Consensus Support Services Limited

Harvey Lane

Inspection report

9, Harvey Lane
Norwich
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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

Harvey Lane is registered to provide accommodation for up to eight people who require nursing or personal care. At the time of our inspection there were two people living at the service. Accommodation is provided on the ground floor of the two storey building and all bedrooms are single rooms with en suite facilities.

This unannounced inspection took place on 30 June 2015.

At our previous inspection on 12 March 2014 the provider was meeting the regulations that we assessed.

The service had a registered manager in post. They had been managing the service since January 2015 but had only recently become the registered manager in June 2015. 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.

The provider had a robust recruitment process in place which ensured that only staff who were deemed suitable

Summary of findings

to work with people using the service were offered employment. There was a sufficient number of suitably experienced staff working at the service. An induction process was in place to support and develop new staff.

Staff were trained in medicines administration and had their competence regularly assessed to ensure they adhered to safe practice. Staff had been trained in protecting people from harm and had a good understanding of what protecting people from harm meant.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about assessing people's ability to make specific decisions about their care needs. Applications to lawfully deprive people of their liberty had been correctly submitted by the staff. However, one authorisation for a DoLS had expired on 10 March 2015. This meant that this person was being unlawfully deprived of their liberty.

People's privacy and dignity was maintained by staff who provided care in a compassionate way. People were supported with their choices and preferences.

People's care records were kept up-to-date by staff. This was to help ensure that people were provided with care and support based upon the person's latest and most up-to-date care information. People were involved in their care planning and were supported by relatives or friends. However, the lack of staff who were able to converse fluently in the language of people using the service limited people's involvement. An independent advocacy service was available if people required, or were identified as needing, this support.

People were supported to access a range of health care professionals including dieticians, chiropodists or their GP. Health care professional advice was followed and adhered to by staff. Prompt action was taken in response to the people's changing health care needs. People's health risks health were assessed and managed according to each person's needs.

People were supported to have sufficient quantities of the food and drinks that they preferred and staff encouraged people to eat healthily. People were supported with a diet which was appropriate for their needs to help ensure they achieved or maintained a healthy weight.

People, their relatives and staff were provided with information and guidance about how to raise compliments or concerns. Staff knew how to respond to any reported concerns or suggestions. Effective action was taken to address people's concerns and to reduce the risk of any potential recurrence.

The provider and registered manager had audits and quality assurance processes and procedures in place. Staff were supported to develop their skills, increase their knowledge and obtain additional care related and management qualifications. Information gathered from care plan reviews and audits was analysed and then used to drive improvement in the quality of service provided.

Summary of findings

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.

People were supported by a sufficient number of suitably qualified and competent staff.

Staff were only offered employment after their suitability to work at the service had been satisfactorily established.

Risk assessments were in place for the management of risks to people's safety.

Good

Is the service effective?
The service was not always effective.

People were supported with their decision making and were supported with care that was in their best interests. However, where one person required a valid DoLS authorisation, the application to renew this had not been made.

People's health needs were assessed and met by the most appropriate health care professional.

Sufficient quantities and choices of food and drink were available to people, including those people with allergies or particular preferences.

Requires improvement

Is the service caring?
The service was caring.

People were provided with individualised care and support by staff who knew their needs well and how to respond to these.

Staff knew what each person's preferences and choices were and what made a difference to their lives. People could see or be visited by relatives and friends without restriction.

Regular opportunities were provided for people to improve their levels of independence.

Good

Is the service responsive?
The service was responsive.

People's hobbies, interests and preferred social activities were supported by staff who recognised how to enable people to achieve their aspirations.

People and their relatives were involved as much as possible in the review of people's care assessments.

Complaints and compliments were considered as a way of recognising good practice and where improvement opportunities existed.

Good

Summary of findings

Is the service well-led?

Good 

The service was well-led.

The provider and registered manager had audits and quality assurance processes in place and these were effective.

People, staff, social workers and external health care providers had opportunities to discuss and resolve any concerns with the registered manager.

Staff's skills were kept current and up-to-date. Staff shared the beliefs and values of the provider by putting people at the forefront of the care provided.

Harvey Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 30 June 2015 and was completed by one inspector.

Before the inspection we looked at information we hold about the service. This included the number and type of notifications. A notification is information about important events which the provider is required to tell us about by law.

