

Consensus Support Services Limited

Grammar School House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Grammar School House is a residential care home providing personal care and support for up to 12 adults with learning disabilities and / or autistic spectrum. At the time of inspection 10 people, aged between 40 and 62 were living in the service.

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.

The service was an adapted historic school house, bigger than most domestic style properties, but with ongoing refurbishment, lack of 'care home signage,' ensures the premises is noted on its historic value, not as a care home. Its location in the village, within close walking distance of the local shops and facilities is supportive of people being part of / involved in the local community.

People's experience of using this service:

Relatives were complementary about the service and would recommend it to others. One relative told us, "Staff know the clients so well, know what people need...whole place has such a nice family feel." Another said, "I just feel so lucky, care is second to none."

People were supported by management and staff who were highly motivated, kind and compassionate.

Staff supported people to keep safe and acted when necessary to prevent any harm or discrimination. People were supported to receive their medicines as prescribed.

People were supported to eat healthy. Staff had built up good relationships with health professionals to ensure people's learning disability and healthcare needs were met and supported.

Staff received the right training and guidance to enable them to effectively support people. People's complex needs were well planned for.

The service had built up good links with the local community and supported people to access a range of activities to take part in if they wished. Visitors praised the welcoming atmosphere of the service.

Staff knew people well and understood people's communication needs, preferred routines, likes and dislikes and what mattered to them.

Care plans were person centred and showed people and family members who played a significant in people's lives had been consulted. Staff were responsive in identifying and reviewing changes to support good physical and mental health.

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 provider had systems in place to check on the safety and quality of the service people received and act on the information to drive continuous improvement.

Rating at last inspection:

Requires Improvement. The date the last report was published was 11 June 2018.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to re-inspect this service within the published timeframe for services rated as Good.

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

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.

Grammar School House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Grammar School House 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:

The inspection was carried out over two days; 29 May 2019 which was unannounced and 30 May 2019 which was announced.

What we did:

Before the inspection we reviewed information we held on the service, since the last inspection in February 2018. We reviewed any information we have received about the service through our website and notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection:

We met all ten people living at Grammar School House and spoke in detail with two people's relatives. We spoke with the registered manager and five staff, including team leaders and support workers. We also spoke with the managing director and operations manager, who popped in during the inspection to support the registered manager.

The majority of people we met had complex learning disabilities and were not able to fully tell us of their experiences of life at the home. We therefore used our observations of care and our discussion with relatives, health professionals and staff to help form our judgements.

We looked at records relating to three people's care, and multiple medicines records. We also looked at a variety of records relating to the management of the service, including policies and procedures, audits, incident reports, staff training records and rotas.

After the inspection:

We contacted a person's relative and sought feedback from the local authority and two health professionals who regularly visit to hear their views of the service. The registered manager also sent electronic copies of the policies and procedures we asked for, including their safeguarding policy.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were receiving safe care. One relative said, "I trust the staff here... most relaxed I have ever been... very safe, caring place to be." Another said, "Staff know [family member], just the whole thing makes me feel secure, I never make an appointment just turn up."
- Staff had received training in safeguarding and knew how to recognise and protect people from the risk of abuse.
- A staff member said if they became aware of abuse, they would report it straight away, "Need to protect people."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and also when to inform the CQC.

Assessing risk, safety monitoring and management

- Staff supported people to keep safe.
- Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's mobility, epilepsy, choking, going out on a bus, walking the dog, and swimming.
- Regular fire drills were conducted and recorded. Personal emergency evacuation plans recorded the support people required should they need to leave the building in an emergency.
- Care plans detailed people's health conditions and how these affected them. This included managing seizures to ensure people's safety.
- Behaviour care plans were in place for people with behaviours that could challenge the service. Staff were aware of the approaches to use, to reduce any anxieties or behaviours that could impact on a person's well-being, and others near them.
- Systems were in place to ensure equipment was regularly serviced and tested to ensure it was fit for purpose. This included fire safety systems and equipment used when supporting people to mobilise.

Learning lessons when things go wrong

- Action taken following our last inspection demonstrated the service's lessons learnt approach. The management had put measures in place to address our concerns and reduce the risk of it happening again. This included new bathroom locks which could be 'over ridden' from the outside, if staff needed access in an emergency.
- The service was part of a large national organisation with clear management systems which included safety reporting and learning from concerns.

Staffing and recruitment

- There were enough staff to meet people's needs. Relatives and staff confirmed that people received the hours they were funded for. A staff member told us people who, "Need one to one support 24/7 get it, all are allocated a good amount of hours, and staff are working to them."
- One relative told us staff, "Never left [family member] on their own...someone is always interacting," to ensure their safety and well-being. Which was what we observed throughout the inspection.
- A health professional said they, "Always see the same members of staff," which supported consistency in the approach of care and support people received.
- Whilst the service was proactivity recruiting, vacant shifts were covered using their own staff, or the same agency staff, to ensure it did not impact on continuity and quality of care.
- Staff had been recruited safely to ensure they were suitable to work with people. A staff member said the provider had not allowed them to start employment, until they were in receipt of information to confirm they were of good character and suitable to work with vulnerable people.

