

Consensus Community Support Limited

St Stephens Road

Inspection report

26 St Stephens Road
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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

About the service

St Stephens Road is a supported living service providing personal care and support to adults with a variety of needs. This includes learning disabilities, autistic spectrum disorder and mental health needs. At the time of the inspection two people using the service were receiving the regulated activity 'personal care'. A further three people were using the service but did not receive personal care. CQC only inspects where people receive personal care (tasks related to personal hygiene and eating). Where people receive personal care, we also consider any wider social care provided.

St Stephens Road supported people living in single occupancy flats under their own tenancy agreements, with nine flats located in one building. The service had a small communal seating area, a communal garden and parking facilities. The manager's office, staff room and staff sleep-in room were located in the same adapted building, they shared the same entrance to the building but had separate door bells.

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

Further to recent changes to the management team, improvements needed at the service were well underway. Improvement in staff culture, staff support, training and supervision was evident and feedback about the service was positive. The areas for improvement we found had previously been identified by the provider and an action plan was in place. The provider was monitoring progress on the action plan through weekly meetings with the service.

People were safe and appeared happy with the service they received. One relative said, "I have been incredibly impressed." Risks to people had been assessed and support plans were in place to manage known risks. Staff followed people's support plans, for example, in relation to managing anxiety related behaviours. Provider policies were inclusive and person-centred and this approach was mirrored by staff working in the service. People were supported to ensure their accommodation was safe and well maintained. Plans to support people in the event of an emergency were kept updated.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's views were sought in reviews of their needs and support plans. People were supported to develop life skills including cooking, shopping and managing their emotions. This enabled them to live meaningful lives in the community, including accessing mainstream services and maintaining relationships with others who were important to them

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Restrictions were reviewed regularly to ensure they remained appropriate and legal requirements had been met. Staff sought consent for care and respected people's choices and privacy. Where people's capacity to make more significant decisions needed to be checked, capacity assessments had been arranged.

Referrals to external professionals had been made in response to people's changing health needs. The manager was working with relatives to support people at appointments when needed and to ensure appropriate information was shared.

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

Rating at last inspection

This service was registered with us on 08/01/2018, this is the first inspection.

Why we inspected

St Stephens Road started providing a regulated activity (personal care) in February 2021. Further to this, some concerns about people's safety and leadership at the service were raised to us. As the service had not been rated since registration, this inspection was carried out to gain assurances about safety and governance at St Stephens Road and to rate the service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Stephens Road

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

St Stephens Road provides care and support to people living in 9 'supported living' flats, (located in one building), so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The new manager had applied to CQC to become registered manager for the service.

Notice of inspection

We gave a short period of notice of the inspection because some of the people using the service needed support to consent to a home visit from an inspector. Inspection activity started on 17 May 2021 and ended on 28 June 2021. This extended timeframe allowed us to obtain valuable feedback from relatives and professionals. We visited the office location on 18 and 19 May 2021.

What we did before the inspection

We reviewed information we had received about the service. This included notifications about important events at the service and feedback shared directly with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the site visit

We had limited opportunity to observe staff supporting people as nobody using the service agreed to us visiting them at home. We saw staff interacting with two people in a communal area, one of whom received the regulated activity. Neither person who received the regulated activity agreed to speak with us. One person who did not receive the regulated activity told us about their experience. While we have not reported on this, this person was supported by the same staff team, which provided some assurances. We spoke with nine members of staff including the regional director, operations manager, manager and six support workers. We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including audits and safety checks.

After the site visit

We continued to seek clarification from the provider to validate the evidence found. We spoke with one person's relative. We received feedback from two professionals who work with the service. We looked at staff training and supervision data, quality assurance records and policies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were visibly relaxed in staff presence and had formed trusting relationships with them. Nobody we spoke with had any concerns about people's safety at the service.
- Staff understood their responsibilities in safeguarding people and systems were in place to protect people from risk of abuse. This included information and training for staff on how to report concerns internally and when to involve external agencies.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and the actions needed to mitigate risk were understood by staff. This included managing risks related to COVID-19 and epilepsy, accessing the community and managing anxiety.
- People's support plans described how they should be supported while at home and in the community. Referrals for assessment of needs were made when new risks were identified or additional advice needed.
- People were supported by staff to ensure their accommodation was safe and well-maintained.
- Systems were in place to ensure staff knew how to respond in the event of an emergency. This included fire drills and missing person protocols.

Using medicines safely

- People's ability to manage their medicines had been assessed. The service was clear on which areas of medicines management they were responsible for with each person they supported.
- Action had been taken in response to one person who regularly refused their medicines. A capacity assessment had been arranged by the GP to determine how this risk should be managed.
- Medicines protocols and support plans were kept updated to guide staff in giving 'as required' medicines appropriately. Protocols and use of these medicines were monitored by the provider to ensure guidance was sufficiently detailed and people received their medicines as prescribed.

Staffing and recruitment

- There were enough suitable staff to meet people's needs.
- Safe recruitment processes were followed and staff performance was managed to ensure only suitable staff were employed at the service. There had been significant changes in the staffing team in recent months. A staff member said, "We have got some really positive people [staff] coming into the service. They have such open minds, are so positive and keen."
- People were supported by staff who had the right skills and experience. Rotas were arranged to ensure a suitably experienced and qualified staff member led each shift, supported by their manager or on-call out of hours.

- Staffing numbers were rostered according to people's assessed support needs. Where changes to people's staffing needs were identified, the relevant funding authorities were informed of the change.

Preventing and controlling infection

- Systems were in place to protect people, staff and visitors from catching and spreading infections. The provider kept their infection control policies up-to-date and monitored staff compliance through monthly audits.
- People's individual risks had been assessed and COVID-19 screening and testing was carried out in line with national guidance. People had been supported to shield when needed and to receive their vaccinations.
- The provider communicated changes to staff to ensure national guidance was followed. The provider encouraged and monitored staff uptake of vaccinations.

Learning lessons when things go wrong

- Incident and accident records were uploaded to the provider's e-system where they were reviewed by senior managers to ensure all necessary actions had been taken to mitigate risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services to ensure their health-related needs were met. One person was supported by staff to attend a weekly appointment for routine monitoring and treatment. However, this person's interactions with unfamiliar professionals, had been unsuccessful on occasions, without their relative's support. The manager assured us they would be informed of all future appointments, to avoid any unnecessary delay to the person accessing care and treatment.
- Health care professionals supported the service by making referrals to specialist teams (CLDT) and telecare. However, their recommendations were not always acted upon in a timely manner. An epilepsy support plan and seizure protocol for one person, shared with the service several weeks before our visit, had not been read or adopted by staff. While there was no risk to the person, as existing plans were in place, improved communication was needed to ensure effective joint working. We were assured the new manager was working to establish effective working relationships with people's relatives and external professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider worked in line with the REACH standards for supported living; They followed a transition process to ensure the service could meet people's needs effectively before a service was offered to them. This gave people the opportunity to get to know the service and their potential close neighbours before they committed to the move.
- People were supported to have their medicines reviewed regularly, in line with STOMP. (STOMP is a national campaign to stop the over-use of mood-altering medication to manage people's behaviour). Use of 'as required' medicines to manage behaviours was monitored by the provider.
- Staff training in management of anxiety related behaviours, including use of chemical and physical restraint, was accredited by the Restraint Reduction Network (RRN). The RRN focus on preventing the need for restraint wherever possible.

Staff support: induction, training, skills and experience

- People were supported by staff who received support, supervision and training to carry out their role effectively. New staff worked alongside existing staff while they completed their initial training and their competence and skills were assessed. People's individual support needs were addressed through service specific staff training.
- Staff understood their responsibilities and contacted the on-call manager or service manager, out of hours, for advice and support as needed. Staff were supported to manage people's more complex behaviours by the provider's behavioural support team and a seconded staff member who was a qualified

Positive Behaviour Support/Management (PBS/PBM) trainer.

Supporting people to eat and drink enough to maintain a balanced diet

- People's support needs around eating and drinking had been assessed and they were encouraged to eat a healthy balanced diet. People were supported to menu plan, food shop and prepare freshly cooked meals and their weight was monitored with their agreement.
- Staff worked creatively and in partnership with people to encourage them to make better food choices. One person continued to buy high sugar drinks including fruit juice but staff had successfully encouraged them to add water to the juice, to reduce the sugar content by volume.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority and were being met.

- The provider and staff were working in line with the principles of the MCA 2005. Each person had a decision-making profile in place which described the support they needed to make everyday decisions, what decisions were important to them and how they should be involved by staff. We saw people were routinely offered choice and their decisions were respected.
- The service had carried out some capacity assessments, however staff skills in completing these were limited. Capacity assessments had been arranged with health and social care professionals to ensure people understood the risks to themselves, for example, when refusing their medicines, or making unwise food choices.
- Individual restrictions assessments were completed to ensure any restrictions in place were least restrictive and legally authorised. The manager had notified funding authorities of the need for authorisation of deprivation of liberty where required. The manager had requested evidence of an existing Court of Protection order staff were following and one relative's Power of Attorney documentation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and had formed supportive relationships with staff. Specific staff had become 'anchor people' for one person with complex emotional needs, providing the stability and reassurance they needed. A staff member said about them, "There are so many things we have overcome with trust."
- Staff spoke positively about people and the service. A staff member said about one person, "I just get on with him. He deals with it [health condition] really well. He does not let it stop him. He is energetic and determined. I admire him for that" and "It is a caring place. I like all the staff. They have life experience and are a kind and compassionate group."
- A relative told us how settled one person was after four previous failed placements. They said, "Staff have got a rapport with him" and, "I hope he can stay there for the rest of his days."

