

Consensus Support Services Limited

Fletton Avenue

Inspection report

35 Fletton Avenue
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Fletton Avenue provides accommodation and personal care to six people who have a learning disability. Five people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector. At the last inspection on 20 January 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. Risks identified included; eating and drinking, behaviours that challenge and accessing the community. , There was sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management and care staff were knowledgeable and enthusiastic about the people they supported and knew their care and support needs well. Staff offered and assisted people with a wide range of choices. People were fully involved in how they wished to organise their day and weekly activities. The registered manager and staff were committed in assisting people to have a fulfilling and very active life and to enjoy activities to extend their skills, improve their health, confidence and abilities.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of interest in the community.

People received appropriate support to maintain a healthy diet and be able to choose their meals. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. Staff knew what was expected of them and we observed staff putting these values into practice during our inspection.

The provider had a range of systems in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were asked for their feedback about the quality of the service provided. Feedback was used to recognise good practice and to drive improvements where shortfalls were identified.

Further information is in the detailed findings below.

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?

Outstanding ☆

The service remains Outstanding.

Is the service well-led?

Good ●

The service remains Good.

Fletton Avenue

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 checked 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 16 March 2017 and was unannounced. The inspection was carried out by one inspector. We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR) and we took information from this into account when planning our inspection.. This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with five people living at the service and two relatives. We spent time observing the care and support provided by staff to help us understand the experiences of people using the service.

We also contacted healthcare professionals including a practice manager from a local surgery, a contracts monitoring manager, a care manager from a local authority and a pharmacist who was visiting the service. This gave us information about the care and support provided at Fletton Avenue.

We looked at records in relation to two people's care and support. We spoke with the registered manager, deputy manager two team leaders and six support workers. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Fletton Avenue. One person said, "The staff are really helpful, they and I feel safe living here." People had their bedroom door key to keep their belongings secure and we saw a person unlocking their bedroom door with their own key. Another person said, "I can always speak to staff, which makes me feel safe." Observations we made showed that staff assisted people safely. A relative said, "I feel my [family member] is very safe - the staff make sure that they [family member] are safe especially when out and about in the community."

Staff demonstrated a good knowledge and awareness of safeguarding procedures and who to inform if they had witnessed or had an allegation of harm reported to them. Notifications received by CQC confirmed that the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of people using the service.

Systems were in place to identify and reduce the risks to people using the service, including actions taken following any accident or incident. Staff demonstrated that they were aware of potential risks to people that needed to be understood and actioned throughout the day to promote their independence. For example, where a person required support to safely access the community this was provided at all times. Staff were also aware of the steps they would take to identify and manage triggers that unsettled people. There were guidelines in place showing the steps to take to de-escalate situations regarding behaviours that challenged.

Staff recruitment files examined confirmed that an effective recruitment and selection process was in place. References had been sought and staff had been subject to a criminal records check before starting work at the service.

People told us that there was enough staff available to meet their needs. One person said, "I can talk to staff when I need to and there is always some to talk to." The staffing levels were kept under continuous review by the registered manager to ensure people's care and support needs were appropriately met. We saw that there were sufficient numbers of staff available to assist people with their care and support needs. Examples included assisting people when they stayed at home, when going out to an activity, supporting work placements and to attend healthcare appointments.

Safe systems were in place to manage and administer people's medicines. People told us that they received their medicines as prescribed. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. Following their training we saw that staff's competence to administer medicines had been assessed. A pharmacist who was carrying out an audit of the medicines gave us positive comments about the medicines administration process.

Is the service effective?

Our findings

Relatives told us that they had confidence in the staff and felt that they knew the needs of their family members well. Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, dealing with behaviours that challenge, safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that new members of staff shadowed an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. We met a new member of staff on a shadow shift and they were very positive about the support they had received from their staff colleagues. Staff spoken with told us they felt supported by the management team and received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

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 MCA. The procedures for this in care homes and hospitals are called the DoLS. Staff confirmed they had received training in the MCA. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. We saw that there was one application for a DoLS in place which had been authorised by the local authority and documentation for this was in date.

People's dietary and food preferences were recorded in care plans. A detailed meal planner was displayed in the dining area. Meals were varied, included healthy options such as salads, vegetables and a choice of main courses to improve people's health and diet. People's weights were monitored each week and additional drinks nutritional supplements were provided, if needed. Staff told us, "We have a meeting with everyone to decide on meals so that people have a chance to choose what they would like." People had access to the kitchen with staff support to make their own drinks.

One person said, "The food is good and we have a choice which is good and I like it." We saw that drinks were readily available, both with meals and at other times during the day. People had access to a variety of meals at regular times of the day. One relative told us that due to the staff's assistance their family member's diet and health had greatly improved.

People were able to access a range of healthcare services. One person said, "I can see a doctor and staff help me to go to my appointment." A relative said, "The staff always contact me if there are any health changes – my [family member] has received a lot of help with their diet and is benefitting greatly due to the staff's support with this." We saw that there were records in people's care plans detailing appointments that they had attended with a variety of healthcare professionals such as GPs, speech and language therapists, and psychologists. A practice manager from a local surgery gave positive feedback regarding the staff being proactive in raising any healthcare concerns that people may have had.

Is the service caring?