We also spoke with the service's commissioners that pay for people's care, and received information from the service's GP and community nursing service.

During the inspection we spoke with both people living at the service, the registered manager, one of the provider's regional managers and four care staff.

We also observed people's care to assist us in understanding the quality of care people received.

We looked at two people's care records, minutes of meetings attended by people who lived at the service and staff. We looked at medicine administration records and records in relation to the management of the service such as checks on health and safety records. We also looked at staff recruitment, supervision and appraisal process records, training records, and complaint and quality assurance records.

Good

Is the service safe?

Our findings

People told us that they were safe living at the service. One person said, "[The reason] I feel safe is I can have my door closed at night." Another person showed us their monitoring equipment for their safety at night. Staff understood how people communicated verbally and through the use of body language if they felt unsafe or concerned about anything.

Staff had received regular training on how to protect people from harm. They were aware of the correct reporting processes. Staff were knowledgeable about the signs of harm and also were confident to report any poor standards of care. Information was available to people in the service about how to report any concerns through staff, social workers and healthcare professionals. "I have no concerns whatsoever as all the staff make sure [names of people] are safe." This meant that the provider and staff had the appropriate measures in place to help ensure people were kept as safe as possible.

Risks to people, including those for travel in the community and health conditions were recorded and regularly reviewed. The review of the risks people took were considered on a day to basis, due to the risks changing. This helped ensure that the most up-to-date risk management measures were in place. For example having the right number of staff in place to support people both in, an out of, the service. One person said, "I have a phone so that if I am out [on my own] I can call [for assistance]." We saw that people were given the time to complete their chosen tasks at their own pace. This meant that the registered manager and staff took appropriate steps to reduce risk.

People told us that they were able to take risks such as going out independently to local shops and cafes. One person said, "I need [two] staff to help me keep safe." Records viewed confirmed this. Care staff told us and we saw that some people were supported with two staff. This was for those people whose assessed needs required this support for their safety. Another person said, "I [need a monitor] in my room so that staff can hear [if I am alright]."

Staffing levels were determined and assessed each day. These were based on the needs of the people living in the service. During our inspection we saw that there were sufficient numbers of staff to meet people's care needs. Staff responded to requests for assistance promptly. One member of staff said, "Sometimes it can get very busy if a member of staff calls in sick. When we are all in it works really well."

The registered manager had arrangements in place to ensure that there were sufficient staff when there were unplanned absences. These included staff changing shifts, working overtime and covering shifts themselves. They told us that a consistent staff team was key to ensuring people's safety. This was due to people having complex care needs and anxieties. One staff said, "Only some staff can work with certain people. This is the person's choice and it works well [for the person]."

Staff told us that there was a robust recruitment and induction process in place. The records we saw confirmed this. Checks included seeking appropriate evidence of the staff's previous employment history, recent photographic identity, evidence of any unacceptable criminal records and written and corroborated references.

We found that medicines administration records (MAR) included information on the level of support each person required with their medicines administration. All medicines were stored correctly and administered in a timely way. Staff were able to tell us about the requirements to support people with their medication when they were in the community. For example, with their health conditions which required medicines to be administered straight away. Staff's competency to administer people's medicines was regularly assessed after they had been trained. This was to ensure they maintained a good understanding of safe medicines administration. Staff kept up-to-date with Medicines & Healthcare products Regulatory Agency alerts so that they had the latest guidance for medicines. This meant that people were safely supported with their medicines administration.

Requires improvement

Is the service effective?

Our findings

People told us about staff's knowledge and levels of competence in meeting their needs. One person

People told us about staff's knowledge and levels of competence in meeting their needs. One person said, "I can do [many more tasks independently] without staff helping me." Another person said, "Staff [know] me well." We saw that staff responded to people's needs in a professional manner. This was demonstrated by their detailed knowledge of each person and how best to respond to any given situation. For example, if a person exhibited a health condition requiring urgent attention.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were very knowledgeable about the MCA and the DoLS and were able to describe the specific decisions people could make and also where people required support with their decision making. One staff said, "We have best interest meetings to determine when we need to make decisions which are in the person's best interests." We saw that risk assessments showed how people could take risks and make unsafe decisions [within the MCA]. Applications to lawfully deprive people of their liberty had been appropriately requested and authorised. We found that the conditions of the original DoLS authorisation were being adhered to. However, we found that the authorisation had expired in March 2015. No application had been made to extend or renew this. The registered manager told us that they thought this had been for a 12 month authorisation. This meant that people were being unlawfully deprived of their liberty. The registered manager immediately contacted the local authority to confirm that a new application would be made.

