

Consensus Support Services Limited

Weston Villa

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

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 accommodate 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were safe, risk assessments were in place and they were reviewed regularly. Staff had received training in safeguarding and could recognise signs of abuse and knew when and how to report it.

Staff were recruited safely, recruitment procedures ensured only suitable staff were employed.

Medicines were managed, stored and disposed of safely. Senior staff were trained and responsible for giving people their medicine.

The home was clean and well maintained and people were protected from the spread of infection.

People received personalised care that supported their choices, lifestyle, religion and culture as well as their personal and health care needs. People were reaching their personal goals and achieving their ambitions. Information was given to people in a format that met their communication needs.

People were supported to access health care services when needed and the staff and the management team worked in partnership with healthcare professionals.

Staff were trained and had the skills needed to do their job. They received regular training updates and support and were well supervised.

Pre-admission assessments and visits took place to ensure the service could meet people's needs prior to them moving into the home.

A complaints procedure was in place and complaints were responded to in line with the provider's policy.

The provider, management team and staff had developed an open and honest culture and were knowledgeable about their responsibilities.

The registered manager and provider had good oversight of the service from the quality monitoring processes in place.

Learning and skill development was actively encouraged, and staff felt confident in their roles.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

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.

Inspection team

The 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 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people would benefit from notice and staff support prior to the visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with two people who used the service about the care provided. We spoke with the registered manager, the care coordinator and three care and support workers.

We reviewed a range of records. This included two peoples care records and multiple medication records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment and the management of the service were reviewed.

After the inspection

Following the inspection we asked the registered manager to send us further records to support the inspection. We continued to seek clarification from the registered manager to validate evidence found. We looked at end of life records, a statement from a relative, photographic evidence of activity in the community, and staff and service award certificates.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person we spoke with told us they felt safe. Staff were trained and confidently explained how to recognise and report types of abuse. We spoke with staff about what non-physical signs of abuse might look like. A staff member told us, "People could be withdrawn, they may seem distant, their body language may change around certain people."
- Staff had a good understanding of how to escalate concerns to the local authority and CQC as well as via the provider's dedicated confidential whistleblowing line which staff could use to raise concerns about abuse.
- There were protocols in place to protect people during periods of distressed behaviour. Staff were able to explain how they would ensure people were protected.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place, they considered risks in the environment as well as risks to the Individual. People were supported to take positive risk such as accessing the community with support and preparing and cooking meals. Regular reviews ensured changes in risk to people were identified and actioned promptly.
- The home was well maintained and provided a safe living environment. For example, windows were fitted with tamper-proof restrictors to prevent falls from height and cleaning chemicals were stored in locked cupboards.
- Regular fire safety checks took place and people had personal evacuation plans to support them in the event of a fire.

Staffing and recruitment

- There were enough staff to meet people's needs. Some people required one to one or two to one support, we observed this was well organised. Staff members told us that there was always the correct number of staff on each shift to meet people's needs. A contingency plan was in place to ensure that in the event of high levels of staff absence the service would still operate safely.
- Safe recruitment processes ensured only suitable staff were employed by the service. Disclosure and Barring Service (DBS) checks were completed prior to staff working at the home and these were regularly updated. The Disclosure and Barring Service 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 managed, stored and disposed of safely. Staff were trained to give people medicines and

their competency was regularly checked. Medicines charts were completed correctly and staff told us they were easy to use.

- Staff demonstrated good knowledge around some people's learning disabilities in the home and understood that as and when required medicines may be requested by people even though they didn't need it for its medicinal purpose. Individualised medicine guidance records (PRN protocols) were available to support staff with the giving of as and when required medicines.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean, fresh and well maintained. Regular cleaning and maintenance checks took place. Clinical waste was disposed of appropriately.
- Staff had access to personal protective equipment for supporting people with personal care and hand washing sinks displayed information on good hand washing techniques.

