Consensus Support Services Limited

Consensus Support Services Limited - 121 Station Road

Inspection report

121 Station Road
Burton Latimer
Kettering
Northamptonshire
NN15 5PA

Tel: 01536723425
Website: www.consensussupport.com

Date of inspection visit:
09 February 2016

Date of publication:
06 April 2016

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

This unannounced inspection took place on 9 February 2016. The service provides support for up to 11 people with physical or learning disabilities or autistic spectrum disorder. At the time of our inspection there were 10 people living at the home and many people were unable to verbally communicate with us.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were required to quality monitoring of the home to ensure care plans contained current and relevant information. People at the home reacted positively to the registered manager and the culture within the home focussed upon supporting people's health and well-being and for people to participate in activities that enhanced their quality of life. Systems were in place for the home to receive and act on feedback and policies and procedures were available which reflected the care provided at the home.

People felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were written in a person centred manner and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be

supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

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 felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements were required to monitor the quality and safety of the support people received at the home.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Consensus Support Services Limited - 121 Station Road

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 inspection took place on 9 February 2016 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider 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 two people who were able to communicate with us and we observed the care and support provided to five other people who lived at the home. We spoke with five members of care staff and the registered manager.

We looked at care plan documentation relating to four people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people. This meant that people were safeguarded against the risk of being cared for by unsuitable staff. One member of staff said, "I had to wait for them [the service] to get my DBS and references before I could start work".

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. "There's always someone if I need to talk, or if I have to go out they always take me." Staff told us that there was usually enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager used agency staff to ensure all shifts were fully staffed and on occasion had completed care shifts to support staff and reduce any impact on people. We observed that the levels of staffing allowed each person to receive attentive support from staff. Call bells were answered efficiently and people were not left unsupported. The registered manager confirmed that they were in a process of recruitment to reduce the need of agency staff. We saw that staff spent time sitting with people and engaging them in conversations or activities they enjoyed.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People living at the home and their visitors had access to an easy read guide about how people were kept safe and provided an explanation about safeguarding procedures. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff said, "All safeguarding concerns go through the manager but if they're away there is a management chain we can follow and there is a safeguarding protocol available to all the staff." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. The registered manager had taken prompt action following a concern one person living at the home had raised and the registered manager ensured that measures were in place to support the person and ensure their safety.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person said, "I like living here. They [the staff] keep me safe." Staff understood the varying risks for each person, and took appropriate action. For example, it had been identified that one person was at risk of falls and pressure ulcers. We saw that plans had been put in place to support the person with these needs which included pressure relieving equipment and supporting people to change positions at appropriate intervals. Staff understood people's risk assessments and ensured people's care was in accordance with them. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed, staff raised their concerns with the nurse team and prompt action was taken to meet people's needs and keep people safe.

Accidents and incidents were recorded and reviewed by the registered manager. Staff discussed incidents during handover to identify if any immediate action needed to be taken to prevent future incidents. In addition, a monthly log was maintained and the registered manager reviewed this with the provider to identify if there were any trends or repeated incidents. For example, we saw that following an incident in which one person one person displayed behaviour which put themselves and others around them at risk of harm the staff took appropriate action and gave consideration to the events that led up to the incident to reduce the risk of a repeated incident. Staff understood what could be potential triggers and there was a plan in place to reduce the possibility of a similar incident.

There were appropriate arrangements in place for the management of medicines. One person that was able to communicate told us, "They [the staff] make sure I get my medicines when I need them." We observed people receive their medication from the nurse and each person was supported in a professional and encouraging way. People were told what their medicines were for and were given reassurance when they needed it. We heard staff giving instructions to people who required it; about how to take their medicines safely. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were securely stored in their bedrooms and there were arrangements in place so that homily remedies such as paracetamol could be given when people required it. We saw that medication administration records (MAR) were completed accurately after each person had received their medicine.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks were made. People had emergency evacuation plans in place which ensured staff had access to people's support requirements in an emergency situation. We observed that the environment supported safe movement around the building and there were no obstructions for people who required support with their mobility.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and training which included basic life support and health and safety. Staff also had additional training specifically relevant to the people that lived at the home which included conflict management. We found that new staff were supported in their role to understand and learn about the people they were supporting and they were required to 'shadow' a variety of shifts to observe how people's needs were met at different times of the day. One member of staff told us, "I shadowed experienced staff for two weeks before I was able to support people alone. I was able to understand how people liked their care before I began supporting them." New staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards. The registered manager had a monitoring system in place to ensure that training was ongoing for all staff so staff's knowledge was regularly updated and refreshed. Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "I think the training is brilliant and we can get qualifications as well."

