Consensus Support Services Limited

The Manor

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

This inspection took place on 3 May and 8 May 2017 and was unannounced. The Manor is a residential care service that provides accommodation and personal support for up to 14 people with learning disabilities. At the time of our inspection there were 11 people using the service. At our last inspection in November 2014 the service was rated as good.

At this inspection we found the service continued to meet the regulations and fundamental standards and remained good.

The service had 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 told us they were happy living at The Manor and that they liked the staff. Staff knew how to protect people from the risk of harm and abuse. People's individual risk was assessed both in the service and in the community and staff worked hard to minimise risk while still encouraging people's independence.

There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

The registered manager and staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People were involved in decisions about their care, were encouraged to make choices in their everyday life and supported to be as independent as they could be. Staff understood people's individual needs and supported people with dignity and respect.

Care records focused on the person and were updated according to any changes in people's health and wellbeing. People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received and look at ways to continually improve the service.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Manor

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 comprehensive inspection took place on 3 and 8 May 2017. The inspection was unannounced and carried out 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We spoke with three people using the service, three relatives, six members of staff, the registered manager and the operations manager. Due to their needs, some people living at The Manor were unable to share their views and experiences. We observed the interactions between staff and people. We reviewed care records for four people who used the service.

We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We checked recruitment records for three members of staff. We also reviewed how medicines were managed and the records relating to this.

Good

Is the service safe?

Our findings

People we spoke with either told us or indicated that they felt safe and comfortable with the staff. One person told us, "I like it here, it's good. I'm always happy." Another person said, "I like living here" and gave us a smile and big thumbs up as confirmation. Relatives we spoke with told us, "[My relative] is safe, well cared for …staff seem very caring", "I feel [my relative] is safe" and "Definitely safe, really pleased with the home, couldn't have chosen better."

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Records confirmed most staff and managers had received safeguarding training. The operations manager spoke about the investigation that commenced following one safeguarding concern, the lessons learnt and the arrangements that had been put into place to ensure peoples on-going safety.

We saw up to date assessments which identified any safety risks to people and helped to promote their independence both at the service and in the community. Where possible people were involved in decisions about any risks they may take. For example, one person had been risk assessed for taking their own medicine, staff explained how the person had an understanding of the medicine they needed to take and why. They explained the way they ensured the person was safe while allowing the person to still be in control. Staff we spoke with understood people's individual risk needs and how to best support them. We saw when people's needs had changed their risk assessments were updated accordingly.

The provider had systems in place to promote a safe environment. The home was well presented and safely maintained and there were records to support this .People had their own personal emergency evacuation plan (PEEP) and copies were available for easy access by the emergency services should the need arise. An emergency on call system was in place so staff were able to access advice and assistance if the registered manager was not available. Health and safety and fire checks were routinely carried out at the premises.

The arrangements for the recruitment and selection of staff were thorough and helped ensure people were protected from unsafe care. Records showed the required checks had been carried out before staff started working at the service so that only suitably vetted staff was employed. Staff recruitment files were audited at frequent intervals by the provider and reported on to ensure that processes were robust.

Staffing levels were sufficient to meet people's individual needs. The registered manager explained the service was in the process of recruiting to existing vacancies and staff confirmed staffing levels were improving. We saw staffing numbers were flexible so people were able to attend activities and healthcare appointments.

People received their prescribed medicines as and when they should. People's capacity to manage their own medicines had been individually assessed and risk assessments were in place to support this. People's prescribed medicine was stored appropriately in individual locked cabinets. We found no recording errors

on any of the medicine administration record sheets we looked at. Staff explained that once they had received training in medicines management they had then received a medicine competency check and only then could they administer people's medicine. There were protocols for 'as required' medicine giving guidance to staff on the type of medicines to give and when people needed to receive them.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative explained how staff had received additional training specific to their relative's needs. Staff told us, "I really liked it [the training] really comprehensive" and "The training and induction were OK…I am continually learning and becoming more confident, on-going training really helps."

