Consensus Support Services Limited

Harvey Lane

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

The inspection took place on 10 July 2017. It was an announced visit, as we gave the provider notice the working day before the inspection. The home provided accommodation for up to eight persons with learning disabilities who require support with personal care. There were six people living in the home when we inspected.

There was 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.

At the last inspection in June 2015 the service was rated Good, with one area rated as Requires Improvement. This was because the service had not been fully compliant with requirements around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found at this inspection in July 2017 that the service was compliant in this area and rated Good overall.

The home was safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur. People were safely supported to take their medicines as prescribed.

There were effective processes in place to assess, review and mitigate risks to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Recruitment processes were in place to ensure that staff employed in the service were deemed suitable for the role.

Staff had received training in areas specific to the people they were supporting and this helped to make sure that people received care individual to their needs. Staff gained people's consent before providing care.

One person had an authorised deprivation of their liberty (Deprivation of Liberty Safeguards (DoLS)) in place and staff were able to explain how they promoted choice, and supported decision making, where people had variable capacity. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to access healthcare promptly wherever necessary. People were encouraged to eat a healthy balanced diet and supported to lose weight if they wished to. People were also encouraged to drink enough and make their own drinks where they were able.

People's privacy and dignity were promoted and they had strong relationships with staff who were kind and compassionate and listened to them. People were encouraged to be as independent as possible, work towards life goals and make their own choices.

Staff had a thorough knowledge about the people they cared for and understood how to meet their needs. People planned their care with staff and relatives, and numerous activities were carried out in line with people's preferences.

The management team was highly visible within the home and worked closely with the people living there. People and their families were encouraged to give their views on the service.

There were many systems in place to monitor the quality of the service and these were used to develop and improve 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?

Good

The service was safe.

People were supported by a sufficient number of competent staff. There were safe recruitment practices in place.

Risk assessments were in place for the management of risks to people's safety, and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were well supported with making their own decisions, and the relevant people were involved in best interests' decisions when needed.

People had good access to healthcare and were supported by staff with relevant training.

Staff supported people to eat a healthy balanced diet and they chose their own meals.

Is the service caring?

Good

The service was caring.

Staff knew people well and adapted their communication to people's requirements, and built relationships with them.

Staff knew what each person's preferences and choices were and what made a difference to their lives.

Staff respected people's independence and supported them to achieve goals, as well as providing people with space and privacy when needed.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and do their preferred social activities. Staff supported people to establish and achieve their goals.

People's care needs had been thoroughly assessed and were reviewed with the relevant people involved.

People knew how to complain and there were materials available to support people with this if they needed.

Is the service well-led?

Good

The service was well-led.

There was good leadership in place. There were quality assurance
processes in place and these were effective.

Staff were positive and well-supported and there was a culture of good teamwork.

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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.

The inspection took place on 10 July 2017 and was announced. As it is a small home for people living with complex learning difficulties, we wanted people to be aware that we were coming and to ensure someone would be home to speak with us. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people living in the home and a relative of a person living in the home. We spoke with four staff including the registered manager, the deputy manager, a team leader and a support worker.

We reviewed the care records and risk assessments for two people who lived at the home and checked six people's medicine administration records (MARs). We reviewed a sample of other risk assessments, quality assurance records, recruitment files and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

The service remains safe. The people we spoke with said they were safe and this was reflected by the relative we spoke with. Staff knew how to protect people from harm and report concerns, and they had received relevant training. We saw that there were processes in place and safeguarding contacts available. These measures helped to reduce the risk of people experiencing harm.

People's care records contained individual risk assessments which included information about people's behaviour, nutrition, individual health conditions, accessing the community and their cognition. The risk assessments contained information about different levels of risk, for example, if someone refused their meals or medicines for one day, or three days, and what they should do in these cases. The assessments contained sufficient guidance for staff on how to mitigate risks, however people were encouraged to take positive risks. For example, people were encouraged to go out into the community and interact with new people and increase their independence gradually.

There were risk assessments in place for the building and environment. Heating, water and electrical equipment had been tested. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training and carried out drills in this area. The registered manager told us that evacuation plans were available for each individual living in the home. Staff recorded and reported any incidents and accidents within the home and the registered manager reviewed these and took action where needed.

