Consensus Support Services Limited

The Heathers

Inspection report

76 Rockingham Road
Kettering
Northamptonshire
NN16 9AA

Tel: 01536483176
Website: www.consensussupport.com

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 11 August and was unannounced.

The service is registered to provide accommodation and personal care for up to 12 people with mental health or learning difficulties. At the time of our inspection there were 10 people living there, some of whom had lived there for a number of years.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were well supported and cared for and appeared relaxed and responded positively towards staff.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

People received care from staff who were kind and considerate and who were committed to respecting their individuality and promoting their independence. Their needs were assessed prior to coming to the home; individualised care plans were in place and were kept under review. Staff had taken time to understand peoples likes, dislikes and past lives and enabled people to pursue their interests and hobbies.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and engaged in conversations with them. Relatives commented positively about the care their relative was receiving and it was evident that people could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. The registered manager was visible and open to feedback, actively looking at ways to improve and develop 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 said they felt safe and staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good

The service was effective

People were supported and cared for by a well trained staff team who knew people well.

People were fully involved in decisions about the way their support was delivered.

People had access to healthcare as and when required.

Is the service caring?

Good

The service was caring

People received their support from staff that treated them with kindness and consideration.

People were treated as individuals and their dignity and right to privacy was respected.

People were encouraged to express their views and to make choices and their family and friends were welcomed at any time.

Is the service responsive?

Good

The service was responsive

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

Care Plans contained all the relevant information that was needed to provide the care and support for each person.

People were encouraged to follow their interests.

People were aware that they could raise a concern about their care and information was designed to ensure everyone could make a complaint if they needed to.

Is the service well-led?

Good

The service was well led

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved.

The registered manager monitored the quality and culture of the service and strived to lead a service which supported people to live independently and have a fulfilled life.

The Heathers

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 11 August 2016 and was undertaken by one inspector.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We reviewed the last inspection report and contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spoke with four people who used the service, three support staff, a housekeeper, a team leader and the registered manager. We were also able to speak to a health professional and two relatives who were visiting at the time of the inspection. We used observations where people were limited in their ability to recall their experiences and express their views.

We looked at three records for people living in the home, three staff recruitment files, staff training records, health and safety records and quality audits.

Good

Is the service safe?

Our findings

At our last inspection in October 2015 we found that the provider was in breach of Regulation 18 (1): Staffing. This was because there were not always enough staff on duty to safely provide the level of care, supervision and general support that people needed, this was particularly so at night and at weekends.

During this inspection we found that the provider had deployed two waking night staff and had increased the number of staff available in the mornings and at weekends. The staff told us they felt there was now sufficient staff; they were able to provide the level of care people needed in a more timely way and could support people to pursue activities they wished in the community. The people we spoke to talked about the activities they undertook outside of the home. We saw that there was enough staff to support people when they needed and provided the level of care required detailed in people's individual care plans.

People told us that they felt safe in the home and relatives were confident that their relative was secure and safely cared for. One person said "I feel safe here; I have a key to my bedroom so I can lock it if I want to. If I have any worries I would speak to my keyworker or [name of registered manager]." We observed that people were relaxed and saw that they responded positively towards staff.

The staff understood their roles and responsibilities in relation to keeping people safe and knew how to report any concerns they may have. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team was readily available to staff. One member of staff told us that if they had any concerns they would speak to the registered manager or a team leader. The provider had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and any lessons learnt were used to develop their practice.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed for support with moving had a risk assessment in place which gave detailed instructions to the staff as to how to reposition the person to mitigate the risks of pressure ulcers developing. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was accessed to support people.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. There was also information available about each person which detailed how they liked to be communicated with and what things they may have difficulty with which would be shared with relevant people in the event of an emergency.

People were safeguarded against the risk of being cared for by unsuitable staff. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were safe systems in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff gave people suitable support to take their medicines in a way that they preferred. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

Good

Is the service effective?