A comprehensive training plan was available for staff. This included induction when staff first started working for the service and mandatory refresher training thereafter. The registered manager explained the Care Certificate was part of the induction for new staff. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. We were shown how the manager monitored the system to ensure all staff had completed their mandatory training within the providers specified time scales. Where training had expired we were shown the future courses staff had been booked on to refresh staff skills. Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings, they explained how they were supported to undertake additional qualifications and given opportunities to develop their skills. Records confirmed supervision was undertaken at regular intervals and yearly appraisals had taken place.

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 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 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.

People's consent and ability to make specific decisions had been assessed and recorded. Where people lacked capacity, relevant healthcare professionals and those close to the person were involved to make sure decisions were made in the person's best interests. Staff understood their responsibilities in line with MCA and DoLS and had completed recent training. The registered manager had assessed where a person may be deprived of their liberty. DoLS applications had been submitted to the supervisory body. Authorisations were in place for some people and others were awaiting approval.

People were supported to have a balanced diet and were involved in decisions about their food and drink. A menu was clearly displayed in the dining room in easy read and pictorial format, staff told us most people were happy with the meals each day but alternatives were always provided for those people who wanted something different. People were involved in choosing the meals they wanted and staff told us they would try to plan a new menu weekly and ask for people's preference. Staff were aware of people's individual dietary needs, likes and dislikes. Risks associated with any nutritional needs were assessed and reflected in

peoples care records.

People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to explain to healthcare professionals how people liked to be looked after.

Good

Is the service caring?

Our findings

People told us they were happy living at the Manor and that staff were friendly and kind. One person told us, "Staff are nice, they're always nice, they're friendly…I talk to them." Relatives told us they thought staff were caring, comments included, "This brigade of [staff] are caring", "They [the staff] seem very fond of [my relative] actually" and "Staff are obviously caring."

Staff had a good knowledge of the people they were caring for and supporting. They were able to tell us about peoples likes, dislikes and history. They spoke about people with kindness and compassion and explained how they supported people while promoting their independence. One staff member told us, "The clients are all individual; all of them have their own personalities and their own sense of humour. It's great to work with them." Another staff member said, "For this job you need to have [staff] with a heart…I love working with people, I live helping people. When you see a smile on people's faces it makes a difference for me. I love this job."

We observed staff when they interacted with people. People were clearly comfortable with staff and felt at home engaging in conversations and joking with them. Staff were mindful of people's needs and emotions for example one person was unhappy so a staff member spoke to them and gave them reassurance, they then offered an alternative activity to help distract them. Other people using the service were seen having jokes with staff, smiling and laughing. Staff treated people with respect and kindness and relatives we spoke with confirmed this. Staff gave examples of how they offered people privacy, maintained dignity and promoted choice. For example, people were encouraged to choose what clothes they wished to wear, the food they wanted to eat and the activities they wished to be involved in. One person chose to get up late on the day of our inspection, while another was observed to choose the lunch they wanted that day.

Care records were centred on people as individuals and contained detailed information about people's history, their strengths, interests, preferences and aspirations and how staff could support them to achieve their goals. Progress and any on-going issues were discussed at monthly keyworker meetings so people were involved in making decisions about their care and felt listened to.

People told us about their relationships with friends and relatives and how staff encouraged and supported this. Relatives told us they could visit at any time without restriction and we heard about visits, trips and holidays people had been on. Relatives told us people looked forward to returning to The Manor. One relative explained "As we return home [my relative] looks at the cars in the car park and says oh good [staff member name] is here." Another relative told us, "[My relative] is happy here, when they are at home they want to call their friends back at the Manor."

The registered manager had started to work with St Christopher's Hospice to help people and if appropriate, their relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. One relative told us, "Staff communicate well, keep you well informed." Another said, "[Staff] will ask consent before they do anything, they will seek consent."

Care records gave staff important information about people's care needs. Relatives told us about peoples care plans and how they were involved in regular reviews, one relative told us, "[My relative] has a care plan, it's an ongoing thing…changes all the time. I contribute to the plan." We saw where people were involved in the planning of their care and had contributed toward their likes, dislikes hobbies and interests. Some people were able to sign their care records to say that they agreed to its content. Monthly key worker reports gave people the opportunity to comment and give their views on the care provided.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. For example, one person liked to play pool or snooker or go for a drive.