Staff told us that they had the training they required to meet people's needs effectively. This was planned and delivered to ensure that they had the skills and sufficient knowledge. Subjects deemed mandatory by the service provider included emergency first aid, moving and handling, protecting people from harm and nutrition. Other specialist training included; working with people with behaviours which could challenge others and epilepsy. This training, staff told us, was based upon individualised care and focused on each person's needs. This helped promote respect and a reduction of conflict and behaviors' which could challenge others through developing positive interactions and relationships. However, we found for people whose first language was not English that there were no staff who were fluent in the person's language. This limited staff's ability to communicate as effectively as they could have.

The registered manager and staff confirmed that they were well supported. One staff member said, "I get regular supervisions and this is an opportunity to discuss anything affecting or influencing my work, such as the people living here [Harvey Lane] and requests for additional training." Another member of staff told us, "We do a combination of training on-line and face to face. We also discuss situations at staff meetings on how best to improve the care people receive." Staff gave us examples of where people's levels of independence had changed and where additional training had been required. For example, the administration of certain medicines. Another member of staff said, "We get regular training on managing people with challenging behaviours and this is very good. It allows us to de-escalate situations without physical or medical restraint." We saw that staff training completion since January 2015 had improved markedly. The registered manager explained that this was one area which had shown real benefits. This helped ensure that risks to people and staff were reduced or prevented.

We saw that people going out into the community had packed lunches and sufficient quantities of fluids to keep them hydrated. People told us, and we saw, that they had fresh fruit and other snacks and drinks available throughout the day. We looked at the records and details of how people's food and fluid intake levels were determined and monitored. This included supporting people to make healthy living choices whilst respecting people's preferences. This was to ensure people achieved and then maintained a healthy weight and ate a balanced diet. During our observation of people preparing meals and snacks, we saw that staff offered encouragement and engaged with people to help them understand their nutritional support needs.

When needed, people had been referred to the relevant health professionals such as a dietician, GP, or chiropodist. Staff were quick to identify risks and make the appropriate referral. The service's GP practice staff said, "When people come here or are visited by the GP they always look well cared for. We have never had any concerns with this." Records we viewed showed us how people's weight was

Requires improvement

Is the service effective?

monitored and how their health had improved. This was to help ensure that people were supported to eat and drink sufficient quantities. People could be assured that the staff would take action to reduce and prevent any risks associated with their health. One person said, "I see them [their GP] here [Harvey Lane] and I like this." Another person told us about their recent hospital visit as a result of a fall and how staff had supported and explained the hospital process to them.

Good

Is the service caring?

Our findings

People told us that the staff considered and acted upon their needs. Where people preferred a male or female care staff this was provided. The person's key worker meeting was used to help people with their decision making. One person said, "I like them [pointing to female staff]. I like them a lot." We saw much laughter and people being engaged in general conversations. One person said, "I praise the staff just like they praise me."

We saw and people confirmed that staff were always polite, spoke to them in a respectful way whilst maintaining clear boundaries on acceptable behaviour. Examples included ensuring people clearly understood what they were able to achieve. We saw that the support people received was provided with empathy. One care staff said, "I really love coming to work as every day is different. It is making a difference to people's lives that matter most." Another described how they drew a picture of a clock to help people understand what time they needed to be ready to go out.

We saw that staff regularly asked about people's general well-being and responded appropriately where this was required. For example, one person required close monitoring to ensure their health condition was not causing them unnecessary pain or discomfort. One person said, "I am going out [to the beach] today and [name of staff] are coming with me." Another person said, "[The thing I like best] is going out shopping or for a coffee or meal." People had the support they needed and could be as independent as they wanted to be.

Staff described in detail about how they respected people's privacy and dignity. This was by giving people privacy in the shower, using towels to cover people during personal care and only spending the least amount of time with people when they were receiving personal care. Other examples included closing bathroom and bedroom doors. Staff said, "We always protect people's dignity with a towel, especially when assisting with personal hygiene." Throughout the day we saw that staff promptly attended to people's needs in a sensitive and understanding manner. We saw that care staff as well as the registered manager engaged in meaningful and polite conversation with people. Both people, when asked, responded positively about how caring staff were. This showed us that people's needs were respectfully considered by all staff.

