

Consensus Support Services Limited

Rowan House

Inspection report

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13 April 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected this home on 13 April 2016. This was an unannounced inspection. The home is registered to provide personal care and accommodation for up to six people who may have a learning disability or mental health support needs. At the time of our inspection six people were living at the home.

The registered manager was present during our inspection. 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.

At this inspection we found the service to be in breach of regulations 15 and 17 of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The outside areas to the building were not always clean and properly maintained to ensure that people could access outdoor space safely. Whilst this had been identified as an area for improvement no action had been taken.

People were involved in their care planning although relatives did not always feel involved. A complaints policy in place along with an easy read version. All of the people we spoke with were happy to make a complaint should the need arise.

Systems for monitoring the quality and safety of the service were in place but there was an inconsistent approach to driving forward improvements within the service.

People we spoke with told us they felt safe. Staff understood their responsibilities to protect people from harm and abuse. Risks had been assessed and on the day of our inspection we found that the management of medicines was consistent and safe.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently to meet people's individual needs. Staff were inducted and prepared for their roles.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005. Systems were effective in demonstrating people's level of mental capacity. Applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had been submitted to the local supervisory body for authorisation.

On the day of our inspection we found that people could access food and drink. Information was stored within the person's care plan and contained guidance about the person's nutritional needs.

Family members we spoke with told us that people were involved in maintaining their health and well-being.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. Activities were provided to meet the interests of individual people. We saw people could be encouraged more to develop day to day living skills and that this was not happening. We found that the service had put plans in place develop peoples day to day living skills.

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.

There were processes in place to keep people safe.

Risks had been appropriately assessed to keep people safe.

Medicines were administered, handled and stored in a safe manner.

Is the service effective?

Requires Improvement ●

The service was effective.

Staff received regular training and had the appropriate level of skills to enable them to support people.

People were not always involved in decisions made about the environment they live in.

The Registered Manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People had daily choices and preferences, and were involved in decisions about their care and support.

Staff worked in a kind and caring manner with people.

People were treated with dignity and respect by staff.

Is the service responsive?

Good ●

The service was responsive.

Staff was aware of and responded to people's individual needs.

People were supported to engage in activities of interest to them.

People and their relatives knew how to make a complaint.

Is the service well-led?

The service was not well-led.

Staff did not share common values and did not understand the vision to improve the service people received.

People and their relatives were consulted on the quality of the service they received.

Areas for improvement were not always recognised and acted upon.

Requires Improvement 

Rowan House

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 the 13 April 2016 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. They did return a PIR and we took this into account when we made the judgements in this report. We looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection, we focused on observing how people were cared for. A significant number of the people at the service had very complex needs and were not able to verbally communicate with us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with people. We spent time observing the support and care provided to help us understand their experiences of living in the Service. We observed care and support in the communal areas, the midday meal, medicines being administered and activities, and we looked around the Service.

We looked at the care plans of three people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, the family members of three people who use the service, five members of staff and one health professional.

Is the service safe?

Our findings

We observed that people were happy with the care and support they received and family members told us that they were confident people were safe. When people needed help or support we observed people turning to staff without hesitation. We were told that people enjoyed living at the service and we saw that people were relaxed and at ease with staff. One family member told us that "The staff treat [Name] safely and they have known him a long time." Another family member said, "I believe [Name] is safe."

People were kept safe from the risk of harm by staff that could recognise the signs of abuse. Staff told us they had read the whistleblowing policy and were confident that they would be able to talk to the registered manager if they had concerns. Staff told us that they would be confident to contact the local authority or the Care Quality Commission if they felt appropriate action had not been taken. We checked records and found that staff had attended safeguarding training.

Some relatives said that they felt their family members would benefit from increased one to one time. We noted that the service did not review staffing levels or staff skill mix, so we could not be certain that staffing levels were adjusted to meet people's needs and activities. On the day of our inspection we observed that there was enough staff on shift to meet people's needs, we observed people getting a good amount of one to one care and support. The registered manager told us that three members of staff were leaving next month and that they had already started to recruit to these posts. We spoke to staff, most told us that there was enough staff on shift to meet people's needs to enable them to carry out their job safely. A couple of staff members told us they were concerned about staffing levels as some long serving members of the team was leaving. Most family members told us that they found staffing levels to be adequate.

