Consensus (2013) Limited

Weston Villa

Inspection report

179-183 Rockingham Road
Kettering
NN16 9JA

Tel: 01536519111
Website: www.consensussupport.org

Date of inspection visit:
03 March 2021

Date of publication:
02 June 2021

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?	Requires Improvement

Summary of findings

Overall summary

Weston Villa is a care home service that is registered to provide care for up to eight people with learning disabilities and autistic spectrum disorder. At the time of the inspection there were eight people living in the home.

The care home accommodates people across two separate buildings. Weston Villa has four self-contained flats which accommodates four individuals, and the second building known as Henson Court comprises of a communal lounge, kitchen and sensory room with individual bedrooms with en-suite facilities, this also accommodates four people. Weston Villa and Henson Court are registered as one service; in the report we will talk about the service as one location.

People's experience of using this service and what we found
Risks in the environment were not consistently well monitored.

Medicines were mostly managed safely with some improvements required to monitor storage.

The management team had experienced some changes and the provider had not consistently maintained oversight of the safety and quality of the service. Staff training required improvements to ensure it was completed in a timely manner and regular updates took place. We have recommended that the manager and provider keep the rotas under review to ensure an appropriate skill mix across shifts whilst training and updates of training continue.

Staff supervision and appraisal had been inconsistent, but staff felt well supported and able to approach the management team with ideas or concerns, and staff morale was described as good. Some staff inductions had been restarted to ensure good support.

There were enough staff to meet people's needs.

People were protected from infection through infection control procedures. Staff had adequate supplies of personal protective equipment [PPE] and knew what PPE to use in specific circumstances. Staff were involved in regular testing for COVID-19.

People were supported to maintain a healthy balanced diet.

The staff and management team worked in partnership with other professionals to ensure timely access to services and promote smooth transition between services. People and their family were considered partners in their care experience and care was person centred and inclusive.

Individualised risk assessments were completed and measures in place to mitigate risk. Lessons had been learned when things had gone wrong.

People were protected from the risk of abuse. Staff were recruited safely and were kind caring and respectful of people's privacy and dignity.

A complaints procedure was in place. Complaints were monitored by the provider and actioned appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The home was situated in a residential area, with no signs from the exterior that it was a care home. People were supported to be as independent as possible and encouraged and supported to make their own decisions and choices. People had either private rooms or flats and staff were respectful of people's privacy and dignity. People were supported with job applications and empowered to challenge legal restrictions if they wished to. `

Right support:
• Model of care and setting maximises people's choice, control and independence

Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection. This was the first inspection for this service.

Why we inspected
We received concerns in relation to the management of medicines, infection control, safeguarding and abuse. As a result, we undertook a comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Weston Villa

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Weston Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 20 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch Northamptonshire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the manager, the support director, and six support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, staff rotas, safety certificates and policies and procedures.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
● Risks to people such as accessing the community and choking were assessed and measures in place to mitigate risks were planned into care.
● People had personal emergency evacuation plans in place (PEEP's) to ensure they were supported appropriately in the event of an emergency.

Staffing and recruitment
● There were enough staff deployed across shifts to meet people's needs. The management team deployed a hands on approach to support staff including covering their breaks which ensured people received their support as planned.
● Staff told us that the provider was in the process of recruiting more staff to ensure holiday cover was easier to manage. One staff member said, "We manage to cover shifts between us as we have a good team and they (the provider) are recruiting more staff." Rotas evidenced that some staff were working longer weekly hours to provide extra support. One staff member told us, they felt concerned some staff were taking on too many shifts to ensure cover.
● Staff were recruited safely. The provider had a robust system and process in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely
● Medicines were mostly managed safely. However, we identified that medicine fridge and room temperatures were not consistently recorded, there was no evidence that people had been harmed.
● Medicine charts were in place and completed appropriately. Two staff were required to check and sign when giving medicines; a staff member told us this prevented errors and the system worked "really well". Dropped or spilled medicines were recorded and disposed of safely.
● Protocols were in place for 'as and when required' (PRN) medicines and people received their medicine when they needed it. Where people were administering their own medicine there were care plans in place to support this and guide staff on the level of support needed. One relative told us staff ensured medicines are given when needed.