Staff had the guidance and support when they needed it. Staff were confident in the manager and were satisfied with the level of support and supervision they received. One member of staff told us, "We have regular supervision meetings, but we can request an early or extra supervision if we need it." Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role. We also found that the registered manager occasionally worked a care shift which helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

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 decisions 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We found that to assist and encourage staff to understand this topic, staff were supported to complete practice mental capacity assessments. We also saw that best interest decisions had been recorded in people's care plans regarding staff supporting people with their personal care. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and staff had involved an Independent Mental Capacity Assessor (IMCA) when necessary, for example regarding the high level of support people required with aspects of their personal care. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their

daily lives and where they were unable, decisions were made in their best interests.

People were supported to maintain a balanced diet and eat well. One person told us that the staff had really helped them to understand more about food. They told us, "I go food shopping and I try to choose healthy food. And I help to make my food." We saw that other people who were unable to eat, or had chosen not to eat, were supported to have their nutritional needs met through a PEG (percutaneous endoscopic gastrostomy) feed. People that were able to eat were able to choose their meals and were given a choice of food if they would like to try new options. We saw staff bring a variety of options for people to choose from and people were encouraged to participate in food preparation in whatever way they were able to. People appeared to enjoy preparing food for themselves and others; they were also given equipment to enable them to eat their meals as independently as possible and staff provided good support and encouragement to people who required it.

People's nutritional needs were assessed and regularly monitored. For example, people's weights were regularly monitored to ensure that people remained within a healthy range. People were supported with their nutrition with referrals to dietitians or speech and language therapists when necessary. Staff followed guidance from specialists and made additional requests for support when concerns or changes had been identified. For example, one person had begun to refuse tasting any food and staff requested further input from specialists that could guide staff to meet the person's needs.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs, for example when one person had been unwell, staff explained that the person had been supported to have additional time to rest and recover. People who lived at the home had annual healthcare checks and care records showed that people had access to specialist nurses and their local doctors when they needed extra support.

Good

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and two people who were able to communicate with us said that the staff treated them well. One person said, "I like living here. Everyone [the staff] is nice." A comment received from one relative said, "Lovely friendly home – fantastic staff." The home had a positive and welcoming environment which supported people in a caring way.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share jokes and banter with each other. For example, one person supported a football team and staff spoke with the person about this and joked together about football team's performances.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. People showed us their bedrooms and we saw that they were all decorated to each person's own choice with posters on the wall and pictures of family members and other items that had meaning to them. For example, one person had been enabled to have football memorabilia on display in their bedroom and another person had their room decorated with floral accessories. Staff used their knowledge of people to support them to have a bedroom which reflected their interests.

People were encouraged to express their views and to make their own choices and staff responded to the manner in which people communicated with them. People were supported to wear clothes they liked and staff explained that if people were unable to verbally communicate they presented them with the physical options to support them to make their choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care. For example, one person preferred to watch a morning television program in their bedroom at the start of each day and this was respected and accommodated by the staff team.

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. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. Staff supported people to maintain their dignity and offered support to people to adjust their clothing when this was compromised.

We observed the home provided personalised care which supported people's individual requirements. Staff were encouraging and attentive. We observed staff offer reassurance when one person showed signs of distress or anxiety and staff spent time with people on a one to one basis if they did not wish to spend time with others in communal areas. Each person had an identified key worker, a named member of staff. They were responsible for ensuring people had access to resources and support they required and we saw that

people had good relationships not just with their keyworker but with all members of staff. We saw that staff ensured people had access to their own personalised comforter toy which reduced people's anxiety.

There was information on advocacy services which was available for people and their relatives to view. Staff demonstrated their understanding of decisions that may require support from an independent advocate which included decisions around handling their money or moving house and we saw that people that required support with these decisions had been supported by an advocate.
Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. We saw feedback from relatives which included, "[Name] is very happy here and I know I can come anytime I like." Another comment said, "Always a great welcome from staff and everyone."