We looked at the ways the home managed risks to people. We found that individual risk management plans were in place to guide staff on how to keep people safe. Actions needed to minimise risks to people's safety, whilst not compromising their freedom and own decisions had been detailed in their care plans. We checked records and found fire evacuations plans in place so that staff knew how to get people out safely in the event of a fire.

Staff we spoke with confidently described the procedure for reporting accidents and incidents. One member of staff we spoke with told us, "It's important to support both people and staff through any incidents that occur. We support people with behavioural strategies and work together looking at what has triggered the incident." By examining the triggers the provider was able to put measures in place to reduce the possibility of similar incidents occurring.

We looked at the systems in place and found that medicines were stored and disposed of safely. We found effective systems in place. We checked records and found that regular audits of medicines were undertaken. Staff told us that they had received training to administer medicine. We found that competency assessments had been conducted to assess whether staff could administer medicines safely.

We found that the provider's recruitment and selection process and found that staff had been recruited

safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Staff we spoke with told us that recruitment practices were good and that all the necessary checks had been completed before they started working with people. Records demonstrated that staff had recruitment checks completed, which included a Disclosure and Barring Service (DBS) check. A DBS check identifies if prospective staff have had a criminal record or were barred from working with children or adults. The records we checked demonstrated that DBS checks had been completed for staff.

Is the service effective?

Our findings

Staff and the registered manager knew people well. They spoke warmly of the people they supported and were able to describe people's care needs and preferences.

We spoke to family members who told us that the service met people's needs effectively. Family members told us that staff knew people well and how people liked things to be done. One family member told us, "The staff know how [Name] likes things to be done. [Name] is settled. Another family member said, "I speak to the home every day. Generally speaking the staff keep me informed."

We checked records and found that people were not involved in decisions about the environment. The manager told us that they were planning to introduce meetings with people and their families to obtain their views around changes that may be made to the environment. Staff told us that changes to the garden area would improve people's day to day lives. During our inspection we looked at the garden areas, the back garden had uneven surfaces and the front garden was laid to shingle making wheelchair access difficult. We spoke with the registered manager who told us that people were unable to access the garden area as this was unsafe due to the uneven surface. We checked records and found that this had been reported to head office but that action had not been taken. The registered manager confirmed that a request had been submitted to make the front of the home more accessible. We spoke to family members who told us that maintenance was not carried out very quickly and would like the front and back gardens made safe so that their relatives could access this space if they wanted to.

This is a breach of Regulation 15 of the HSCA 2008 (Regulated Activities) Regulations 2014, Premises and equipment.

As part of our inspection we spoke with the behaviour therapist and the registered manager who told us that they were introducing active learning sessions to encourage staff to enable people to be more involved in the day to day running of the home. The aim of this training was to help the whole team to better engage the people they support in a wider range of activities.

Staff told us they had regular supervisions throughout the year and an annual appraisal which gave them an opportunity to discuss how they felt they were getting on and any development needs required. All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to enable them to carry out their jobs. All of the family members we spoke to told us that they thought staff were trained and competent in their role. We checked records and found that regular training had taken place.

Staff told us that they were closely supported during their induction period and the registered manager had checked on their performance and progress during and at the end of their induction. A member of staff told us, "My induction involved working with [Name] looking at care plans and policies and procedures. I did some shadowing [observations of more experienced staff] and spent time talking with people who live here. It helped me to be confident in my role."

We checked records and found that staff was provided with an induction before working for the service. The registered manager told us that the home did not have any staff that had completed the Care Certificate but that this had put this in place for new people joining the team.