We found throughout our inspection that people's requests for assistance were responded to promptly by staff. When staff responded to people's requests, we heard them speak sensitively, in private and in a caring way. This was to ensure they fully understood each person's wishes.

We found that for people who required an independent advocate that this support was available. Advocacy is for people who can't always speak up for themselves and provides a voice for them. The registered manager told us that people were supported to access this service where advocacy was required.

People were involved in the reviews of their care. This was by conversations and meetings with staff. Where people lacked capacity, the person's input using their communication cards, staff's knowledge, best interest decisions and family members' views were used to inform the person's care plan. This was to help ensure staff supported people in the most sensitive way whilst meeting all their needs. This was either by a key worker [someone who has specific responsibilities regarding the person's care] face to face meeting or at more formal reviews of care plans. The registered manager said, "We go through people's care plans in manageable [for the person] parts. This is so that they can be involved in making decisions and planning their own care as much as possible at their pace."

We saw that people's care records were up-to-date, in an appropriate format [easy read] where required and contained detailed guidance on the care people needed. These records included a record of people's life histories, what their aspirations and goals were and how they were to be met. They also included the triggers for people's behaviours which could challenge others and how to manage these safely. Staff said, "There are times when it's hard, [people living with behaviours which challenge] but we have to respect people's wishes."

People told us and staff confirmed that visitors could call in at any time people were in. One person told us that they went to see their relative on a weekend. Records and staff confirmed this happened.

Good

Is the service responsive?

Our findings

We were told by people and saw recent photographs and records of the social activities, hobbies and interests they had taken part in. These included going shopping, to the river, local parks, playing electronic games and going bowling. One person told us, "I like bowling and beating [at bowls] the staff." Records viewed showed us that this was the case. Although people could plan their weekly tasks and outings, changes could be made, at the last minute, if people changed their minds or preferred to do something else that day. One person said, "I like going [out]. That's my favourite thing." People were supported with tasks they enjoyed, in the place and with staff of their choice. All staff saw the capabilities people had and what goals and achievements people aspired to. One person had expressed an interest to attend a football match so staff supported them to do so.

People were supported to take part in hobbies and interest that were important to them. For example, gardening, word puzzles, going to the bank, swimming or bowling. One person told us that they had planted various fruit and vegetables. We saw that they had been supported to do this independently and staff had minimal involvement. This was to help the person understand more about their gardening project. Another person we saw being asked by their care support staff to get their bag ready to go out for the day in the car. This was what the person wanted to do and had included choosing the care staff who assisted them with this. Another person told us how they were supported by staff to access the internet for their shopping. They showed us the new clothing which had arrived and they looked happy when they opened the boxes. All people's requests were responded to by staff with enthusiasm.

We saw and were told by staff that people who required a call bell or monitoring equipment in their rooms were supported to access this equipment. Staff monitored people in the least intrusive manner as a result of this equipment. One person said, "I like to sleep [in my chair] and they [staff] let me." The registered manager explained that this person was being supported and encouraged with their anxieties to use their new bed.

Prior to people living at the service a comprehensive and detailed assessment of their needs was undertaken. This assessment was then used as a basis upon which each person's care needs were formed. This was planned to help ensure that the service and its staff were able to respond to, and safely meet, people's needs. One care staff said, "Since [name of person] came to live here I have seen a big change in their confidence and the things they do now which they were not able to do previously." One person said, "I like all the things we get to do." Staff told us and we saw that people were supported with a varied programme of the person's preferred activities. During the shift handover staff described in detail about events and incidents that had occurred at the service. They discussed strategies which had worked and what action was planned to prevent recurrence. For example, in managing people's expectations. This showed us that the service responded to people's changing needs effectively.

Staff told us, "Sometimes [name of person] speaks in English but it would help if I spoke more of their language." We saw that to help staff, a variety of information and pictures were used to help them understand the person's needs. One person told us how they were supported by their family to help explain their requests more clearly to staff. We were told that one member of staff had a good understanding of the person's language.