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. The provider employed a dedicated member of staff to manage new referrals and assist the registered manager to assess if the home could meet people's needs before it was decided if they could move in. People were encouraged to visit the home and stay for a mealtime to gain an insight into whether they wanted to come and live at the home. People and their relatives or advocates were also encouraged and supported to visit the home during the decision making process. We saw that the registered manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. For example, information about people's past history, where they had previously lived and what interested them, featured in the care plans that staff used to guide them when providing person centred care, and staff used this information to have meaningful conversations with people. For example, we heard staff talking to one person about where they had previously lived and about the people that were important to them. People living in the home had profiles which detailed a summary of information of what interests they had and how they liked to be supported. This information enabled staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed. For example; people's preferred routines and how they liked to be addressed were recorded and accommodated. We saw that one person preferred to receive all their personal care before breakfast and this was respected by staff. We also saw that two people who preferred to spend time in their bedrooms had their wishes respected by staff, but they were invited and encouraged to spend time in communal areas and participate in activities that staff knew people enjoyed, for example team quizzes.

People's care records detailed what was important for staff to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them. We saw staff communicating with people as recorded in their care plans, for example, positioning themselves on the stronger side of the person as they preferred, and providing adequate time for people to respond to their questions. People showed signs of happiness and enjoyment throughout staff interactions.

People were supported to participate in activities they enjoyed and had an impact on their quality of life. There was a programme of activities which reflected people's varied interests. This included painting, celebrating cultural events, quizzes, trips out to the cinema and crafts. We saw that staff provided individual support to people if they required it to enable them to participate. Staff encouraged people within their own abilities and if necessary assisted people to participate if they wished. Staff put no restrictions on people so they could participate however they were able to. The home also had a sensory room which provided

people with an alternative place to relax and enjoy different sensory experiences. Staff were knowledgeable about the people that enjoyed using this room and they were supported to use it if they wished.

People's changing needs were understood and maintained by staff. Staff met with people on a regular basis to discuss their care plan and whether any changes needed to be made. Staff were knowledgeable about what people's current care needs were when they had been subject to change, for example, staff told us about the regime they followed to support one person to experience tastes of different foods and this was in accordance with the most recent information contained in their care plan.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and from their own communication style; this was also documented in peoples individual care plans.
A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. We saw that complaints that had been raised were responded to appropriately and in a timely manner, and further action had been taken to prevent future incidents. For example, there were concerns about one member of agency staff and the registered manager had requested that the particular member of staff was not used again, and that improvements were made at staff handovers to ensure all staff were aware people's current needs.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to the quality monitoring of the home by the registered manager. We looked at people's care plans and found that some of them contained out of date information and they had not been reviewed as often as the provider expected. For example, there had not been a review of people's summaries about what they enjoyed doing. The registered manager explained that they were aware the reviews had fallen behind but was unaware of the out of date information as this had been delegated to other members of staff. The registered manager had not ensured that this had been completed efficiently and effectively. However, there were other quality assurance processes in place that had identified areas of improvement and these had been progressed and managed to effective resolutions. This included health and safety audits, accident and incident reviews, infection control audits, unannounced night visits and maintenance concerns. For example when a concern was identified regarding the water temperature this was progressed by the registered manager with the maintenance team and resolved in a reasonable timeframe. The provider visited the home at least once a month and worked with the registered manager to identify how the home could be improved. The registered manager explained that the provider worked in a collaborative way which they found supportive and conducive to making changes.

People at the home reacted positively to the registered manager and most staff commented that they had confidence in the management and felt they were well led. Staff felt confident to speak with the registered manager or team leaders if they had suggestions for improvement or concerns. One member of staff said, "The manager is inclusive and listens to staff." Staff were aware of their roles in providing care that was tailored to the person. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals. One member of staff told us "I absolutely love working here. I feel like it's an honour to help people have the best life they can."

The culture within the home focused upon supporting people's health and well-being, for people to participate in activities that they chose and that enhanced their overall quality of life. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people who lived at the home. Staff worked well together and as a team, they were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager. The registered manager had introduced a staff recognition system for staff to be nominated by their peers when they had made strong contributions to the service or had gone out of their way to support people. One member of staff had received recognition from the provider when they had made extra efforts to identify the most suitable day centre for one person that enjoyed going out and meeting new people. The staff member had visited several centres to ensure the service could more than adequately meet the person's needs.

Systems were in place for people, visitors and staff to provide feedback about the home and the quality of care people received. People were invited to attend meetings with their keyworker and people were supported to consider what was and wasn't working well for them. Staff took time to observe people's reactions and body language to gain feedback from people about what they enjoyed or were unhappy

about. We saw that a suggestion box was on display for all people, staff and visitors to contribute to. Regular staff meetings took place and minutes were available for staff that were unable to attend. Minutes showed that there were opportunities for staff to discuss accidents and incidents and best practice that had been identified.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns.