

Consensus Support Services Limited

Tushmore Lane

Inspection report

28 Tushmore Lane
Crawley
West Sussex
RH10 8JJ

Tel: 01293516898

Date of inspection visit:
09 January 2018

Date of publication:
16 February 2018

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

Tushmore Lane is a care home and is registered to provide care to up to four people with learning disabilities and complex needs including mental health, autism and Asperger's syndrome. Four people were using the service at the time of the inspection, including one who was in hospital and another away on holiday.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is a detached property with single occupancy bedrooms located over two floors. People have access to a kitchen, lounge, dining room, quiet room, a conservatory and a garden. The building and accommodation is wheelchair accessible. The service has a well-maintained garden.

At the last inspection of 4 August 2015, the service was rated Good.

At this inspection, the service remained Good.

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.

People were safe at the service. Staff knew how to identify abuse and understood the safeguarding procedures to follow to protect people from abuse.

Risks to people's health and well-being were assessed and managed. Appropriate risk management systems were in place which ensured staff delivered safe care.

People's needs were met in a safe and timely manner by a sufficient number of staff. The provider followed appropriate recruitment procedures to ensure they employed staff who were suitable to provide care.

People received their medicines when needed. Medicines were administered and managed safely by staff who were trained to perform that role. Health and social care professionals were involved in the planning and reviewing of people's care to ensure support provided met best practice guidance and legislation.

Staff provided care that was responsive to people's needs. Lessons were learnt from incidents and accidents to minimise a recurrence. Staff were supported and trained to undertake their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People gave consent to care and support.

People were happy that staff delivered their care in a kind and caring manner. People had developed positive working relationships with the staff who supported them.

Staff involved people in planning their care and knew their likes, dislikes and preferences. People were treated with respect and their confidentiality maintained. Staff promoted people's privacy and dignity.

People were provided with a healthy and balanced diet. Staff ensured people had sufficient amounts to eat and drink. People's health needs were met.

People took part in a wide range of activities. Staff supported people to develop and maintain their daily living skills. People were actively involved in the community and engaged in voluntary service and gainful employment.

People using the service and their relatives' views were sought about the service. The provider welcomed their feedback and made changes when necessary. People knew how to make a complaint and were confident their concerns would be resolved.

People and staff commented positively about the registered manager and how the service was managed. There was an open and transparent culture at the service. People received care that was focussed on meeting their individual needs.

Regular audits and checks were carried out on the quality of care people received. Shortfalls identified were addressed in a timely manner to develop the service.

People's health and well-being was improved because of the close working partnership between the registered manager and other agencies.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Tushmore Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 9 January 2018 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with three people using the service and three of their relatives. We spoke with four members of care staff, a team coordinator, an operations manager and the registered manager.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records and their medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records and policies and procedures. We looked at five staff records that included recruitment, training and supervisions.

After the inspection, we received feedback from two health and social care professionals.

Is the service safe?

Our findings

People continued to live safely at the service. Staff remained up to date with their knowledge of safeguarding through attending training and refresher courses. Staff understood their responsibilities and followed safeguarding procedures in place to identify and report abuse. Staff had access to safeguarding and whistleblowing procedures to guide their practice. The registered manager worked closely with the local authority safeguarding team regarding concerns about people's safety and well-being.

People were protected from the risk of avoidable harm. Risks to people's health and well-being continued to be assessed, reviewed and managed. Records showed staff followed guidance in place to support people in a safe manner while they protected their safety in a positive way. Risks identified included managing their medicines and finances, meal preparation and accessing the community. Risk assessments and management plans were updated to ensure they reflected people's needs and the support they required.

People remained happy because their needs were met. One relative commented, "There seems to be [enough staff]." There were sufficient numbers of suitably skilled staff deployed to meet people's needs in a safe and timely manner. Staffing levels were determined by people's needs. Duty rosters were covered to enable staff to support people to attend appointments, undertake activities and access the community. People and staff told us the registered manager undertook care tasks when necessary. We observed there were enough staff on duty to support people. Appropriate recruitment procedures were followed to ensure that only staff deemed suitable to provide care were employed at the service.

People were supported to take their medicines. The registered manager carried out assessments on each person's ability to self-administer their medicines. Suitable arrangements were in place to ensure people who self-administered their medicines did so safely. Staff involved healthcare professionals when a person constantly declined to take their medicines to ensure they received support. Medicines were administered, stored, managed and disposed of in line with the provider's procedures. Staff were trained and assessed as competent to manage people's medicines. Medicines administration records (MARs) were completed, contained no gaps or omissions in signings, which indicated people received their prescribed medicines as required. Medicines audits and an external pharmacist report of 2017 indicated that there were no concerns.

People continued to receive care in a clean and well-maintained environment. Infection prevention and control systems were effectively used to minimise the spread of germs. Staff followed a cleaning schedule, which the registered manager reviewed regularly to ensure good standards of hygiene were maintained. Staff used personal protective equipment such as gloves, aprons, hand soap and gels to prevent and reduce the spread of infection. Staff had received training in infection control and had access to the policy for guidance. Waste disposal was done safely. The accommodation was tidy and free from unpleasant odours.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents such as injuries, falls and constant decline of personal care. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents.

Environmental risk assessments were carried out on equipment, the risk of water borne disease and utility supplies to ensure the service was safe for people. Records showed health and safety checks were done regularly and repairs and maintenance completed in a timely manner. One person took a lead role in supporting staff to carry out weekly fire checks by ensuring carbon monoxide, smoke detectors and fire alarms worked. Staff had information about the support each person required for evacuation in the event of any emergency. Fire drills were carried out at different times of the day to determine staff preparedness. The provider had a contingency plan to minimise disruptions to the service such as high levels of staff absence or loss of utilities. Staff had access to out of hours support from the registered manager and/or a provider's senior manager.

Is the service effective?

Our findings

People's needs continued to be met effectively. People had their needs assessed before they started to use the service. The registered manager involved other health and social care professionals in assessing people's needs. This was to ensure the suitability of the home and to determine the staffing levels and staff skills required to provide effective care. Staff had sufficient information about delivering care that met people's needs. Care plans included guidance received from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation. Care plans were reviewed and updated to ensure staff supported people appropriately. Daily observation records showed people received their care as planned and in line with the guidance provided by health and social care professionals.

People were supported by trained and competent staff. One relative told us, "They are all really friendly whilst being professional." Staff attended the provider's mandatory training to equip them with the skills needed to meet people's needs. The training included safeguarding, Mental Capacity Act 2005, infection control, food hygiene, fire safety, autism, health and safety and positive behavioural support. Staff attended regular supervisions with the registered manager. Supervision records showed they discussed teamwork, the support they required and the skills they needed to develop to improve their practice. No appraisals had taken place because staff had been in post for less than 12 months and others had been on long-term absence.

People continued to receive a healthy and balanced diet. One person told us, "I enjoy the food and the choices we make." People were involved in menu planning, purchasing ingredients and meal preparation. One relative commented, "[Person's name] does cooking and makes dinner (for the house) once or twice a week. They go and buy the ingredients and prepare their own meal when they want to." People took turns to prepare a meal for the home and shared it with everyone. Staff had information about people's dietary needs, likes and dislikes and preferences and considered these when preparing meals. People had access to refreshments, snacks and fruit. Staff encouraged people to eat healthily and to include vegetables and fruit in their diet.

People continually accessed healthcare services to maintain good health. Comments from people included, "Yes, they call the doctor out" "I go to the hospital for a blood test for the medicines that I am on" and "They really are on the ball with it if I have a problem." One relative told us, "They get [person's name] to appointments on time." Healthcare professionals commended staff for involving them in a timely manner when they had concerns about a person's health. Staff monitored people's health and made referrals to healthcare professionals if they had concerns. Records showed people attended appointments, check-ups and health reviews with their GP, community mental health team and care coordinators. People had health action plans, which identified their individual healthcare needs and the support they required to maintain this. The registered manager ensured staff maintained up to date records of healthcare appointments attended, the outcomes and followed guidance provided. This ensured that people's health needs were effectively met.

The premises were suitably adapted. People had access to all parts of the accommodation. The home was well decorated and communal lounges had ornaments which made it homely. People had access to various seating areas which enabled them to spend time alone or with others if they preferred.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and what any conditions on authorisations to deprive a person of their liberty were. People consented to care and support and records confirmed this. Mental capacity assessments were carried out when necessary. Records confirmed best interests meetings were held when a person lacked capacity to make decisions about their care. Families when appropriate, advocates and health and social care professionals were involved to ensure a person's needs were met

People continued to receive care in line with the MCA. The registered manager understood their responsibility to ensure people's freedoms were lawfully restricted when needed to provide care and treatment in a person's best interests. No person had a DoLS authorisation at the time of the inspection.

Is the service caring?