Supporting people to express their views and be involved in making decisions about their care

- Care records demonstrated people's regular involvement in planning and reviewing their care. People's views and feedback had been recorded and care planned accordingly.
- Each person had a decision-making profile in place which described how staff should support them in decision-making.
- People were supported by staff who communicated with them effectively. Staff knew how each person communicated their needs and people's support plans described the methods they used.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff respected people's right to privacy and dignity and told us how they maintained this while supporting people. Staff ensured people's personal information remained confidential.
- People's independence was encouraged and supported. Staff supported people with daily activities including shopping, cleaning and preparing food. Staff were flexible in their timing and approach to maximise people's participation.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider was working in line with CQC's Right support, right care, right culture guidance in ensuring the service provided a person-centred approach, where people's rights were protected. Care records detailed who and what was important to people and how staff should support them to have good outcomes in these key areas.
- People received a personalised service, tailored to their needs and wishes. People's views were sought through regular care reviews and service user meetings. People benefitted from having an allocated staff member (keyworker) who worked closely with them.
- The service worked with the housing provider to ensure people's accommodation met their needs. A relative told us, "I have been incredibly impressed. They were prepared."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate with others and to receive information in a way they understood. People's communication support plans described the tools and approach staff should use, including objects of reference, story boards and maintaining an encouraging and positive approach. Staff used 'countdowns' to help one person understand time and when things that were important to them would happen. A health care professional commented about a person they visited, "It was obvious he had a good rapport with his carer [staff member]."

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 follow their interests and take part in activities that were socially and culturally relevant and appropriate to them.
- Staff invested time to ensure people received the support they needed in achieving their goals and overcoming their fears and any barriers to maintain or develop new interests.
- People were supported by staff to maintain close relationships with their families.

Improving care quality in response to complaints or concerns

- People were able to raise complaints and their concerns were listened to and acted upon. The provider's

complaints process had been followed and the manager worked openly and cooperatively to address any issues raised to them.

End of life care and support

- Nobody the service had supported since registering had needed end of life to care. The provider had appropriate policies in place and staff were working with people and their relatives to document people's end of life care requirements and wishes.
- Access to palliative medicines and additional health care support was available through the services' established relationship with the GP.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and managers had acted to improve the culture in the service to ensure it was person-centred and consistent with their expectations and values. This had resulted in extensive changes within the staff team. Staff comments included, "There have been staffing issues. These have been addressed. Staff attitudes towards people have also been addressed" and "It is a really positive service. We have some really positive staff who want positive outcomes for people."
- Managers and staff described how they were working with people and relatives to improve outcomes for people. For example, how they were supporting one person to get into a healthy sleeping pattern and increase community-based activities following prolonged shielding due to COVID-19. We saw people's anxiety related behaviours had reduced. A relative said, "I genuinely think it [the service] is excellent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider were clear about their role and responsibilities in monitoring and improving the quality of the service to ensure regulatory requirements were met. The provider had acted to ensure there was effective leadership at the service and maintained close monitoring of the manager's progress on the service improvement plan.
- The provider had committed resources to support and develop the staff team and help drive improvement. This included appointment of their peripatetic manager to manage the service over a longer term to provide stability, complete the action plan and embed improved ways of working. An experienced team leader, qualified to train staff in positive behaviour support (PBS) and management, had been seconded as a role model for staff.
- The manager had applied to register with CQC and all required notifications had been sent.
- Monthly quality assurance checks by the operations manager had identified the areas for improvement we saw at inspection. Improvements were being monitored and were evidenced through the service action plan.
- Staff spoke positively about leadership at St Stephens Road. A staff member said, "Any concerns I have had, managers have dealt with immediately. I could not appreciate them more. [Manager's name] has provided stability when this was lacking."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider encouraged feedback and participation from people using the service through their service user forum. Meetings were held at St Stephens Road so people's feedback about the service could be heard. Staff met with people individually, each month, to review what had worked well and what wasn't working for them.
- Relatives and professionals were positive about the service although they had had limited interaction with the new management team at the time of the inspection. The provider and manager were open to feedback following our inspection and positive action was taken in response to this.