Staff helped to ensure people received continuity of care by attending daily handover meetings, and recording information in people's daily notes and in the communication book .This helped share and record any immediate changes to people's needs.

People were supported to follow their interests and take part in social activities. One person told us, "I'm dong Bingo today…every Wednesday, knitting is my favourite, colouring, drawing pictures, painting…do these often" They went on to explain how they helped with washing and cooking, "me and [my friend] peel the potatoes." On the first day of our inspection people were mostly at the service in the morning and waiting for their planned afternoon activities. Activities included Bingo, cooking, swimming, going to the pub or shops. We noted there was very little staff interaction with people during the morning and there appeared to be no "purpose" to people's morning. Although people did not appear unhappy or in any way distressed we mentioned our observations to the registered manager. The registered manager told us she had observed the same and was looking at ways to improve the in house activities; however she was also aware that periods of rest and quite time were also important for people so a good balance was necessary.

Four days a week people were encouraged to work at a local farm that was run by the provider. This was a short distance away and enabled people to learn new skills including farm and animal management. People received a small amount of daily pocket money for their work. Staff told us most people at the Manor went to the farm and enjoyed the experience but sometimes one person did not want to always go. We spoke to the registered manager as we were concerned that people may not always have a choice about what activity they took part in each day. The registered manager was aware of the situation, they knew what the person would like to do and was already looking at other opportunities available. They explained, in the meantime, they were in communication with the manager of the farm about ways to best support the person, encourage involvement in activities while still respecting the person's choice. Since the inspection the registered manager has sent us updates regarding the on- going support being provided and evidence that

the person chooses the activity they would like take part in.

Two people's relatives told us they knew who to make a complaint to, if they were unhappy. One relative told us they would inform the manager or keyworker and named both. Another told us how they had made a complaint and it had been dealt with, however, a third relative was unsure who they would contact if they were unhappy. We spoke with the registered manager about communication with relatives. The registered manager was still fairly new to the service and, they explained they were in the process of introducing themselves to as many friends and relatives as they could. We were shown records that had been recorded of conversations and meetings. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged with the provider and were regularly monitored.

Good

Is the service well-led?

Our findings

The registered manager was fairly new to the service and had been registered with the Commission since January 2017. Two relatives we spoke with knew who the management team were. All of the relatives we spoke with were positive about how the service was run. One relative said, "It's very well managed. I see the manager frequently…say hallo…she's always about…she rings me if she wants my opinion." Another relative told us, "The service appears to be well managed…I don't know who the manager is." We spoke with the registered manager about communication with relatives, that some relatives may not know them. They were aware of the issues and the importance of relative involvement and engagement with the service. The registered manager explained they had just started a 'continuous improvement program' where she will meet with people and their relatives to talk about ways to improve the service for people. In her absence staff would start to record any comments from friends and relatives so any necessary action could be taken or improvements made.

People were asked about their views and experiences. Stakeholders including people who use the service were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. We looked at the results from the most recent survey sent during the period March to May 2016 and noted most feedback was positive. Where areas for improvements had been suggested the registered manager provided a list of actions that had been taken to improve and develop the service. People were encouraged to contribute their thoughts and ideas at regular resident meetings. We saw minutes from these meetings covered issues such as menu's, activities and holidays.

Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us they felt they worked well as a team comments included, "Team leaders are always helpful, good team working…no issues. Everyone seems to get along", "The team are quite strong we give people the support they need" and "Most of my team give support and every time I ask my manager she gives me support."

Staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about new legislation, training and guidance on the day to day running of the service. Management, regional and best practice group meetings were held at a senior level and shared intelligence, best practice and lessons learned across the organisation.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. Our records confirmed appropriate notifications were made to the Care Quality Commission in a timely way.

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine. The provider also carried out monthly quality

monitoring inspections in line with the Commissions fundamental standards. Any issues identified were noted and monitored for improvement. This helped to ensure that people were safe and appropriate care was being provided. At provider level there were various systems in place to analyse complaints, staff training, accidents and incidents and identified areas for improvement across the organisation. We were shown how this information helped the organisation identify ways to drive improvement by learning from past events and looking at different ways to make things better.