Our findings

People using the service and their relatives remained positive about the caring and compassionate manner of staff. Comments included, "They are just wonderful" and "Yes definitely. It's a loving professional approach to the care they give" and "Absolutely, they are marvellous." People told us they had positive interactions with staff. Staff were considerate and respectful when referring to people and their needs. We observed staff speaking with people in a respectful manner and called them by their preferred names. People were comfortable around each other and the staff who supported them. Staff listened attentively when people spoke and gave them a chance to talk about their plans for the day.

People were supported by staff who knew them well and understood the support they required. One relative commented, "They know [person's name] so well and their little moods." Staff were able to describe people's needs and told us they had up to date records about each person and how they preferred to have their care delivered. The registered manager and staff visited a person who was in hospital to ensure they supported them and showed familiar faces for reassurance. One relative commented, "It's wonderful. They go beyond the call of duty. They go to the hospital during ward round so [person's name] knows what's happening when they return to Tushmore Lane." Staff provided emotional support to people by listening to what they had to say and encouraging them with their aspirations to progress to independent living.

People using the service and their relatives were involved in making decisions about their care. Comments included, "Yes I am involved" "Staff are very proactive in our advocacy role. If there are any big matters [Registered Manager] will get in touch" and "I phone them weekly and staff are very helpful. They paint a realistic picture of both good and bad days." People took part in the recruitment process by interviewing applicants who had applied to provide care. Staff told us they supported people to make their views known for example by asking them how they liked to spend their day and what meals and activities they enjoyed. We saw people were involved in shopping for ingredients for their preferred meals and planning for outings to places of interest to them. Care plans showed people's routines, likes, dislikes and preferences. Daily observation records showed staff delivered people's care in line with their support plans. People had access to advocacy services when needed to support them to communicate their wishes and to make decisions about their care.

People were treated with respect and their privacy and dignity maintained. Staff understood their responsibility to promote people's individual rights and choices. Each person had a key to their room and could lock their doors to maintain their privacy. Staff told us they provided people's care behind closed doors or bathrooms and knocked on their bedroom doors and waited to be invited in. People who required support with medicines or prompting for personal care were helped in a discreet manner to uphold their privacy and dignity.

People's records and information was stored securely at the service. Staff respected people's confidentiality and ensured discussions about them where in private. Computers were password protected and records were kept in lockable cabinets to minimise unauthorised access. This ensured people's information was protected. People had access to information about the service. The provider ensured people using the

service and their relatives had access to the provider's details and information about how they sought to provide care. People knew their rights and told us the information about the service was provided in a format they understood.

People were encouraged and supported to develop their daily skills and progress towards independent living. One relative told us, "[Person's name] is learning important community skills. By living here [person's name] is learning to get on." Staff knew the tasks each person was capable of doing safely and/or with minimal support, for example cleaning their rooms, doing laundry and meal preparation. We observed a member of staff support a person with cleaning their room. One person went out to work and they were happy they had remained in permanent employment for a period of time. Another person told us they were happy to use the skills obtained from a training they had attended. The person told us they were proud to use their skills to undertake decorative work at the service, such as painting. People took pride in their home and were engaged in the maintenance of the garden and washing the service's car. Each person had a daily routine and weekly activities schedule to provide structure to their day and to promote their independence.

Is the service responsive?

Our findings

People continued to receive individualised care and support which met their needs. One relative told us, "Staff provide needs based care for [person's name]; they bend over and backwards." Another relative said, "They will adjust their ways of doing things to suit [person's name]." Staff had information about each person's needs and the support they required. People were involved in discussing their care and indicated their likes, dislikes and preferences about how they wanted their care delivered. People using the service, their relatives where appropriate and health and social care professionals were involved in reviewing their support plans. Care and support plans were updated to reflect changes in people's needs. Staff told us they received updates on people's health which enabled them to provide care that was responsive to their needs.

People received care from staff who understood what mattered to them. Staff described how a person was motivated by their employment and how they sought to be punctual at work. Staff encouraged the person to have personal care and prepare their sandwiches for lunch. We observed staff gently remind the person of their grooming and time to ensure they were ready to go to work. People told us staff adapted to their needs and were flexible to their requests. Staff knew when a person was unwell, not ready to undertake activities or embark on their daily routine.