Our findings

Interaction between staff and people using the service was warm, caring and friendly. Throughout the inspection we saw staff attentively and respectfully assisting people in a reassuring manner. We saw that where a person was becoming unsettled or needing reassurance, members of staff responded to them in a clear and respectful manner.

One person said, "I am very happy living here - it's my home and the staff are always kind and helpful." Another person said, "They [staff] always help me with what I need and they know me very well."

People told us they were involved in making decisions about their care. One person told us they met regularly with their keyworker to discuss how things were going. [A key worker is a named member of staff who coordinates a person's care and acts as a link with their family and care professionals]. People told us they were involved in making choices about how they spent their day including; chosen activities, places they wanted to visit, and what they wanted to eat. One person told us, "I get on with the staff well; I plan my day and I like to be independent."

Staff knew people's communication needs and the methods they used to express themselves. We saw staff communicating effectively with people to assist them in making choices and decisions about their care. People's requests were promptly dealt with in a kind, caring and affectionate way. For example, reminding people about where they would be going during their day and sitting with people and engaging them in activities and conversation. This showed that people's choices and preferences were respected and acted upon by staff.

Staff were clear that their role was to promote independence and encourage people using the service to do as much as they could for themselves. Staff showed interest in the people they supported and we observed that people were at their ease and comfortable with staff. Staff we spoke with demonstrated an enthusiastic and caring approach. One member of staff said, "I love working here – every day is different and we do so much with people - it's excellent."

We observed that people were treated with dignity and respect and knocked on people's doors and waited for a response before entering. Staff told us people were encouraged to maintain relationships with people who were important to them and they supported people to do this. People told us that they regularly visited their relatives, or their relatives came to the service. One person said, "I go to see my [family members] lots and staff help me with this."

We saw that people's support and risk assessments were reviewed to ensure that their health and support needs were kept up to date. Each person had a detailed health information document to accompany them should they need to be admitted to a hospital service.

Is the service responsive?

Our findings

The registered manager and staff continued to be highly committed in supporting people with their individual needs and daily lives in a creative, proactive and enabling manner. This included assisting people in accessing a wide range of activities, events and work placements to enhance and improve their health and skills. People told us that they had access to a large choice of meaningful activities and had good links with the community. One person said, "I especially enjoy going to do my work at a local packaging firm." Another person said, "I go to do voluntary work in two local charity shops which I really enjoy." We saw that people also enjoyed activities at home including arts and crafts sessions and the darts and pool competitions. One member of staff said, "It's great to assist people to get out and about and really become part of the community." Another member of staff said, "I am helping to organise a holiday with one person abroad and to assist them with getting a passport which is a great step forward for them."

People were involved in two to three activities a day, both in the day time and evenings. Examples included, work placements, going for walks, swimming, archery, football training, discos, and basketball. One person said, "I played in a local football tournament and received the 'Man of the Match' award." Another person said that they had met members of a local professional basketball team and enjoyed having a game with them. Another person had gained a bronze award in an archery event. We also saw that one person went on a locally organised 'Fun Run' to raise money for a charity. They had spoken on local radio about this event and the charity they were supporting. One member of staff also told us that they were undertaking dog walking training at a local animal shelter. Following their training they would be assisting a person to visit the shelter and become involved in dog walking.

This showed that people were fully involved in how they wished to organise their day and weekly activities. The registered manager and staff were enthusiastic and committed in assisting people to have a fulfilling and active life and to enjoy activities to extend their skills, improve their health, confidence and abilities.

The care and support was underpinned by a person centred approach. People's needs were assessed, planned and well-coordinated and delivered. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. People's care records contained personalised information about them, such as their daily support routines, hobbies, weekly /daily activities interests, food preferences and family/ life history. This detailed information helped inform staff when supporting and assisting people with their personal care and their preferred activities.

Regular reviews of people's care took place with people's care professionals. These meetings reviewed any changes required to meet the person's needs. Feedback from care professionals indicated they were positive about the care and support being provided in the home.

People and two relatives told us that they knew who to speak with if they wished to raise a concern or complaint. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. We saw throughout the inspection that people's ongoing queries or concerns were dealt with effectively by the staff. This showed people's concerns and issues were listened to and promptly

responded to by staff.

Is the service well-led?

Our findings

A registered manager was 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 and staff told us the registered manager was approachable and listened to what they had to say. One person told us, "I like the [registered] manager and staff as they help me a lot." Another person said, "The staff are easy to talk to and are always around to help me and sort things out."

The registered manager and staff were dedicated and enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. The registered manager, deputy and senior staff worked alongside staff to monitor the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity throughout the inspection.

Staff told us the service was well organised and that the management team were approachable and supportive. One member of staff said, "I can always raise any issues or ideas and the [registered] manager is really approachable and listens to what I have to say."

Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. The registered manager told us that people's support plans were monitored as part of the ongoing quality assurance process. We found that this monitoring helped drive improvement.

Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. An example included the procurement of another vehicle to provide more flexibility for day trips and when accessing activities in the community.

The management team carried out a regular programme of audits to assess and monitor the quality of the service and identify any shortfalls which needed to be addressed. Examples included medicines, staff training, infection control and financial audits. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included improvements to checking in and daily monitoring of medicines to the service.

We saw that the feedback from surveys conducted in 2016. Comments received from people, their relatives and staff were positive about the care and support provided.