Care Home Garden Challenge' competition. The visible results of all their hard work transforming what had been a drab parking area to the rear of the home into a blossoming garden were evident when we inspected. Our unannounced inspection of Haydock House coincided with their garden 'open day'. All the participants were enthused by the outcome of their creativity and care staff had invited people's friends from the wider PWS community to enjoy the garden. People's effort was also recognised and acclaimed by the attendance of senior managers, including the managing director of the organisation. In addition to the 'feel good' factor of the team's imaginative creation, Haydock House was the overall winner of the 'Inspiring Success Category' of the competition. This was because care staff had enabled one particular individual to benefit immensely from experiencing pride in their own demonstrable achievement in creating something tangible that they and

others could take pleasure in. One person said, "Look at what we have done. It makes me so happy."

People fully participated in care planning and their care plans were reviewed regularly with their involvement. Their 'voice' was documented and integral throughout their care plans. Care plans were live tools to guide staff and for people to input their goals and explore realistic ways of achieving them. Care staff adapted the support people received to reflect their changing needs but at all times ensured the person was actively involved and understood why the change was beneficial. Care planning took into account, for example, if the person required support with emerging, or existing behaviours that challenged themselves or others.

People were pro-actively supported to enable them to face the day-to-day challenges of PWS and not simply experience reactive interventions from care staff when stresses manifested in behavioural outbursts. Care staff were insightful in their choice and number of words they used to minimise the likelihood of being misinterpreted. They made a conscious effort to affect a 'gentle' tone of voice that was conducive to creating a calming effect that also helped people grasp the meaning of what was being said. The structure of the day was thoughtfully planned and adhered to, with each person knowing what they were going to be doing, with whom, and when. This minimised the risk of confusion that is particularly detrimental to people with PWS because of their heightened sense of anxiety.

People experienced relationships with others in a structured environment that enabled them to enjoy partnerships where they were able to express their sexuality. One person said, "Sometimes my partner 'stays over' and we can be private. I like that very much." A care staff member said, "We do constantly work with individuals to ensure that at all times such relationships are consensual." Behaviours were carefully monitored to identify if a person was unhappy with the relationship. One person said, "I tell my keyworker if I don't want a visit." Contingency arrangements were in place to ensure that a visiting partner always had the option of being returned home if either partner had 'a change of heart'. There were clear guidelines in place for care staff to observe, not least with regard to risking temporarily exceeding registered numbers being accommodated in the premises, so arrangements had to take into account vacancies or other service users being away on family home visits.

People were encouraged to 'have their say'. There were was a 'comments box' they could use, as well as meeting at times throughout the day with their keyworker. Meetings where people had the opportunity to speak up were a regular feature and minutes were kept to reflect actions taken. People knew how to complain and there was a comprehensive complaints procedure in place. There had been no formal complaints but a day-to-day record was kept of anything raised that had a negative connotation, including what was done to tackle the issue. One person said, "If I don't like things I say it. They [care staff] listen. They help sort it."

Good

Is the service well-led?

Our findings

People ultimately benefited from an organisation that was very supportive towards its registered managers and their care staff teams. Care staff were motivated and enthused to ensure high standards were upheld and people received the best care. This drive to promote and sustain best practice underpinned the innovative support people received from the care staff team as a whole. The organisation also worked very closely with the Prader-Willi Syndrome Association (PWSA), as well as utilising the knowledge shared by professionals nationally and abroad that have particular expertise in working successfully with people with Prader-Willi Syndrome (PWS).
People were valued by senior figures within the organisation that were very 'visible' to the care staff team and to the people that they supported. Their attendance at events that highlighted and celebrated people's achievements was routine but very much appreciated as an acknowledgement of all the efforts that had been made by people and the care staff team that supported them along the way. This was evidenced by the managing director (MD) personally attending the garden 'open day' at Haydock House on the day we inspected. The MD spent time talking with people and sharing in their delight and pride in the garden features they had created. One person said, "I'm really happy he [MD] liked it [garden] so much."

People were supported by a team of care staff that had a robust knowledge base that underpinned good practice. People were assured of receiving care in a home that was competently managed on a daily basis. The registered manager had the necessary knowledge and over five years acquired experience in management related to people with PWS to motivate the care staff team to do a good job. Care staff said there was always an 'open door' if they needed guidance from the new manager or from any of the senior care staff. The registered manager was very well thought of by people using the service and the care staff team. There were well defined and accessible lines of support and professional guidance within the organisation for the registered manager to utilise to the benefit of both the care staff team and the people they supported. The registered manager said that there was a network of other home managers in the county as well as senior management within the organisation as a whole that were contactable for advice. Registered managers also met regularly to share ideas and celebrate successes, as well as look at ways of improving the service people received. Care staff also felt they had a supportive manager. One care staff member said, "[Name of registered manager] is always there for them [supported people] and works really hard with us to make sure they live fulfilled lives." Another care staff member said, "Sometimes the job is really difficult, especially if we see someone [person supported] is having a real struggle. [Name of registered manager] gives us the 'spark' we need to keep going and the knock on effect for people we support is plain to see because we get good results."

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Care staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). People's entitlement to a quality service was monitored by the audits regularly carried out by the new manager and care staff team. These audits included, for example, checking that care staff were adhering to good practice guidelines and following the procedures put in place to protect people from poor care as well as to enhance the quality of people's lives.

Alongside the audits and quality monitoring systems used within the service, the provider also undertook their own internal compliance monitoring visits. They undertook to review all aspects of service delivery and they had based audits around the Care Quality Commission (CQC)domains of safe; effective; caring; responsive and well- led.

People were supported by a care staff team that were motivated to do well. The registered manager encouraged individual self-development amongst the care staff team so that they were in a better position to progress within the organisation. This was achieved with support from the organisation's learning and development team that have recently rolled out a programme for staff to attain nationally recognised qualifications. The provider and registered manager demonstrated passion and commitment to providing an outstanding service for people and their relatives. These values were upheld by care staff that were enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

People's care records were fit for purpose and had been regularly reviewed. Care records accurately reflected the daily care people received. Records relating to care staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Comprehensive policies and procedures to guide care staff were in place and had been routinely updated when required.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.