People received appropriate support to meet their changing needs. Staff were commended by health and social professionals for how they had supported a person with behaviours that challenge the service and others. Staff had information about the triggers to the person's behaviours and the action they had to take to support and keep them safe and protect others. The provider ensured staff had received positive behavioural support training to help them to understand the reasons for the person's behaviours and how they could meet their needs. Support plans were detailed and provided guidance to staff on what action to take when a person showed signs of a decline in their mental health. This included giving them space to be on their own, watching television, going out for a walk and involving health and social care professionals for interventions.

People continued to take part in a wide range of individual and group activities. Activities were personalised, meaningful and reflected what they were interested in. Staff supported people to engage in stimulating and entertaining activities to meet their social and physical needs. People had developed strong links with the community. People took part in fundraising for a local charity. People went away on holidays with family or on their own. During our inspection, one person was away in France on holiday with their family. People were supported to maintain relationships that were important to them. For example, one person visited their family and maintained contact by telephone. Relatives and friends felt welcomed at the service and could visit when they wanted. Care records showed people enjoyed outings to the cinema, fishing trips, swimming, gardening, visiting theme parks, shopping and holidays on their own or as a group. The registered manager did a skills matching of people's preferred activities to members of staff who shared a similar interest. This ensured people benefitted from their experiences.

People using the service and their relatives knew how to make a complaint if they were unhappy about any

aspect of the service. One person told us, "I would go to (named staff) or to the [registered manger]." People were confident that issues and concerns raised would be resolved. People had access to a complaints procedure which explained the steps to resolving an issue and the external agencies they could approach if they were still unhappy. There had been no complaints received since our last inspection. The service had received many compliments since our last inspection, which showed people using the service and their relatives remained happy with how the staff provided care.

People were asked how they wanted care and support provided when they were at the end of their lives. Staff recorded people's wishes to ensure that appropriate plans were in place when needed.

Is the service well-led?

Our findings

People continued to benefit from a culture of openness and transparency at the service. Staff told us the registered manager encouraged them to take responsibility for their learning and to improve their practices from any mistakes made. There was a clear strategy championed by the provider about how to empower people to be independent. People received person centred care to meet their individual needs. People and staff told us the registered manager was "highly visible", "hands on", "approachable" and "easy to talk to." We observed these interactions which showed people and staff were involved in making decisions about care provision.

People were supported by a committed management team that comprised of the registered manager, a team coordinator and senior managers. One relative commented, "[Registered manager] has a fantastic team there. They all work well together." Directors visited people at the service and took part in activities at the service such as Halloween night. Staff had contact details of senior management and knew the reporting structures to raise concerns about people's welfare and the running of the home. Staff told us the registered manager promoted equality and diversity and ensured everyone was treated fairly. Staff understood their roles and responsibilities and had job descriptions that described how they were expected to provide care.

People's information about their health and well-being was shared appropriately. Staff told us communication between the team and management was good and that they received regular updates about people's needs and the support they required. Team meetings, catch-ups with the registered manager and meetings organised by the provider offered staff an opportunity to share best practice, discuss challenges, duty rosters and benefits realised from training attended.

People's care delivery continued to be of good standard. Audits and checks were carried out to monitor the quality of the service. The quality assurance systems were effectively applied to review the care provided. This included regular audits of medicines management, activities, health and safety, infection control, staff training, supervisions and learning and development. The operations manager told us the registered manager ensured staff provided person centred care. The operations manager said their audits of the service showed that staff provided high standards of care. The provider had "best practice guidance meetings" where staff and managers shared ideas to develop the service. Feedback was welcomed and used to make the necessary improvements. The provider's senior management had oversight of the running of the service and carried out monthly audits and held regular meetings with the registered manager. Records showed the registered manager understood the needs of people and staff and there were minimal areas that needed to be put in an action plan.

People using the service, their relatives and staff continued to share their views about the service. They completed annual surveys and the provider analysed the feedback to ensure they made the necessary changes. The latest survey results showed the standard of care provided met people's needs and their expectations. Relatives told us they contacted the registered manager when they had concerns about the care provided, to discuss what was working well and/or when they wanted to thank them for a good service.

People received improved care delivery because of the involvement and close working partnership between the registered manager and other agencies and health care services. The registered manager attended training and external meetings to develop the service and improve the quality of care. They invited external agencies to share good practice with staff and to ensure they had the skills and knowledge to deliver high standards of care.

The registered manager understood their responsibilities in line with their registration with the Care Quality Commission. They were passionate about delivering high standards of care and ensured staff focussed on delivering person centred care. The registered manager continued to submit notifications to CQC with information about the welfare of people and the action taken to keep them safe. This enabled the CQC to determine whether appropriate action had been taken to keep people safe.