

Consensus Support Services Limited

46 The Grove

Inspection report

46 The Grove
Isleworth
Middlesex
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

46 The Grove is a care home providing personal care and accommodation for up to seven people with learning disabilities and/or autism. 46 The Grove is part of Consensus Support Services Limited, a provider with care services across England and Wales. At the time of the inspection seven people were living at the service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting some of underpinning principles of right support, right care, right culture. This was a focused inspection and we did not look at all aspects of care and support. They demonstrated they were meeting the areas reviewed as part of our inspection.

Right Support

Staff supported people to make choice and be independent. People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. Staff did everything they could to avoid restraining people. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff supported and enabled people to take positive risks.

Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as

appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The rating at the last inspection was requires improvement (Published 23 February 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

46 The Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

46 The Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 46 The Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service. This included notifications of significant events

and the action plan following the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met people who lived at the service and the staff on duty, who included the registered manager. We spoke with people and staff and observed how they were being cared for and supported.

We looked at a range of records used by the provider for managing the service. These included care records, records of meetings, audits and quality monitoring.

We looked at how medicines were managed and conducted a partial tour of the environment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection, we identified systems for preventing and controlling infection were not always operated effectively. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- There were suitable systems for preventing and controlling infection. The staff received training to understand these. The procedures had been updated to reflect government guidance with regards to managing COVID-19.
- The environment was clean, and staff undertook regular checks and audits to make sure cleanliness was maintained. There were systems for managing waste and laundry.
- Staff wore personal protective equipment (PPE) and disposed of this appropriately.

Assessing risk, safety monitoring and management

- There were suitable systems for assessing and monitoring risk. People were supported to take risks and to try new things. The staff created individual risk assessments relating to people's health, wellbeing and activities. These were reviewed and changes made to reflect changes in people's needs.
- There were plans, created with external professionals, to help support people with their anxiety. These helped to ensure staff used consistent strategies and proactively supported people to reduce aggression. The staff were trained so they could use safe physical interventions if needed, but these were a last resort and had not been used.
- The environment was safely maintained. There were regular checks to help ensure this and procedures for managing fire, electricity and water safety. Some rooms were locked to prevent unsafe use of these. There were assessments and authorisations in place to make sure the least restrictive measures were in place and people were supported to have freedom and access to the environment when safe to do so.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from abuse. The staff had training in these and regularly discussed safeguarding and how to recognise and report abuse.
- The provider had worked with other agencies to investigate and respond to allegations of abuse.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe. The provider had assessed people's needs and liaised with commissioners when they felt more staffing was needed to support people.
- The systems for selecting and recruiting staff were designed to help make sure the staff were suitable and had the skills they needed. One of the people living at the service was involved in recruiting staff to help make sure the wishes of people at the home were considered during the process. New staff undertook a range of training and had their competencies and knowledge checked as part of their induction.

Using medicines safely

- People received their medicines safely and as prescribed. There were suitable systems for handling medicines. Staff had been trained to understand these and the registered manager tested their knowledge and competencies.
- Medicines were safely stored, and accurate records of administration were kept. The staff carried out regular audits and checks of this.
- The staff worked with other professionals to make sure medicines were regularly reviewed and to help reduce the amount of medicines people were taking. There were clear protocols for PRN (as required) medicines to explain when these should be administered and to monitor the use of these medicines to make sure they were used appropriately and with people's consent.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. The registered manager discussed all adverse events with the staff so they could learn from these together. There were records to show that incidents and accidents had been monitored and to make sure staff had responded well to these.
- The staff kept records to show what had happened before, during and after incidents and these were shared with external professionals so they could discuss and learn how best to support people and which strategies worked best for people to help them to feel safe.
- Following a recent medicines error, the registered manager had reviewed procedures and improved these to reduce the risk of a similar error reoccurring. They had provided retraining and information for staff and discussed this with the whole staff team so they could learn from this.
- The registered manager worked closely with other managers to share learning when things went wrong at other services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Support focused on people's quality of life outcomes and these were regularly monitored and adapted as a person went through their life. Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People learnt everyday living skills and were supported to understand the importance of personal care with staff who knew them well.
- The staff supported people to set their own personal goals and work towards meeting these. For example, one person who found it challenging to meet new staff had been supported to be involved with staff recruitment to help them develop a better relationship with them. Other people had been supported to set goals around personal hygiene, independent living skills, accessing college courses and pursuing leisure interests.
- The registered manager and staff explained that good care planning, regular reviews of goals and good communication between the staff meant they could continually review their strategies and interventions in order to support people well and in a personalised way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, monitored and met. Staff used a variety of different methods of communication, including photographs, pictures, objects of reference and sign language. Each person had a communication care plan and staff were trained to understand different techniques to enable people to understand and be understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff provided person-centred support with self-care and everyday living skills to people.
- There were individual activity plans for people to follow each day. These reflected their interests and skills.

People were supported to make use of the local community and also to take part in activities at home.

- The staff organised special events to help people celebrate their culture and diversity. For example, in recent months they had held a day celebrating one person's home countries national day, celebrated Pride and the Queen's jubilee.
- Each activity was assessed, and the staff analysed the risks, enjoyment and success of different activities so they could plan for the future.
- People were supported to stay in touch with families and friends.

Improving care quality in response to complaints or concerns

- There were systems for responding to and learning from complaints. Information about how to make a complaint was shared in different formats with people using the service, staff and other stakeholders.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found systems and processes for monitoring and improving quality and safety were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There were effective systems for monitoring and improving quality at the service. These included consulting people using the service and other stakeholders, as well as a range of audits and checks by staff and by senior managers.
- The provider carried out in depth inspection style audits and people using other services carried out quality reviews to assess the service and the quality of people's experience.
- The provider had made improvements to the service since the last inspection. The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture. Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers worked directly with people and led by example. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- People were involved in reviewing the quality of the service they received and could contribute their feedback through regular meetings with each other, with key staff and provider wide forums.
- The staff were valued, and their achievements were recognised and rewarded.
- The registered manager kept in contact with friends and families, asked their opinions and shared information with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was suitably qualified and experienced. They kept up to date with changes in good practice and regulations. They shared information with staff. There was a programme to encourage and promote staff professional development within the organisation.
- There were a range of relevant policies and procedures which were regularly reviewed and updated. Staff undertook training and received information about these.

Working in partnership with others

- The staff worked with other professionals to plan, review and monitor people's care and how their needs were being met. Staff shared information so they could learn from these and take expert advice on how best to support people.