

Consensus Support Services Limited

82 Bear Road

Inspection report

82 Bear Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 17 December 2015 and was unannounced. At our last inspection on 30 April 2014 the service was meeting all legal requirements.

82 Bear Road is a care home that provides accommodation and personal care for up to 5 people with a learning disability. When we inspected, four men were using the service. At the time of the inspection, the service did not have a registered manager. 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. The provider appointed a manager in October 2015 and they told us they were completing their registration with CQC.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People may have been at risk of illness due to poor food hygiene practices and at risk of injury due to ineffective monitoring of health and safety issues.

The provider had systems in place for safeguarding people using the service. This included a whistle blowing policy and procedures.

The provider carried out appropriate checks to make sure new staff were suitable to work with people using the service.

Staff told us they were well supported and had the training and information they needed to care for and support people.

The provider took action to identify and manage possible risks to people using the service.

People had access to the health care services they needed and they received the medicines they needed in a safe way.

Staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently.

People were able to choose where they spent their time.

Staff offered people choices about aspects of their daily lives.

People told us they received care and support that met their individual needs.

The provider and support staff had assessed and recorded people's individual care and support needs.

There was an appropriate complaints procedure and the provider produced this in an accessible format.

People using the service told us they knew who the manager was and said they could talk with them at any time.

Staff described the provider's training and information as "very good." Staff also told us they enjoyed working for the organisation.

The manager and provider carried out a range of checks and audits to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

People may have been at risk of illness due to poor food hygiene practices and at risk of injury due to ineffective monitoring of health and safety issues.

The provider had policies and procedures for safeguarding people, including a whistle blowing policy and procedures.

The provider carried out appropriate checks to make sure new staff were suitable to work with people using the service.

People received the medicines they needed in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff told us they were well supported and had the training and information they needed to care for and support people.

The provider took action to identify and manage possible risks to people using the service.

People had access to the health care services they needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently.

People were able to choose where they spent their time.

Staff offered people choices about aspects of their daily lives.

Is the service responsive?

Good ●

The service was responsive.

People told us they received care and support that met their individual needs.

The provider and support staff had assessed and recorded people's individual care and support needs.

There was an appropriate complaints procedure and the provider produced this in an accessible format.

Is the service well-led?

Good ●

The service was well led.

People using the service told us they knew who the manager was and said they could talk with them at any time.

Staff described the provider's training and information as "very good." Staff also told us they enjoyed working for the organisation.

The manager and provider carried out a range of checks and audits to monitor the quality of the service.

82 Bear 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 17 December 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we hold about the service. This included the previous inspection report and notifications the provider sent to us about significant incidents and events that affected people using the service.

During the inspection we spoke with three of four people using the service. We also looked at care records for all four people and other records related to the running of the home. These included medicines management records, staff rotas, staff recruitment records and checks and audits carried out by the provider, manager and staff. We spoke with four members of staff and the service manager.

Following the inspection we spoke with two relatives and received comments from one social care professional.

Is the service safe?

Our findings

We saw one food item in the fridge that was past the 'use by' date. We also saw the support staff recorded the food storage temperature in the fridge each day. Despite the provider's guidance on the recording sheet that food should be stored at temperatures between two and eight degrees Centigrade, staff had recorded temperatures ranging from 14 to 20 degrees Centigrade for several weeks before this inspection. We also noted that the service's record of hot water temperatures showed dangerously hot water temperatures, above 55 degrees Centigrade at taps in the kitchen and staff sleep in room. There was no evidence that the provider's monitoring systems had identified these risks. People may have been at risk of illness due to poor food hygiene practices and at risk of injury due to ineffective monitoring of health and safety issues.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us people were safe at the service. One person said, "I feel safe here, I don't worry about anything." A second person said, "I keep to myself, I'm safe in the house." A relative told us, "We have no concerns about [family member's name] safety."

The provider had policies and procedures for safeguarding people using the service which included a whistle blowing procedure and we saw they reviewed and updated these regularly. The provider had trained staff in these areas and the training records we saw confirmed this. Staff had the information they needed to recognise potential abuse and they understood the importance of reporting concerns and helping to prevent abuse occurring. All of the support staff we spoke with knew what to do if they suspected someone was being abused or at risk of abuse. Their comments included, "I would tell the manager immediately if I suspected someone was being abused," "If I reported something and I thought nothing was being done, I'd go to the area manager or use the whistle blowing procedures" and "I'd tell my manager about any concerns straight away and make sure they were followed up."