There were enough staff to meet people's needs. People told us that staff were always around and a staff member said, "There's always plenty of staff." There were some people living in the home who had a dedicated member of staff for large periods of time during the day, and in addition when people were in the house there were two staff on duty. The registered manager told us there was a new person expected to move in within the next few weeks, and they would have an additional member of staff to meet their needs. The registered manager told us they would use a member of agency staff if they needed, but they were in the process of recruiting more staff. They were also available to cover shifts themselves if needed. We observed that staff were in the house throughout the day of the inspection and were spending time with people living in the home.

The provider's recruitment policies contributed to promoting people's safety. We looked at a sample of recruitment records and found that appropriate checks were made before staff were recruited, such as Disclosure and Barring Services (DBS) checks and references. This showed that an appropriate approach had been taken to maintain a high standard of care and that only people deemed suitable were working at the service.

People were given their medicines in a safe manner by staff that were trained to do so. Medicines were stored securely and at the correct temperature. We looked at a sample of medicines administration records and found that they were detailed. The front sheet included people's photographs, and their care records contained details of how they preferred to take their medicines. We found that the system in place was well

equipped to minimise the risks of giving people the wrong medicine. Where people received 'as required' (PRN) medicines, we saw that there were specific protocols and plans around this which contributed towards ensuring they were managed safely. There was a safe system for people taking medicines with them when they went away from the home, and checking them back in. The registered manager explained that PRN medicines had been regularly reviewed by a GP. Medicines records were audited regularly to ensure that people had received their medicines as the prescriber intended.

Good

Is the service effective?

Our findings

At our last inspection in June 2017, we found that improvements were required with regards to the MCA and DoLS records. At this inspection, we found that the improvements had been made and the service was compliant. 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 interest and as least restrictive as possible.

One member of staff explained that they always assumed that people had capacity to make decisions, and that they supported them to as required allowing for times when their capacity was impaired. There were comprehensive plans in place which guided staff on how to support people, through appropriate communication, to make their own decisions. The manager confirmed that if someone's mental capacity was deemed to be more complex, appropriate health professionals such as the person's social worker and a psychologist would be involved in carrying out an assessment. The people we spoke with confirmed that staff asked for their consent before delivering support to them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called 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. The registered manager had received an authorisation for DoLS for one person living in the home following the appropriate mental capacity assessments. We looked at the records around this and saw that each relevant decision had been recorded as part of the DoLS, the person had been thoroughly assessed and decisions made in their best interests with the involvement of relevant health professionals and an advocate. The service was meeting the conditions of the authorisation.

People were encouraged to learn how to manage their own finances, however where they did not have capacity to independently manage this, staff supported them to do so. Some people had a Power of Attorney where a family member managed this for them. Staff had also received training in safely and appropriately managing people's money.

People told us they had no concerns about the competence of the staff. Staff received comprehensive training and induction. Inductions included shadowing more experienced staff, training and supervision. Staff received monthly supervisions. These meetings gave staff an opportunity to discuss their role and any concerns or training requirements they may have. Staff told us that these enabled them to improve their practice and gave them an opportunity to discuss their role.

The training staff received included specialist training such as epilepsy, information governance, positive behaviour planning and autism. Staff had received training in restraint and safe handling, which they explained they would use if needed in an emergency situation. We looked at records confirming that training

had been carried out. Staff were supported by the provider to undertake further qualifications such as the care certificate to develop their skills for their roles.

People living in the home told us that they were supported to make their own meals, and that they could choose certain things to eat. One person said, "Staff help me with my lunch." Another person said, "We get to choose, I'll have some pasta for lunch and then something healthy for tea." Each person had their own plan they made for the week of what they wanted to make to eat, although they told us this was flexible if they changed their minds. One person was encouraged by staff with the advice of relevant healthcare professionals, to eat appropriate foods to lose weight. The person showed us pictures of the progress they had made with losing a significant amount of weight with support from staff, and told us they were very pleased with this. They said they were happier and now able to walk into the city. They explained that the impact of their weight loss also meant they felt comfortable to practise lying down, as they had previously not been able to do this for long periods of time due to their weight. They had since planned with staff support, to lie down, gradually increasing the time daily, so that eventually they may be able to sleep in a bed again.

Staff supported people to eat the appropriate foods and make informed decisions about their meals. Where people were at risk of not eating enough, staff kept a diary of what they ate so that they could take action if needed. People were able to make their own drinks throughout the day when they wanted, or were supported to have drinks if needed. People could have what they wanted for breakfast.