Preventing and controlling infection
● The home was visibly clean and free from malodour. Cleaning records had not consistently been completed for high touch areas. The manager had identified this prior to the inspection and had introduced

a new record due to be implemented following the inspection. This would need to be continued and embedded in practice. Staff told us that an allocated staff member was responsible for cleaning high touch areas and this took place frequently.
● The manager ensured that people and staff were tested regularly for COVID-19 as per government guidance.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider would admit people safely to the service. However there had not been any new or re-admissions during the pandemic.
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. Staff demonstrated a good understanding of recognising the signs of abuse and how and where to report it. We observed people appeared comfortable around staff and there was a relaxed atmosphere. One relative told us, their relative had never expressed concerns around safety.
● The provider had a dedicated whistle-blower contact number which staff told us they would call if they had concerns. Staff also told us they would be confident to raise their concerns with the manager and the senior management team.

Learning lessons when things go wrong
● Accidents and incidents were recorded by staff and sent for management review. However, we identified three historic incidents that had not received a management review and had not been entered onto the providers oversight system. The manager advised this had been an oversight due to changes in management and was able to demonstrate that other incidents had been recorded since. There was no evidence that people had been harmed.
● Lessons were learned when things had gone wrong. For example, a recent incident had prompted the manager to review and improve a safety mechanism in the home to ensure it did not fail should the incident be repeated.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● Staff training required some improvement to ensure staff had the skills and knowledge to support people. The training schedule evidenced that a high number of staff had either not completed some areas of training or were overdue a refresher course. The provider had taken steps to address this with the purchase of an additional training computer for staff use.

We recommend the manager and provider keep the rotas under review to ensure an appropriate skill mix across shifts whilst training and updates of training continue.

● The manager had recognised that some new starters had not received the usual standard of induction during the pandemic and had decided to restart the six-month induction process for some staff members. A buddy system had been newly implemented to ensure new staff were well supported. This meant going forward staff would be mentored by an already experienced member of staff. This would need to be continued and embedded in practice.

● Staff who had completed training told us it was of a good standard. One staff member said, "The training definitely gave me the skills needed", they had also found the positive behaviour support training "Particularly helpful."

Supporting people to eat and drink enough to maintain a balanced diet

● People's specific needs around food and drink were well documented and supported. Staff had a good understanding of how to support people to have healthy relationships with food and manage their behaviours in this area. There was evidence of inclusion and choice around food as much as possible. One relative said, "[Relative] chooses what to eat."

● Where people's fluid intake required monitoring, this was documented and reviewed. One person's records evidenced they consistently received the recommended amount of daily fluids.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs had been assessed prior to them moving into the home. Transitions had been planned to ensure people had time to adjust to the environment and ensured the service could meet people's needs.

● Assessments included people's health conditions and behaviour support needs, religion, important relationships, culture, likes, dislikes and hobbies. This information had been used to plan peoples care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

● The staff and management team worked in partnership with healthcare professionals to ensure people had access to health care support when they needed it. For example, there had been input from the dietitian and speech and language team to ensure good nutrition and support with a specialist feeding regime.

● The management team had worked in partnership with a local hospital to develop hospital passports for people to ensure a smooth transition between services.

Adapting service, design, decoration to meet people's needs

● People's rooms and flats were personalised to their preference. For example, people were encouraged to display artwork of their choosing and choose their own interior decorations.

● People with sensory needs had access to quiet space when needed in a sensory area and had sensory equipment in their rooms.

● Where people were at risk of scalds, burns or choking, kitchens were locked. However, people could access these areas with staff support as and when they chose to.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● People were supported in the least restrictive way possible. Individualised, decision specific mental capacity assessments had been completed and best interest decisions recorded. Were people were deprived of their liberty DoLS were in place and people were supported in line with their agreed plans.