The provider carried out appropriate checks to make sure newly recruited staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. All staff had completed an application form detailing their employment history.

People's care records included assessments of potential risks. Support staff regularly reviewed and updated all risk assessments and risk management plans. The assessments we looked at identified potential risks and gave support staff clear guidance on how to manage these and minimise the possibility of harm. The information for staff was clear and based on people's individual needs, communication and preferences.

The provider ensured there were enough staff to meet people's care and support needs. We saw support staff worked well together and people did not have to wait for help or support. People were able to take part in activities they chose and there were enough staff to support them to do this. Staff rotas showed a minimum of three staff each morning and afternoon. During the night, one waking staff was on duty, with a

second member of staff asleep in the home to provide support, if required.

Staff told us they felt there were enough staff to support people in the home and to access activities in the local community. They told us the manager also worked directly with people using the service when they needed additional staff. Their comments included, "We're a team, we work together to do the best for people living here," "Team work here is good, we know what people need and we make sure we give people the support they need" and "If we need help [manager's name] will always help us."

People received the medicines they needed in a safe way. The provider had a policy and procedures for managing people's medicines and they had reviewed and updated these regularly. Each person's care record included an assessment to establish whether or not they could manage their own medicines and individual guidance on 'homely remedies' written and signed by the person's GP. Support staff we spoke with told us the provider had trained them to give people their medicines and we saw evidence of this training. We looked at a sample of the medicines held and the records relating to this. The records were accurate and medicines were appropriately stored.

The provider's health and safety checks and environmental risk assessments included checks of opening restrictors on windows above the ground floor. We saw records that showed staff checked the opening restrictors on 02 November 2015.

Is the service effective?

Our findings

People told us they enjoyed the food provided in the service. One person said, "The food's good, I can eat what I like." Another person said, "Yes, I like the food, it's good." People using the service and staff were involved in planning the weekly menu for the home, shopping and preparing meals.

One person's care records showed staff encouraged them to develop independent living skills, for example preparing their own breakfast and cleaning their room. During the inspection, we saw people enjoyed the lunch support staff prepared for them.

Support staff told us they were well supported and had the training and information they needed to care for and support people. One member of staff said, "The training is good, [manager's name] reminds us when we need to do refresher training and its organised." A second member of staff told us, "The training is very good. I've done everything I need to do my work."

Support staff had the skills and knowledge they needed to support people using the service. Records showed new staff completed a planned induction to their work in the service, shadowing experienced members of staff and completing a range of training. Training for all staff included health and safety, safeguarding adults, first aid, food hygiene, manual handling and medicines administration. Support staff told us the provider recorded all training and reminded them when refresher training was due.

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 when this is in their best interests and legally authorised under the MCA. The application 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 whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager understood their responsibilities under the MCA and we saw no examples of people being deprived of their liberty unlawfully.

We saw one person's care records included a DoLS application request dated 15 July 2015. We discussed this with the manager who told us they had recently followed the application up with an email to the local authority.

The provider took action to identify and manage possible risks to people using the service. People's care records included assessments of possible risks and guidance for support staff on how they should manage these. Risk assessments we saw covered the support people needed to access the community, daily living skills, fire safety and personal finances. Risk management plans included clear guidance for support staff on how to mitigate identified risks. For example, support staff changed one person's daily routine from planned

activities to activities the person chose each day as this reduced their anxiety.

People had access to the health care services they needed. Care records included information about people's health care needs and who would support them with these. People told us the staff helped them stay healthy and they could see their GP whenever they needed. People's care records included evidence of regular consultation with health care professionals. Staff had also included information from these professionals in people's support plans. The manager told us they worked closely with GP's and specialist health services for people with a learning disability or mental health needs.

Is the service caring?

Our findings

People told us they felt well cared for in the service. One person said, "I'm happy here, it's good." A second person told us, "I've lived here a long time, It's OK but I want to live on my own." People's relatives also told us they felt people were well cared for. Their comments included, "The staff are very caring, they do an excellent job" and "[family member] always says he's happy and the staff are good to him."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day during our visit.

The manager and some of the support staff we spoke with had worked in the service for some time and knew people's care needs well. They were able to tell us about significant events and people in each person's life and their individual daily routines and preferences.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in communal areas when they wanted to be with other people. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed bedroom or bathroom doors if they supported people with their personal care and always knocked on the door and waited for people to invite them in.

Staff offered people choices about aspects of their daily lives throughout the inspection. We saw people made choices about what to eat and how they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person's request, we saw they explained the reasons why and agreed a time when they would be able to support the person.