Staff we spoke with told us that communication was effective within the team. Staff told us that they participated and contributed to handovers between shifts, which helped them to maintain continuity and communicate changes that happened during the shift. Staff told us they were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

The provider had conducted assessments when people were thought to lack mental capacity to identify how care could be provided in line with people's wishes. When people lacked capacity, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the MCA. 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 providers 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. At the time of our inspection we found that they were meeting these conditions. Decisions about the care people received were made by the people who had the legal right to do so.

During our inspection we observed the lunch time meal experience. The food was nutritious and people appeared to enjoy what they were eating. We observed staff asking people if they wanted drinks, by using gestures and communication that the person appeared to understand. One family member told us, "[Name] has access to snacks and knows where to get them in the cupboard." Another family member said, "[Name] is particular about what he eats they are aware of his likes and dislikes."

Whilst the food was nutritious and staff responded to people's requests for drinks, we found that the preparation of the meal was not an inclusive experience and did not encourage people to develop day to day living skills. For example, rather than helping to prepare the meal or laying the table, the carers made the meal and called people came to come and collect it from the kitchen areas. People sat in silence whilst they ate and quickly left the table. The registered manager told us that this was an area that they wanted to improve, and we found that the service had enrolled the help of a behaviour support therapist to observe how much meaningful interaction took place, which would then be used to develop a training package which would be delivered to staff. A meal time champion had also been appointed to look at pictorial menus to make these more varied.

All of the staff we spoke with confirmed that changes to the meal time experience were being introduced. One staff member told us, "We need to change the meal time experience, the manager has told us that we are going to be involving people to choose what they want, purchase the food and then help them to prepare it", "[Name] is the champion who is leading this change."

We checked records and found that when people's needs changed referrals were made to health services. We observed that people were involved in monitoring their health and any changes were discussed with

them. For example, on the day of our inspection specialist physiotherapy input was being given and health professionals providing guidance for staff after the visit.

Is the service caring?

Our findings

Family Members told us that they were happy with the care and support they received from the provider and that staff was caring. One family member told us, "The service is caring and staff meet [Name] needs." Another person told us "I believe the staff are caring."

On the day of our inspection, we observed that there was a calm atmosphere and people had good relationships with staff. We observed staff talking to people in a caring and respectful manner. For example, one member of staff put on a hat that a person found particularly funny. The person then gestured to them to hold another item. They did, and this made the person laugh more.

Staff interacted with people in a kind manner. We observed staff taking time to listen to people responding to the person at appropriate intervals during conversations. Staff paced their responses according to the person they were talking to and they repeated themselves when they felt someone might not have understood their reply. We observed staff respond kindly when a person became frustrated. Staff responded to their needs in a timely manner and with a compassionate and patient approach.

Throughout the day we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People's choices were respected by the staff and acted on. For example we saw one person shake their head when asked if they wanted any refreshments then changed their mind a little while later and indicated they did want a drink. We saw the member of staff accommodate their request straight away.

We observed staff treating people with dignity and respect. Staff were able to tell us how people should be treated with equality and diversity. We observed people's privacy was respected and bedrooms had been personalised with belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff could explain that they understood the importance of maintaining people's privacy and human rights. Staff supported people to maintain contact with friends and family. Visitors and family members told us they were always made welcome and were able to visit at any time.

At the time of our inspection, we were told by the registered manager that advocacy services were not needed by anyone at the service. The registered manager explained that they had been used in the past and were available should people require this service in the future.

Is the service responsive?

Our findings

Relatives we spoke to told us that the service was responsive to their family members care needs. A relative we spoke with told us, "[Name] can display some quiet difficult behaviour. The staff know when [Name] wants to be alone and they allow for that."

We observed that each person was well supported and that the service was flexible and could respond quickly to a change in someone's needs. For example, we observed the effective use of distraction techniques when someone became agitated.

During our inspection we observed people being given a choice of what activity they wanted to get involved in. Some people spent time relaxing in their room's or in the lounge. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. We saw people choosing to spend their time in different parts of the building as they wished.

People and their families were involved in the care planning and assessments. Family members told us they were aware of their relatives care plan. One person said "I am aware of [names] care plan."