● The management and staff team had a good understanding of MCA and DoLS. People were encouraged to make their own decisions and choices as much as possible. People were supported to explore their options around the deprivation of their liberty and the staff worked with appropriate professionals to support understanding of the legal process.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed good relationships with staff. There was a friendly, family atmosphere in the home with the staff and management team sharing appropriate humour with people and genuine interest in their conversations. One relative told us, "They (staff) are very kind and caring."
- People's religious and cultural needs were assessed and planned into care. For example, staff had recorded where people wished to celebrate religious festivals; people were supported to partake.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were encouraged to be involved in the planning of their care; care plans reflected this. Where more complex decision would be difficult staff ensured there was family involvement. Other decisions that people could make for themselves were well supported. One person showed us their plan with the meals they had chosen and told us they made decisions on what to purchase with their money.
- Handover of information between staff shifts took place in the presence of the individual. This meant staff were transparent with people and people were involved in talking about their day and their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, staff knocked before entering people's rooms and flats and announced who they were on entry. The manager asked people respectfully for permission when showing the inspector into people's rooms and flats and introduced who they were and where they were from.
- People were supported with their future aspirations. For example, one person had recently been supported with a job application. One person had expressed a wish to live more independently, their relative told us, "They (staff) are supporting [relative] to use the bus, do their own food shopping, and prepare their own meals".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and included people's choices, preferences, likes and dislikes. People and/or their family were involved in the care planning and evaluation process which meant care plans remained reflective of current need, goals and aspirations.
- Staff were committed to ensuring people had choice and control. One staff member told us, "People make their own decisions as much as possible and their independence is encouraged."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records were in easy read and pictorial format where required. For example, care plans and hospital passports were pictorial and contained good detail to include people in the care planning process.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The COVID-19 pandemic had somewhat hindered people's activity. People who had attended college and activities had been restricted by national lockdown. However, the staff and management team had supported people to remain active and access the community for exercise regularly. A socially distanced alternative arrangement had been put in place for one person to continue with their education. A relative told us that activities and education was planned to be reinstated in line with lifting of national restrictions.
- People were leading their own activities in the home. People showed us how they planned and chose their own activity. One person preferred certain staff for one of their activities this was accommodated by staff and management.
- Important and family relationships were recorded in peoples care records and families were considered partners in care. People were well supported to maintain regular family and friend contact. One relative told us, "[Relative] rings us each morning and I let the staff know if there is anything they need to know, and they act on it". They had also been supported with access in the community in line with government guidance and told us, "[We have] been meeting in a park and walk round for an hour during COVID."

Improving care quality in response to complaints or concerns

- The provider has a complaints policy in place and complaints were acted upon appropriately. For example, where a relative had made a complaint this had been recorded and acted upon in a timely

manner.
● Managers uploaded complaints to a centralised system which meant that the provider maintained good oversight of complaints.

End of life care and support
● There was no one on end of life care at the time of the inspection. However, the provider had an end of life policy and procedure and end of life information was available and covered people's wishes and preferences. For some people this information had been gained from relatives.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Internal systems and processes had not consistently identified the areas for improvement. For example, there had been a two-month period where fire door, fire alarm and emergency lighting checks were not recorded, therefore we were not reassured these checks had taken place. However, the manager had ensured regular checks had resumed and had allocated a health and safety lead to monitor this going forward. This would need to be continued and embedded in practice.
- The building was visually well maintained. The fire alarm system annual service was overdue due to the impact of the COVID-19 pandemic. However, this meant that accompanied by the two-month period of omitted safety checks of the fire door and fire alarm, people had been at an increased risk should there have been a fire. We found electrical appliances and fire extinguishers had been serviced by trained professionals.
- The manager at the time of the inspection had implemented an action plan some of which had been completed, including repairs to the building. The overdue servicing of the fire alarm system had not yet been added to the action plan. However, a health and safety audit was planned and imminent.
- Staff supervisions and appraisals had not regularly taken place. There was a plan in place to complete these going forward that would need to be continued and embedded in practice.
- Whilst our report was in progress there was a further change in home manager. One relative told us the management changes had been unsettling, they also said, "[In the] last three to four months it's been unusual with the amount of staff changes. What was a bonus in the past was consistency". The provider will need to maintain effective oversight of this change to ensure improvements continue and embed in practice and staff retention improves.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and management team promoted a culture of supporting people to be involved in their care, be as independent as possible and achieve their personal goals and aspirations. This was reflected in staff attitude and people's experiences. People we spoke with talked of the decisions and choices they were making.
- Positive risk taking was supported to empower people. For example, where people were able to administer their own medication this was supported and planned into care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The manager had a good understanding of the duty of candour and the legal requirement. The management team had good relationships with family members and kept them updated on a regular basis including information on accidents or incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Prior to the COVID-19 pandemic, people had been active members of the local community, attending and taking part in social activities. One relative told us that there was a plan to restart a sporting activity once restrictions were lifted and a reintroduction to public transport was planned.

● People and their families were invited to give feedback on the service which the provider acted upon. For example, a relative told us, "We wanted a better outdoor area which they are now developing."

● The provider publishes an in-house magazine which people and staff have access to, sharing achievements and news which promotes a community feel.

● Staff told us morale in the service was good and it was a good place to work. Staff told us they would feel confident raising concerns with the management team and felt listened to. Staff meetings took place and those that could not attend were provided with meeting minutes.

Working in partnership with others; Continuous learning and improving care;

● The service worked in partnership with other professionals to ensure people were well supported such as GP's, mental health professionals, speech and language therapists and dieticians.

● Internal professionals also supported the service with monitoring and improving quality and safety. For example, the provider employed a positive behaviour support specialist to maintain oversight of incidents in this area and continuously develop support plans to meet people's needs. There were also internal Experts by Experience involved in the internal auditing processes. The Experts by Experience were people from another of the providers services.