People living in the home had good access to additional healthcare services. There was a positive behaviour therapist who was closely involved with the people living in the home. People were supported by staff to access the GP and dentist. Other healthcare professionals such as psychologists, mental health and learning disability teams and speech therapists were referred to when needed.

Good

Is the service caring?

Our findings

The service remains caring. One person explained to us how the staff had made an impact on their mood over the time they had been in the home, which was almost a year. They said, "When I first came here, I was a bit depressed, they [staff] cheered me up with their jokes." Another person said, "Staff are really nice, last week I went through a difficult time and they helped me through."

The relative we spoke with said that staff were polite and kind, and said the staff welcomed them at any time. All of the people we spoke with felt that staff listened to them and were available for them to talk to if they needed. We observed positive, fun interactions between staff and people living in the home and noticed that they had built strong, trusting relationships. Staff offered encouragement and support in a way that suited each individual, and staff we spoke with were able to tell us in detail about people's personalities and preferences. We observed that the practise of the staff and what people told us reflected the values of the organisation, which included promoting independence. People living in the home were supported to keep in contact with loved ones and they were supported to phone family when they wanted.
Where people had behaviour which staff could find challenging, this was discussed and resolved individually with people and staff. This helped to maintain positive relationships between staff and people living in the home. One person who we spoke with explained that they had been frustrated and displayed angry behaviours when they first moved into the home, but they had started to feel much better and the staff had supported them to minimise this. They told us this meant they were able to go out into the community safely on their own, as they had developed techniques for dealing with their frustration. We observed that the staff approached behaviour that challenged, and that others living in the home could find intimidating, in a way that was discreet, sensitive and caring.

Staff promoted people's independence and supported them to achieve goals around this. One person living in the home had increased their confidence enough to be able to use public transport to go into the city independently. They said they felt good about this. We saw that staff encouraged people to try to do things independently as much as possible, such as clean their rooms and participate in decorating them, and choosing what they wanted to do.

People living in the home told us they chose how to spend their time, for example when to go to bed, have a bath or go out when they liked. Where appropriate, people and their families were involved and consulted about their care and their care records contained information about what important relationships people had. A relative we spoke with confirmed that they were involved. The staff adapted their communication with people to enable them to understand information and to express their views and be involved in planning their care. One member of staff explained how this had enabled one person to interact more, "[Person] no longer excludes themselves from things. [Person] feels safe and knows staff listen." Key workers discussed people's care with them regularly and reviewed their goals with them. They then agreed a plan of action with the person so that they could work towards these goals. These reviews included discussions around the future, people's preferred activities and a 'dream job' and their relationships, as well as any concerns they had.

Where people had presented with behaviours that some staff and other people could find challenging, the staff had worked with the person to identify a potential cause for their distress. For one person, the staff had worked with them to identify an area where they could come to an agreed plan of support with staff, so that the cause for distress was minimal, and the person was given control over this. Another person we spoke with explained to us how they reacted to feeling anxious, and told us that their stress levels had decreased significantly since living in the home. They told us about some techniques they used to cope with their anxiety and that these were also supported by staff who would listen to them.

There was a comfortable and homely atmosphere in the home. People living in the home told us that they felt they had privacy and staff gave them space when needed, to be alone if they wished, and they each had their own rooms. One person explained that they felt anxious being in a closed room on their own, so staff supported them by staying close outside their bathroom when they had a shower. They said whilst this respected their privacy, it reassured them that staff were able to stay close by. When someone needed their own space, staff dealt with the situation sensitively and this promoted their dignity and privacy. People were surrounded by items within their rooms that were meaningful to them, such as family photographs. One person was keen to show us their room and told us how they had been able to decorate it as they wanted and they had tidied it themselves.

Good

Is the service responsive?

Our findings

The service remains responsive. People received personalised care that was responsive to their individual needs. There were 'easy-read' plans in place within the care records, supported by pictures which made them accessible. The care records contained people's preferences, views, likes, dislikes and hobbies. People had made their own lists, which they displayed on their doors to their rooms, of their goals and things they wished to achieve. The care records included referrals and letters from other healthcare professionals involved in people's care.