Our findings

People could be confident that they received support from staff that had the skills and experience to meet their needs. All new staff undertook an induction programme and worked alongside more experienced staff until they knew the people they were supporting and felt confident to support them. In addition the provider ensured that all new staff completed the Care Certificate. The Care Certificate helps new members of care staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The staff we spoke to said they were pleased with the training they received when they first came to work at the home as it had helped them to gain the skills to effectively support people.

All staff were encouraged to develop their skills and knowledge and felt supported by the registered manager to identify and access further training opportunities. One member of staff told us that they had been supported to complete their National Vocational Qualification Level 3 which had helped them as they took on the role of team leader. Another member of staff spoke about how helpful the training was in relation to mental health and epilepsy.

Staff told us they felt well supported and had regular supervision. All staff employed for over 12 months had had an appraisal which had given them the opportunity to discuss their practice and performance and identify any training needs. The registered manager often worked alongside the staff which gave them the opportunity to support staff more informally; staff felt able to speak to the registered manager at any time. One member of staff said "[Name of registered manager] knows their stuff and is reasonable and easy to talk to."

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 decisions 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what they were doing. For example one person needed assistance to eat, staff spoke to them encouraging them to swallow and take their time.

People were supported to eat a healthy balanced diet. Staff told us that where possible the meals were made using fresh ingredients. People could choose what they wanted to eat. One person told us "The food is good, plenty of choice." Another person told us "The food is alright, I used to help when I wanted to." We saw that people had their breakfast when they were ready and could make it for themselves if they chose to. People chose where they wanted to eat their meals; some people chose to eat with their friends in the home others chose to eat their meals in their room.

Staff were aware of individual dietary needs. Where people had been assessed as being at risk of not eating and drinking enough the staff kept a record of what people ate and drank and had sought advice from a dietitian and speech and language therapist.

People's health care needs were regularly monitored. We spoke to one health professional who was visiting the home at the time of the inspection and they commented "Staff are quite responsive to people's needs and will seek advice." People had their own Health Passport; this is a document which helps both the person and the people who support them to have a better understanding of people's health needs and how best to support them. People told us that they saw their GP when they needed to and we could see from records that people had access to other health professionals such as an occupational therapist and community nurse.

Good

Is the service caring?

Our findings

There was a relaxed, friendly and welcoming atmosphere around the home and staff spent time chatting to people giving them reassurance when they needed it. People told us that the staff were nice; one person told us "I don't have any favourites, they [staff] are all alright; they take me out to different places."

People were encouraged to express their wishes and to make choices. An advocate had been sought for one person to help them express their wishes and ensure that their voice was heard. People were able to spend their time where they wished; some people socialised in the lounge areas and garden whilst others spent time in their own room. Staff were mindful and considerate of people's wishes and respected people's privacy. They knocked on the door before they entered a person's room and addressed them by their chosen name.

Care plans included detailed information about people's preferences, their likes and dislikes and how they liked to be treated. Staff had helped people to personalise their own rooms and people had purchased furniture they liked and could use either in their own room or in the area of the home they liked to spend time in. We saw in one room of a person, whose ability to communicate was becoming limited, that the staff had spent time putting together a collage of all the things the person used to say or talk about; this helped the staff to stay engaged with the person.

Staff understood their responsibility in relation to keeping people's information confidential and did not speak about the people living in the home openly in front of everyone. There was a keyworker system in place which ensured that the individual's living in the home had an identified member of staff whom they could go to at any time to discuss their care or any concerns they may have. One person told us "I talk to my keyworker if I have any problems and they help me to sort things out."

Family and friends were welcome to visit anytime and people were enabled to stay in contact with their families through regular telephone calls. We spoke to one family who were visiting at the time and they confirmed that they could visit at any time and always felt welcomed.

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met; the assessment also took into account whether the person would fit in with the other people living in the home. Each potential new person had a tailored plan to support them to make an informed choice as to whether The Heathers was the right place for them. Where possible visits were arranged which would gradually lead up to an overnight stay so that the person had an opportunity to meet everyone. We saw detailed assessment information and this was used to build a person centred care plan detailing what care and support people needed to enable them to live as independent a life as possible.