Some people had structured days away from the service attending college. Other people had support from staff to plan a day that was individual to their wishes. Activities were personalised and included what people liked to do.

During our inspection people undertook their regular planned activities out of the service. For example, on the day of our inspection some people had gone to have a go on the trampolines and others had gone to college. Staff told us that people were supported to go out to the shops, for walks, for meals out and to access their local community.

We checked records and found that people's choice and preferred routines with personal care and daily living were recorded. People had their needs assessed before moving in, which helped the service understand if they could meet the person's needs. We found that care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. For example, the care plans we looked at described in detail how staff should communicate with the person using non-verbal cues. Daily records detailed the care and support provided each day and how they had spent their time. Staff members shared information about changes to people's needs in a handover meetings at the end of each shift.

All of the family members we spoke with told us they were aware of the provider's complaints process but had not raised any formal complaints with the service. People and their relatives told us they would make a complaint if they needed to.

Is the service well-led?

Our findings

Family members told us the service had not been consistently well led. One family member told us, "After the last manager, there was quite a period of time until they got someone new and things were really up in the air." Another relative said, "It used to be well led, I am hoping the new manager will be good, but at the moment it's hard to tell."

The service previously had a registered manager who had worked at the service for a long period of time and left in unique circumstances. This had created a difficult set of circumstances for the provider to manage and we noted that it was taking time for the service to get used to having a new manager in post. We found that the new registered manager was relatively new to the position so was still working to establish the team culture. We spoke with staff and they were not able to describe what the vision of the service was or what the values they were working toward. We noted that the service was taking time to settle after such a sudden and unexpected change to the management team. Staff told us that team morale was good, and we observed that there was a positive culture amongst staff.

All of the family members we spoke to told us that they had completed a survey about their experience of the service, but when they had reported areas for improvements that action had not always been taken. One family member told us, "I have completed a questionnaire, but I haven't had any feedback from this. I reported my concerns around the front and back garden but nothing has been done."

We checked records and found that feedback questionnaires had been received from people, their relatives and staff. The questionnaires were accessible and in different formats to meet individual communication needs. We noted that feedback from the most recent questionnaire had not been analysed and an action plan had not been devised in response to the feedback. This meant that the information had not been able to use the feedback to drive improvements within the service. We recognised that due to unique circumstances this may have prevented them from being sent to head office for analysis. We spoke to staff who told us, "We fill out surveys but nothing ever happens as a result." Another staff member said, "It would be nice to know that suggestions are taken on board and changes are made, but to be honest nothing changes."

Quality assurance was undertaken and governance systems were in place, but there we saw no evidence that the information was being used to drive improvement forward. For example, we looked at the records related to the running of the service and found that the provider monitored the quality of the care that people received but that where improvements had been identified that action had not always been taken. For example, the front of the building was not wheel chair accessible and people could not access the back garden due to uneven surfaces. We checked records, and found that the uneven garden surface had been reported by the registered manager on several occasions. We also noted that some of the annual questionnaires received back from family members and staff had noted that there were some issues with the maintenance of the building and had reported concerns about wheel chair access at the front and lack of access to the garden.

One family member told us, "The home is a little tired and doesn't always get the up keep it needs." Another family member told us of an occasion when the front door had broken and people had to use the side door. "This was not very practical for wheel chair use. I got so fed up, I phoned head office, it still took some months to get this fixed."

Some staff told us that they had spoken with the manager about some aspects of the environment that may require improvements in order to make it safer. Some family member's we spoke with also shared similar views. The manager told us that advice was currently being sought from occupational therapists, and should recommendations be made that this would be completed.

This is a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014, Good Governance.

A new system has recently been introduced to review incidents, accidents, safeguarding and falls. We noted that as this system had only been recently been introduced so there was limited information available to be able to review the data.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The front of the building was not wheel chair accessible and people could not access the back garden due to uneven surfaces.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Outcomes of relative and staffing experience surveys were not always acted on. Quality assurance identified outcomes, action had not always been taken.