The provider produced information for people using the service in a format they could understand. We saw the provider's care planning and risk management forms included pictures and symbols to make the information easier for people to understand. Easy-read versions of the provider's complaints and safeguarding procedures were also available.

We saw staff recorded people's needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their personal care and this was respected and reflected in the staff rotas we saw.

Is the service responsive?

Our findings

People told us they received care and support that met their individual needs. They told us support staff understood their preferences and these were reflected in the support they received. One person said, "The staff know me and they know what I can do for myself." Another person said, "The staff are there if I want help, I don't need it all the time and I can talk to the staff and tell them." A third person said, "I decide what I want to do, if I don't want to do something, I don't have to."

Relatives' comments included, "The staff keep us informed about what's happening with [family member's name]," "There could be more activities but they have started some recently" and "It would be helpful to have more notice of care planning meeting so we could take part."

The provider and support staff had assessed and recorded people's individual care and support needs. The provider's care planning systems were centred on the individual. All of the care plans we saw used 'I' statements to illustrate what people could do for themselves and where they needed support. For example, "I can make my own breakfast." Plans were personalised and gave support staff clear guidance about how to meet people's physical, health, personal and social needs.

The manager and support staff told us they held monthly meetings with people using the service. We saw the minutes of the meeting held in January, February and April 2015 and saw people talked about things they were happy with, things they were unhappy with, activities, menus and 'house rules'. The minutes of the January 2015 meeting noted, "[two people's names] said that they are happy with the way staff talked to them, given them choices and they feel respected."

We saw each person's care records included information on how they spent their time during the day. These showed activities, outings, medical appointments, family contacts and any other significant events or incidents. During this inspection, one person using the service was at college, two other people went out with staff shopping and to the leisure centre and one person who was able to go out independently chose to stay at home.

There was an appropriate complaints procedure and the provider produced this in an accessible format. People told us they knew what to do if they had a complaint. One person said, "I'd speak to the [key worker's name] or [manager's name] if I wanted to complain, but I've never needed to." A relative told us, "We've never needed to make a complaint, we'd speak with the manager or the provider and we're sure they would listen to us."

Staff told us they were confident the provider and manager would address any concerns they raised. The complaints records showed there had been 10 complaints in the last 12 months and the provider had responded to these in line with their procedures.

Is the service well-led?

Our findings

The manager told us they had worked in the home as a support worker and team leader before being appointed as the manager in October 2015. The previous registered manager had left the service in July 2015 and the new manager was in the process of applying for registration with the Care Quality Commission (CQC). People using the service told us they knew who the manager was and said they could talk with them at any time. One person said, "[manager's name] is the manager, she's good." A second person said, "[manager's name] is very good, she runs everything very well." A relative told us, "There have been some changes but the manager knows [family member's name] very well and she does a good job."

Staff described the provider's training and information as "very good." Staff also told us they enjoyed working for the organisation.

Staff worked well as a team to meet people's care and support needs. One member of staff said, "It's hard work but we work well as a team." A second member of staff said, "Some people need a lot of support, others not so much, but it's always interesting work and we have to work together as a team."

The provider had systems in place to gather the views of people using the service and others. The manager told us the provider had organised an annual survey to get the views of people's relatives and professionals involved in their care in September 2014. They also told us they planned to send out survey forms to relatives and professionals in the near future. All of the responses to the September 2014 survey rated the service as 'good' or 'very good' across a range of questions.

The manager and provider carried out a range of checks and audits to monitor the service. The manager told us the provider's Operations Manager carried out monthly checks in the service. We saw reports written following visits in September and November 2015. This included checks of health and safety, care planning, risk management and finances, people's support plans and health action plans. In addition, the provider carried out an annual financial audit of the service. We noted that there was not always evidence that the provider followed up issues identified during the monitoring visits. The two records we saw included similar action plans and there was no evidence that action points had been addressed.

We saw the manager and support staff carried out daily handovers that covered people's medicines and finances. They also completed weekly and monthly health and safety checks, although the records we saw showed they did not always follow up issues they identified, for example food storage and hot water temperatures.

The fire safety risk assessment for the service was completed in February 2012 and the manager told us the provider had completed all of the recommended maintenance and improvement works.

We saw the five-yearly electrical safety check was completed in January 2011, the annual gas safety check in 2014 and fire safety checks support staff completed were up to date, including tests of the fire alarms, fire fighting equipment and emergency lighting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that is reasonably possible to mitigate risks to service users.</p>