Learning lessons when things go wrong

- Staff understood the accident and incident procedure. The registered manager maintained good oversight of accidents and incidents and analysed records for trends and patterns. Any learning was shared amongst the staff team via regular staff meetings.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a thorough assessment of their needs before moving into the home. People were introduced to the service gradually where required via regular visits to the home and spending time with staff. Visits were increased until people were ready to move in, this practice ensured a smooth transition for people.
- People's health conditions, religion, relationships, culture, likes, dislikes and hobbies were all included in the assessment process. This information was used to plan people's care and support.

Staff support: induction, training, skills and experience

- Staff had received training and an induction which included shadowing experienced members of staff. Regular training updates ensured staff maintained the skills they needed to do their job.
- Staff had received specific training to meet the individual needs of people in the home. For example, staff working in one of the buildings had specific training in meeting the needs of people with Prada Willi Syndrome (PWS). Staff told us they felt well supported and could request extra training and support when required.

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

- People were well supported with food and drink. Positive relationships with food were actively encouraged and people were well supported in making good food choices to ensure they maintained a balanced diet. For example, people identified as at risk of weight gain were involved and supported in monitoring their weight and designing their own food menus to include a good balance of healthy foods and treats.
- People's individual needs were met around meal times. Some people enjoyed the social experience of eating together in a communal dining room, while for others this would not be a suitable environment, so they prepared meals and ate in their individual flats.

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

- Staff supported people to access healthcare services when needed and worked in partnership with other professionals such as GPs and social workers when needed. People had regular checks to maintain their health. For example, people were seen regularly by a dentist and optician, which they either arranged themselves and were supported to attend, or the appointments were made in their best interests.
- Information about each person had been collated into a one-page profile to guide staff from other agencies on how best to support them. This included people's communication needs. In the event of an emergency admission, ambulance and hospital staff would be given this information.

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

- The home was adapted to meet people's needs. The home was set out across two buildings with one building adapted into individual flats as this best suited the needs of the people there. People's flats were personalised to them and they could live in them how they chose. Bathrooms had been adapted where needed to meet people's needs.
- The second building had communal living areas with private bedrooms. One person was being supported by their key worker to create a more sensory environment in their room, they had chosen a new colour and sensory products. A communal sensory room was decorated with people's art work and sensory lights, people could access the room whenever they wanted to. People were able to personalise their rooms with their own belongings and rooms were clean and well maintained.

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 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. We found that they were.

- People were being supported in the least restrictive way possible. People and their families were involved in the assessment and planning process and where possible had signed their consent to the care provided. People were consistently involved in decisions. We saw evidence that people were involved in making decisions around ensuring their safety.
- Staff had received training in MCA and had a good understanding of its principles. One member of staff competently explained the DoLS process and how best interest decisions were made. They also described how one person's conditions were being met.
- Some people were being supported under a DoLS, the registered manager had managed this appropriately. There was evidence of individualised assessments to support what decisions people could and couldn't make for themselves.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were skilled and knowledgeable about people's individual needs. For example, when one person became distressed, staff used a technique to immediately reassure and calmed them.
- People's culture, religion and characteristics were considered and planned into care. One person chose to, and was supported to, attend their place of worship regularly.
- Equality and people's human rights were considered throughout their care. Staff were trained in safe, human rights-based strategies to prevent and manage behaviours of concern.
- People were well treated and had developed good relationships with the staff. Staff treated people with kindness and respect. During the inspection one person was celebrating a birthday and staff supplied a cake of their choice. The celebration took place in the way the person wanted it to and staff respected the person's decisions about this.