Care records were updated whenever people's needs changed and were reviewed at monthly intervals with people's key workers. These reviews included assessing what had gone well, anything that had not worked so well, and what had been learned from the previous month. This helped staff to provide tailored care to people and update plans in areas where needed. The care records guided staff on how to support people with their individual health conditions, their daily lives and their emotional wellbeing. For some people, this included specific emotions people experienced, and how staff should support them in regards to this. This included what sorts of things the person may wish to do, for example, go on a car journey if they feel sad, as this may make them feel better. The care plans included how different emotions may affect other aspects of a person's preferences and communication, so that staff understood people and how to support them in a person-centred way. For one person, we saw that staff kept a log of what emotions they presented with every fifteen minutes so that they could continue to support the person in the most effective, and least distressing way, for them. We could see from the records, and the staff told us, that the person's presentations of highly distressed behaviours had greatly reduced since being in the home.

Prior to moving into the home, people were encouraged to go through a period of transition and stay for the day, or night, a few times, and meet potential housemates, to see if they felt comfortable in the home. When a new person came into the home, they were assessed in terms of what care they needed as an individual. Their needs were monitored and the staff worked closely with the organisation the person was coming from, in order to develop a new plan of care with them. The staff asked advice from healthcare professionals when appropriate and people's needs were addressed promptly. We saw that people's needs had been thoroughly assessed before they had moved into the home.

There was a car available for the home which staff used to support people to access the community. People gave us examples of activities they went out to do, such as bowling, going to the pub or bakery and going out for lunch, as well as a trip to a local nightclub. The home had weekly outings, which had included the zoo and the coast. They also held events in the home such as a barbeque and a Halloween party. The people we spoke with explained that when they were in the house, they played darts, did arts and crafts, bingo and board games as well as participated in activities such as cooking. One person explained to us how they had enjoyed doing the garden. This had included digging for the pond, growing vegetables and tending to the plants in the garden and around the property. There was also a rabbit which the people living in the home helped to look after and feed. People had a daily activities plan in place which included trips out, games in the house as well as things they liked to do on their own. One person told us that the staff had supported them to go up to the local charity shop and apply to volunteer there. Staff had also supported

three people to enrol in local college courses.

The service had not received any recent formal complaints and a recent concern raised had been resolved appropriately. People and staff felt that if they had any concerns they would go to the registered manager and that they would be resolved. There was a visible complaints procedure in the information pack for people and their families, and these were also provided in an 'easy-read' format. Staff worked closely with people and encouraged them to give their views on the service and tell them if they needed anything.

Good

Is the service well-led?

Our findings

The service remains well-led. The current registered manager had been in post for just over two years. There was good leadership in place with an open culture, and staff were encouraged to discuss any concerns. All of the staff we spoke with said that the staff team was highly supportive and they worked well together. One staff member told us, "The way we [staff] work as a team, it's happy, it's homely, and they [people] make their own choices." A relative we spoke with told us that the registered manager was always available to speak with and solve any problems. Staff told us that concerns were resolved. One staff member gave us an example of an incident that had occurred within the home, and they said they felt well-supported following this and that the action taken had been helpful.

Team meetings were held monthly for all staff where they had the opportunity to discuss learning and any concerns over the past month. There was also a regular team leaders meeting, where senior staff discussed their responsibilities and any areas which may require improvements within the service. There were also regular meetings for key workers to attend, where they discussed the care reviews and planning around their supported individual and their progress, as well as the associated records. These meetings were used for discussing people's goals and how they could be achieved. They also provided an opportunity for checking that records were up to date.

We saw that the registered manager was visible within the home and we could see they had built a relationship with people using the service. Another member of staff explained how the service had improved with the leadership of the present manager, in particular around person-centred care. The registered manager told us they felt well-supported within the structure of the organisation, and by their regional manager and the director of the company.

The home had ways of engaging and motivating staff, such as nominations of 'employee of the month'. There was a system of staff nominations where staff voted for a colleague who they felt had gone the extra mile in their work. The winner received a gift in recognition of their work.

There were quality assurance systems in place which monitored the service and identified any concerns and led to improvements where needed. We checked some audits relating to the monitoring of the service, such as infection control and health and safety as well as incidents and accidents audits. Auditing of various aspects of the service delivered was carried out by the registered manager as well as the regional manager. This meant that problems would be picked up and acted upon and people were working to a high standard. We saw that the registered manager and the regional manager had discussed recent findings from an audit carried out which had included checking MARs, staff files, and care records. The registered manager also carried out regular spot checks on staff to ensure they were working as expected, and this included at night. There was a quality assurance survey, however the registered manager commented that the uptake of this was not always as good as they hoped and they were considering ways to improve the uptake of this method to gain further feedback.