We saw that the provider was in the process of having a bedroom adapted to meet the physical needs of one person. An occupational therapist had advised what was needed and the person themselves had been consulted. We spoke to the person who said they were keen to see the work completed to enable them to remain as independent as possible.

People had been involved with their care plan and met regularly with their keyworker to discuss their plan and make any changes if needed. Staff had a good understanding of each person living in the home and clearly understood their care and support needs. The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs; for example in one care plan we noted that the person sometimes displayed behaviour which may harm themselves or other people, there was detailed information about how to support the individual should they display such behaviour. Care plans were reviewed on a regular basis and the information held within them had been collated in a way that best met individual communication needs. Pictures were used where appropriate and any written information was clear and concise.

People were encouraged to follow their hobbies and interests and staff ensured peoples cultural and spiritual needs were met. One person told us "I like painting and go out to lots of different places to paint." We saw some of the pictures they had painted. Another person had asked to learn to write letters and staff were supporting them to do this. In a conversation with another person they told us how they liked to go out to nice tea rooms with their friend who also lived at The Heathers and attend their church each week. We saw pictures of some of the activities and trips people had participated in. There were weekly house meetings where people could express their wishes as to what they may like to do. A couple of people had planned a theatre trip for later in the year. People were individually supported to pursue their interests both outside the home and within.

People were aware that they could raise a concern about their care and there was information provided on how to make a complaint which was designed to enable everyone to access it. People told us that they always felt able to speak to the staff or the registered manager if they needed to and we could see that they had done so. The staff were responsive to people and had looked at ways to resolve any issues people had had. The staff said that they always tried to resolve any concerns as quickly as possible. The weekly house meeting also enabled people to share any concerns they had. One of the relatives we spoke to said "I will just talk to [name of registered manager] if I am not happy with anything."

Good

Is the service well-led?

Our findings

Everyone we spoke to expressed how happy they were with the registered manager. The staff said they felt well supported and that the registered manager was approachable. People told us they would speak to the registered manager if they needed to. One person told us "[Name of registered manager] always comes and has a chat with me." We saw that throughout the day the registered manager interacted well with people and made time for people and staff. A relative told us "[name of registered manager] is good; they make sure we are kept informed about [name of relative] care."

Feedback about the service was sought from the people living in the home, their families and the staff. One family told us that they had raised concerns about the flooring in their relative's room; the registered manager had taken action and ensured it was changed. Staff had suggested a 'handover book' which could be used to record events, activities and tasks that needed to be completed each day. The staff told us that they felt that this had improved the communication between them.

Staff worked well together and as a team. They understood the philosophy of the service and were committed to ensuring that people's health and well- being was a priority and that they supported people to live as fulfilled a life as possible. They spoke positively about their work and were proud with what they had achieved.

Staff meetings were held on a regular basis which enabled the registered manager to share information and discuss with the staff any outcomes of events such as safeguarding investigations; they also gave the staff the opportunity to share ideas and make suggestions as to how the service could be improved. We saw that from one suggestion a member of staff had made that the staff rota had changed which the staff said had improved the annual leave system. Minutes were circulated to everyone which included those staff who were unable to attend to ensure they were kept up to date.

The service had policies and procedures in place which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. The registered manager told us they also checked staff's understanding regularly in respect of key policies such as safeguarding, whistleblowing, mental capacity and administration of medicines. These were discussed during supervisions and staff meetings.

Records relating to the day-to-day management of the home were up-to-date and accurate. Care records accurately reflected the level of care received by people. Staff recruitment and training records were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

People could be assured that they were receiving a service which had regular checks in place to test out its

quality. The registered manager undertook regular audits which included checking that records were completed correctly and information collated to drive forward improvements. The provider undertook monthly checks to ensure the service was complying with agreed organisational aims and objectives and the service was working within the regulations. The Managing Director had recently visited and took action to ensure that the schedule for the adaptation and refurbishment of one of the bedrooms was completed sooner. The provider was also looking at the longer term design and refurbishment of the home to ensure it continued to meet the physical health needs of people.