Using medicines safely

- People were receiving their medicines as prescribed. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- A relative said there had been, "No problem," in their family member receiving medicines as prescribed.
- Staff were trained and assessed as competent before they administered medicines to ensure their practice was safe. To reduce any risk of errors, only the service's own staff, not agency, were allowed to administer medicines.
- Staff were given clear guidance on when to give PRN 'as and when required' medicines to reduced episodes of anxiety. This ensured it was used as last, and not first line of support, when other techniques, such as using distraction were not working, and put the person or others at risk.
- The registered manager was aware of the national project to reduce the risk of people with a learning disability, autism or both being over medicated with psychotropic medicines. They gave examples where they had been proactive in getting medicines reviewed / reduced to improve people's welfare.

Preventing and controlling infection

- The service was clean, and staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading. This included following good hand hygiene processes and when they should be using disposable gloves and aprons.

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.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service, to ensure their needs could be met safely.
- Pre-assessment periods were tailored to the person. This ensured the person being assessed was fully supported to gain a good insight of the service; before a decision was made. Also, it enabled staff to ensure they were not only able to meet the needs and expectations of the person, but also check their compatibility with the people they would be living with.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to carry out their roles effectively, in line with best practice, which led to good outcomes for people.
- One relative told us staff were, "Very good...I'm happy with the care [family member] receives." Another described their family member as being, "Very well cared for."
- A health professional told us the, "Evidence speaks for itself." Staff were supporting people with complex needs and, "They manage everything very well."
- Staff induction procedures and ongoing training, supervision and support, provided staff with the skills and competencies to carry out their role effectively. A staff member said it, "Gave me a massive understanding of the people we support."
- Staff new to care were supported to complete their Care Certificate. The Care Certificate is a national approach to ensure staff receive thorough training related to a career in care.
- A staff member said they found the one-to-one supervision sessions were a, "Good way to get across any problems I may have," personal or professional, which could impact on their work and take action to resolve it.

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

- People's nutritional needs were being met. Staff supported people to eat healthily, using fresh ingredients, and involving people in the preparation.
- Staff said 'cook in the bag omelettes' had been a great success as people with differing abilities could take part and enjoyed choosing their individual fillings.
- One relative said in between staff regularly offering people drinks, staff also acted on verbal and non-verbal 'indicators' from people, alerting staff that they would like a drink. The commented how their family member, "Loves constant cups of tea," and would, "Soon let them [staff] know, if they were hungry."
- During the inspection staff were supporting people to have plenty to drink to ensure their welfare; at regular intervals and when requested. This included where a person took hold of a staff member's hand and

walked them to the kitchen, where staff made them a hot drink.

- People's care plans contained information about their nutritional needs, specialist diet, likes and dislikes.
- Dieticians and Speech and Language Therapists (SALT) provided support and their advice was followed. This included for people who had problems swallowing, to meet their needs.

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

- People were supported to maintain good health and had access to a range of health care professionals including behaviour specialist, specialist nurses, GPs, and epilepsy services.
- Referrals to health care professionals were made in a timely manner and recommendations they made were followed by staff.
- One health professional said whenever they asked staff to provide information, including completing their observation / record sheets, they, "Fill those out really well, in very comprehensive detail, very thorough." They felt it demonstrated that staff understood, "The importance of getting that data right," to be able to do a good assessment of the person's needs.
- Health professionals told us the registered manager and staff knew people well and ensured that any changes in a person's condition were noted and acted upon.
- Information about the changes to a person's condition were recorded in their care records and discussed during the staff handover periods.
- Relatives told us staff were quick to respond to any health emergencies and keep them updated. One relative said staff, "Contacted me straightaway," and took immediate action; reporting and liaising with health professionals to ensure their family member received tailored care with good outcomes.
- Where a person's complex health needs required regular admissions into hospital, their relative described it as, "A well-rehearsed process." Always ensuring they were accompanied by a member of staff, and information about their family member's needs.
- Staff stayed with people during their hospital stays and liaised with the hospital learning disability nurse to ensure consistency of care.
- The registered manager described how videos taken showing a person going about their daily activities, assisted hospital staff, when they became very ill, to see what the person's quality of life was normally like. A relative felt the approach worked well, "Humanised," them.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met; and found they were.

- People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this.
- Staff had a good understanding of the MCA and understood the importance of gaining consent before

providing support.