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

- People made their own decisions about their care as much as possible. People who needed more support with decision making were given options to choose from, such as options around activities or who they would like to support them with personal care. We observed one person inform staff who they would like to be supported by that evening, this was respected and agreed.
- People and their families or representatives were present for review meetings. Amendments to records such as care plans and risk assessments were made with people's involvement.
- Some people had signed agreements around decisions they had made so that it was clear to them and staff what had been decided and what the plan was.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered throughout the service. We observed staff knocking on people's doors and entering politely. Staff ensured doors and curtains were closed when supporting people with personal care.
- A culture of dignity and respect was promoted by the registered manager. They included a guide for staff in people's care plans to ensure appropriate terminology was used to support dignified care. A staff member told us, "Respect is the most important value here, it's very important to me to respect the person and support them the best we can."
- People's independence was supported, people were encouraged and supported to shop and cook, clean their own flats and do their own laundry. People who were more dependent on staff were still encouraged with independence such as taking their own laundry to the machine and helping with washing up.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 planning was personalised to meet people's needs. Records reflected the home's person-centred culture and detailed people's choice, desired outcomes, religion, culture, eating, drinking, communication and health. We discussed personalised care with one person's key worker who told us care plans were not rigid and were a live document that evolved and changed with the person as their likes, dislikes and choices changed. Care plans were reviewed and updated regularly to reflect changes.
- Staff used imaginative personalised methods to support people to exercise as an essential part of maintaining their health.

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 communication needs were planned into their care with clear guidance for staff on how to support people with communication. Information was available to people in easy read and pictorial formats where required and covered care and support needs, goals and choices. Information could also be translated into other languages if needed.

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

- People were encouraged and supported to maintain relationships that were important to them. Care records contained information on who was part of people's lives, this included photos of friends, family and/or important places. Family members were regular visitors. Home visits to relatives' houses or going on holidays with families were well planned and supported.
- People were supported to choose and plan their own activities. People regularly accessed the community for activities such as shopping, the cinema and bowling. One person was attending their place of worship regularly.
- People were supported to pursue their interests and hobbies and ambitions. For example, people were supported into education this was working well and people were achieving their ambitions. One person had set themselves a personal goal that had been achieved with staff support and encouragement.

End of life care and support

- There was no one receiving 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 care plans were completed they covered people's religion, wishes and preferences. For some people this information had come from family members.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and management team provided good quality, person centred care that achieved positive outcomes for people. We saw several examples of positive outcomes and goal achievements for people including more positive relationships with food and healthy weight control.
- The registered manager believed that positive outcomes were achieved through building trusting relationships with people and empowering them by letting them make choices and get involved in decisions. For example, following staff interviews potential recruits were taken into the home to meet people, the registered manager then asked people's opinion on the recruits and this formed part of the decision process.
- The registered manager was open and friendly. They had developed good relationships with staff and people and they knew people well. Staff told us they felt well supported and felt confident in raising concerns if they needed to.

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 registered manager understood their responsibility to be open and honest with people when things went wrong. Incidents were recorded, reported and actioned appropriately. The registered manager had developed good relationships with families and was open and transparent in contacting them when needed.

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

- There were effective systems in place to monitor the quality and safety of the service. Risk assessments were reviewed regularly and action plans produced and completed where needed. The provider maintained oversight of the service by carrying out regular unannounced visits which included record and systems checks.
- The registered manager notified CQC of significant events appropriately. Policies and procedures were in place and updated periodically to ensure information was current and supported best practice.

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

- People and their families were fully involved in the service and the registered manager welcomed families

into the home and promoted a friendly environment. For example, coffee evenings were hosted as an opportunity for families to meet each other and share support.

- Regular feedback was sought from people, their families and professionals; this information was collated and where needed action plans were produced.
- People were members of the local community. The staff and management team had developed good relationships with services such as local restaurants where they could arrange for people's meals to be pre ordered and presented in imaginative ways to support positive behaviour. This was working successfully, and people were enjoying regular meals out.

Continuous learning and improving care

- The registered manager promoted continuous learning and development and there was recognition for staff work. Regular meetings took place and were used as an opportunity to reflect on incidents and update staff with organisational change. Staff received regular supervisions and training was updated regularly.
- There was an internal awards system where staff could nominate each other for the achievements of providing good care and team working. The provider also had an award scheme and the service had recently been awarded team of the year.

Working in partnership with others

- People and their family or representatives were treated as equal partners in the development of person centred care plans. The registered manager had worked in partnership with other professionals such as GPs, commissioners and dieticians to support people.
- The registered manager utilized resources available to them for learning and improving care. For example, they had worked with the provider's positive behaviour lead to review and improve positive behaviour support plans.