We saw that suggestions and compliments from relatives had been used to inform people's care. For example, changes to the person's bedroom furniture and living accommodation flooring. Information was provided to people and their relatives on how to raise suggestions, complaints and compliments. One person said, "If I was not happy I tell [the staff]." Staff told us that it was sometimes easier to recognise people's unhappiness by their facial expressions and general body language. People were supported to raise their concerns through daily engagement meetings with staff. The registered manager said, "I would soon know if someone was not their usual selves." We saw that staff responded to people's changing needs. The service's commissioners told us that they had no concerns and had not received any complaints about the service from people or their relatives.

Good

Is the service well-led?

Our findings

People were asked regularly in the most appropriate way about their satisfaction of their care. This included staff spending time with people, asking for their views, using people's expressions and body language and communication passports. [This is a document which people used to express their views and helped them communicate]. One person told us how staff spent time with them and discussed about what had gone well and what had not gone so well. The registered manager showed us how they identified people's potential. This was by a regular analysis of people's views and what worked and what could be done differently.

Staff meetings were planned but were flexible for staff's availability. All staff were provided with updates and developments identified at these meetings. Information from these meetings was used to drive improvement in the standard of service provided. Residents' meetings gave people the opportunity to comment and be involved in developing the service.

Strong links were maintained with the local community and included various trips out to local cafes, shops and banks. One person said, "I like going out on my own. I like food shopping the most." Another person told us about their day, where they had been and what they had done and bought.

Staff spoke confidently about the provider's values of putting people at the forefront of everything. They were also regularly reminded of their roles and responsibilities and how to escalate any issues or concerns, they became aware of, to the registered persons. The registered manager also worked shifts, completed spot checks and worked with staff at night/weekends. This was to mentor staff with key skills whilst also identifying the staff culture throughout a whole week. Any areas requiring improvement were raised with staff or for more general themes at a staff meeting. The service's commissioners told us, "Since the [registered] manager has been working at the service they had noticed a big improvement in the [quality of] care provided." They also said, "Now that [name of registered manager] is in post staff are now working as a team with people's behavioural support plans."

Staff all told us that they would have no hesitation, if ever they identified or suspected poor care standards in whistle blowing. This was by reporting their concerns to the provider Staff also told us that they were confident that there would not be any recriminations if they did this.

The registered manager had provided stability by being in post since January 2015. They had managed the service since January and had been registered since June 2015. From records viewed we found they had notified the Care Quality Commission (CQC) of incidents and events they are required to tell us about. We found from these notifications, where trends were identified that appropriate action and referrals were made. For example where people had required the support of two care staff.

Quality assurance checks completed by the provider and registered manager had ensured that deficiencies had been identified in the standard of care provided and any necessary action had been taken. This included identifying when people needed referrals to health care professionals including dieticians. We found other audits were effective in ensuring medicines administration was in line with best practice. However, we found that the registered manager's and provider's audits had not identified that a DoLS authorisation had lapsed.

People, staff and all organisations we spoke with were complimentary about the fact that the registered manager was a very approachable person. We saw that the registered manager and all staff worked as a team. We saw that all staff were supportive of each other. All staff commented on the difference there had been in the service since the registered manager took up their post. The registered manager kept themselves aware of the day to day culture in the service including night times and weekends. One staff said, "[Name of registered manager] has given us their contact details from their very first day."

The registered manager attended the provider's managers' monthly meetings where information was shared on good and best practice. For example, the introduction of audits based upon how we inspect and also for key developments in social care through organisations such as the Social Care Institute for Excellence (SCIE). This was for subjects including changes to care practice for people with a learning disability. These improvements had also been around the service's environment and staff's knowledge of people's needs. This was based on good practice and followed SCIE guidance. Staff champions were in place for

Good

Is the service well-led?

subjects including nutrition and epilepsy. This was to develop staff skills throughout the service and improve the quality of service provided. This showed us the provider strived for improvements in the quality of care its staff provided.

We found that information relating to people's care, and those for staff's personal records were held securely and were based on their latest reviews. Only those staff and managers with authority could access this information. This helped protect people's confidentiality. One person said, "They [staff] only talk with me [in private]."

The registered manager monitored all staff training achievements closely and was aware of any uncompleted training. The registered manager was keen to develop staff's knowledge of the language one person had as their first language. This was in addition to using interpreters for health care appointments and social worker visits. This showed us that the provider sought to continuously improve the service it provided.