- People were encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible. Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.
- Appropriate arrangements were in place where a deprivation of liberty was found for these to be authorised by the local authority.

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

- People's rooms were personalised, accessible, comfortable and decorated with personal items.
- People were supported to choose the objects and the colour systems in their bedrooms. The registered manager showed us where staff had painted different colour 'swatches' on the wall to help the person choose which colour they would like.
- A health professional told us, the layout of the building, "Suits the client's needs and is well thought out."
- Since the last inspection the service had continued to make the property look domestic in nature and less like an historic school building; whilst observing the restrictions imposed from it being a listed property.
- For example, the large front door no longer looked like an entrance to a school, but through clever 'refurbishment' looked domestic in nature.

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.

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

- Relatives and health professionals told us that people were supported by kind, committed, compassionate and caring staff, who respected people's individuality and right to lead a fulfilled life.
- One relative told us staff never rushed people and, "Are caring all the time...It feels like a family environment...like being in a normal household...they [staff] are here because they want to be, not just for a salary."
- Another relative told us when their family member was going through a health crisis, "Staff were amazing." As well as showing their family member kindness and compassion, this was also extended to the relative, "They promised to support me," and that is what they did, "Like one big family I can't praise them enough."
- A health professional said, "Staff are very passionate about clients and client's needs...very dedicated." They added staff were proactive in advocating to ensure people's equality and diversity was respected when accessing health services.
- When we asked one person their views of the staff, they put their 'thumbs up' and smiled.
- People's care records provided detailed information about their life history, which where applicable, their relatives had contributed to. Staff's knowledge of individual people and their family structure demonstrated that they had been reading the information.
- Throughout the inspection, staff were supporting people in a caring, inclusive manner. We saw how they adapted their approach to ensure their interaction was meaningful to the person and enhanced their wellbeing.

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

- Staff knew people well. They understood people's preferred routines likes and dislikes and what mattered to them.
- A relative told us how staff's knowledge of their family member's verbal and non-verbal communication, supported them in understanding what they were telling them. The relative said, "All of them [staff] have adapted and adopted," their family member's, "Ways and knowledge on how to support," them.
- Information held in people's care plans, and our observations further demonstrated how staff were ensuring people were being activity involved in making decisions about their care, were being listen to, and acted on.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected. People's care records provided staff guidance on how to ensure this.
- A relative said when supporting their family member with their percutaneous endoscopic gastrostomy

(PRG) staff had found the, "Most dignified way of doing it."

- During the inspection we noted where people independently using the toilet, had forgotten to close the door. Staff responded quickly to ensure people's privacy and dignity; closing the door, whilst informing the person why.
- Relatives told us staff were always watchful to ensure people's dignity was not put at risk. One relative said where a person had stripped off their clothes in the corridor, staff had, "Immediately held a towel up," to preserve the person's modesty.
- Relatives described how well staff dealt with incidents when people were in the community. This included, due to their excitement a person had been known to shout out in a public place. A relative said how staff never looked embarrassed, but in a relaxed manner would explain to others around that it's [family member's] way of showing their enjoyment. Taking the view to educating those around.
- People were supported to maintain relationships with those important to them. A relative told us, "Every time you pop in your made to feel welcome." One person told us they were looking forward to staff driving them to see their relative.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The information was kept under regular review and updated as required.
- Where people had complex needs, the service ensured significant people in the person's life, who had cared for them / knew them well, were consulted in planning their care. As well as the ongoing reviews.
- One relative told us, "I'm involved in everything and always made aware if anything changes ... I feel very included in [family member's] care." Another said, "I have read it [care plan]," and it covered all their family member's needs, "Physical and emotional."
- Staff told us they were given time during their induction to read people's care plans, which supported them in providing personalised care.
- A relative praised the way the pre-assessment and transition into the service had been carried out, "Lovely settling in programme, once settled in just becomes another member of the family, there are no barriers."

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

- Staff supported people to feel valued and be part of the community. By removing any 'barriers', encouraging people to socialise, and join in with activities that supported their interests and wellbeing.
- During the inspection we saw a puppy, who the registered manager was training to respond to a person's 'adapted sign language', as walking a dog enhanced their well-being.
- Relatives provided examples of how the registered manager had been proactive in supporting people to integrate with local community. They said by building positive relationships, people were able to take part in activities in the community.
- One relative told us their family member attended, "The barbers in the village, rather than have the barber come to the service, more natural." Also, by staff liaising with the local café, had led to people who required textured / specialist diets being accommodated, so they were able to enjoy the experience of eating out.
- Staff were supporting people to follow their interests and to take part in meaningful activities, which they tailored to their abilities, to ensure their well-being.
- This ranged for one person where staff were using a simple bell game to interact, which their relative told us, "It's so simple, but it is an interaction that [family member] likes." To others taking part in horse riding, swimming, trampolining, paid and volunteer work.
- One person told us how staff supported them to achieve their goal of being an entertainer; telling jokes on stage. Another person showed us their craft work, and spoke about their music interests, enjoyment of going out shopping, attending clubs and going out with their key worker.
- A relative commented how their family member, "Does more activities now... always got stuff to do," and the positive impact it had on the quality of their life. Describing how staff had supported them to go on a

family holiday, which was so successful they were planning another, "We went to [activity park] with the carers, had a lovely time [family member] was happy."

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff demonstrated good awareness of people's individual communications needs, and how to support them.
- Care records provide detailed guidance to staff on meeting people's communication needs. This included the most suitable format to use in giving information, as well as information on how people would communicate back.
- Information in the service was produced in different formats including easy read, picture format and large font. For example, the 'today – who's who' notice board provided photographs showing which staff were on duty. People were given their activities calendars in picture / word format.
- Throughout the inspection we saw how staff adapted the way they provided people with information to suit their needs, and for people unable to verbalise a reply, interpret their response. A relative commented that staff were good at reading their family member's eye movements, "Which they use to assert themselves."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people knew how to access it.
- Relatives told us if they did have any concerns, they felt comfortable to raise them with staff and management direct, before it had a chance to escalate into a formal complaint.
- One relative told us, "I would just walk into the office," and speak to the registered manager.
- The registered manager told us no formal complaints had been received, but if they did, they would be acted on straight away. Any learning from complaints would be used to support continuous development of the service.

End of life care and support

- People had the opportunity to discuss their end-of-life wishes and these were recorded in, 'When I die', section of their care plans.
- To reduce any anxiety, the registered manager said they ensured any discussions around end of life were handled sensitively. Considering the person's complex needs, understanding, and family involvement.
- There were no people receiving end of life care at the time of the inspection.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives commented positively about the service which they would be happy to recommend to others. One relative said, "I would recommend ...very, very happy with the excellent service."
- Relatives, health professionals and staff told us that the provider and management were very approachable and had a good visible presence; so they knew what was going on.
- The registered manager felt well supported by the provider, "Really approachable, as a support network consensus are very supportive. They know everyone by name, as they come around so often and want to know."
- Since our last inspection the provider had acted on the findings, making the required improvements which were instrumental in achieving an overall 'Good' rating.
- There were clear processes in place to assess the safety, and quality of the service, and where needed to drive improvements.
- Relatives spoke very highly of the registered manager. One relative said since they were appointed, "Things have changed immensely everything that's in place, should be in place. [Registered manager] is on it at all times...she is the best manager that has been here, always put the welfare of residents first, closely followed by the welfare of a staff."
- A health professional told us since, "[Registered manager] took over, very positive changes," with the staff team starting at the top, "Has turned the service around," especially in the last 18 months.
- Relatives provided examples of how they had seen their family members' quality of life improved; by changing the culture to eliminate any institutionalised practices. Whilst implementing the changes, where not all staff shared the same vision they had left, which had impacted on the turnover of staff.
- One relative told us, "Staff that stayed could look at the bigger picture...staff that wanted to be here are still here." They felt this was important, because new staff, "Learn from your peers, so if they come into a place where people are treated as a family member you are more likely take over the role in that manner."
- Staff felt valued by the provider and enjoyed their work, which had a positive impact on the friendly atmosphere and team work. A staff member told us, "I feel I have been really lucky coming [to work] here... team work is really good here."

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

- There was a clear organisational structure and staff understood their roles and responsibilities.
- Management and staff were motivated and shared the same values of putting the person first.

Descriptions used by staff to describe the registered manager management style included, "Professional," and, "Always fair."

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

- People, relatives and staff were actively engaged in developing the service; through surveys, meetings and feedback during day to day support.
- Planned pre-assessment visits, enabled a new person to experience the service and meet and assess their compatibility with others.
- Staff's knowledge of people, their behaviours, verbal and non-verbal body language supported them in effectively adapting their approach when seeking their views, to ensure people's voices were equally heard.
- Where a relative may need to give their family member medicine to support management of seizures, they told us the registered manager had, "Put me through," the training with staff so they could administer it safely.

Continuous learning and improving care; Working in partnership with others

- Health professionals told us they had a good working relationship with the service. One said, the registered manager, "Always answers the phone," and was, "Receptive," to any recommendations to drive improvements.
- The provider had recruited a person who lived in one of their services to carry out quality checks of their other services and supported them to write a report of their findings. The registered manager said the person had spoken at the provider's conference. They were looking forward to their first visit in August and would act on any findings from the report.
- Staff were aware of external community and voluntary organisations and supported people to socialise and be part of the wider community to improve their health and wellbeing. This included volunteering at a local museum, supermarket and charity shop.