

# Consensus Support Services Limited

# The Rivers

## Inspection report

88 Rectory Road  
Farnborough  
Hampshire  
GU14 7HT

Tel: 01252516723  
Website: [www.consensussupport.com](http://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

About the service:

The Rivers is a residential care home that was providing accommodation and personal care to six younger adults with a learning disability or autistic spectrum disorder. The service was registered to care for six people.

The Rivers is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

People's experience of using this service:

- Although the registered manager ran a well organised service, the providers audits had not identified the registered manager had not notified CQC when Deprivation of Liberty Safeguards (DoLS) applications had been authorised. During the inspection we spoke with the registered manager to ensure CQC was notified in these cases.
- The provider sought the views of people's relatives and took opportunities to improve the service. Staff were supervised, supported and clear about what was expected of them. Audits and checks were carried out, so any problem could be identified and rectified.
- The provider had processes in place for recruitment, staffing levels, medicines management, infection control and upkeep of the premises which protected people from unsafe situations and harm.
- Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.
- Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and showed competence when supporting people.
- The premises provided people with a variety of spaces for their use with relevant facilities to meet their needs. Bedrooms were very individual and age and gender appropriate.
- Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were very kind and caring and people using the service were calm.
- Support plans were detailed and reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from healthcare professionals. People's health care needs were met.
- People had a variety of internal activities (such as music and cooking) and external activities which they enjoyed on a regular basis.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence

and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection:

At the last inspection the service was rated Good (21 September 2016). At this inspection, the overall rating has remained the same.

Why we inspected:

This was a planned inspection to confirm that this service remained Good.

## 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 remained Good

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained Good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained Good

Details are in our Well-Led findings below.

# The Rivers

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a manager registered with the Care Quality Commission. 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.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided; both were looked at during this inspection.

The home accommodates six people in one adapted building. At the time of the inspection, six people were living in the home.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support (RRS) and other best practice guidance. This legislation ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The provider was following the principles of the RRS, which reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Notice of inspection:

This inspection was unannounced.

What we did:

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took the lack of a PIR into account when we inspected the service and made the judgements in this report.

We spoke with two people, one relative, staff and healthcare professionals to help form our judgements. We were unable to speak with some people using the service due to their highly complex needs. We therefore observed the care and support provided and the interaction between staff and people using the Short Observational Framework for Inspection (SOFI). This is a helpful tool to use if we are unable to find out people's experiences through talking to them, for example if they have dementia or other cognitive impairments.

We spoke with the registered manager, four staff members and one visiting professional. We looked at the following records:

- three people's care records and associated documents
- three staff files
- previous inspection reports
- staff rotas
- staff training and supervision records
- health and safety paperwork
- accident and incident records
- statement of purpose
- complaints and compliments
- minutes from staff meetings
- a selection of the provider's policies
- quality audits
- fire risk assessments
- infection control records.

Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us.

After the inspection, we contacted four healthcare professionals for their views of the service, two of whom replied to us.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff had received appropriate and effective training in this topic area.
- The registered manager had reported alleged abuse to the local authority when it was identified.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred.

Assessing risk, safety monitoring and management

- The provider carried out assessments of risks to the people at the home and to the staff supporting them.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Risk assessments and care plans described the measures for staff to follow to keep people safe.
- Risks associated with the environment and equipment were identified, assessed and managed to ensure that people remained safe.
- There was a programme of maintenance and safety checks in place which covered areas such as vehicles, fire safety, water temperatures and safety.
- There were audits and checks in place to monitor safety and quality of care. Where the provider had identified shortfalls in the service, appropriate action had been taken to improve practice.

Staffing and recruitment

- The registered manager monitored the number of staff needed based on people's needs and their activities and appointments.
- Staff were prepared to work flexibly and would cover staff illness or planned events.
- Staff told us there were always enough staff on duty. Healthcare professionals confirmed this was the case when they visited.
- The provider had safe recruitment procedures that ensured people were supported by staff with the appropriate experience and character.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People were encouraged and supported to manage their own medicines wherever possible.
- Where medicines administration errors were found during checks, the provider had investigated and taken action.

### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment such as gloves and aprons to help prevent the spread of healthcare related infections.
- One relative told us and we saw the home and people's own rooms were kept clean.

### Learning lessons when things go wrong

- Staff understood how to report safeguarding concerns, accidents and incidents.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Staff reviewed risk assessments and care plans following incidents to reduce the likelihood of re-occurrence.
- Learning was shared with staff during staff meetings, handovers and during supervisions.
- The registered manager monitored accidents and incidents to identify any patterns or trends. None were identified.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were thorough and people's goals or expected outcomes were identified.
- Where appropriate, families were involved in assessing and agreeing the care people needed.
- People's physical health, mental health and social needs had been assessed to meet their individual requirements.
- Care plans were regularly reviewed to understand people's progress. Staff helped people make plans to achieve their goals.
- Staff understood people's health needs. Staff promptly referred people to other healthcare professionals such as the GP and followed their advice.
- Healthcare professionals confirmed they were given the information they needed. One professional told us, "I found it beneficial to have 'one-page profiles' with information about that person's likes, dislikes etc."

Staff support: induction, training, skills and experience

- Staff had completed a comprehensive induction and training programme. Staff put this training into practice.
- Staff completed training specific for the needs of the people they supported, such as autism awareness and epilepsy.
- A care worker told us, "I loved the training, it really helps us to understand the guys."
- Staff had opportunity for regular supervision and appraisal.
- The registered manager had good systems to understand which staff needed their training to be refreshed and who required supervision.

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

- People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes.
- Staff supported people with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills to maintain independence and confidence.
- The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans.

Staff working with other agencies to provide consistent, effective, timely care

- Information was recorded ready to be shared with other agencies if people needed to access other services, such as hospitals.

- Staff worked with other agencies to support people during their transition moving between services. For example, one person was being supported to move into accommodation where they would have more independence.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment.
- The environment met the needs of the people who lived at the home.
- Risks in relation to premises were identified, assessed and well-managed.
- People and relatives had access to different communal rooms and areas about the home, where they could socialise. People's own rooms gave them a quiet and private area to enjoy.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided.
- People received support to maintain their health with regular access to GPs, dentists and other services.
- They also received an annual health check as per best practice for people with a learning disability or autism. People had a health action plan which described the support they needed to stay healthy.
- People's changing needs were monitored to make sure their health needs were responded to promptly.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider assessed people's capacity to make their own decisions in line with the MCA.
- The provider followed the requirements of DoLS. Four people had authorised DoLS in place. The registered manager had made a DoLS application for another person.
- One person had conditions attached to their DoLS. This condition was met.
- Staff had received training about the MCA and DoLS and were able to put this into practice.
- Where people did not have capacity to make decisions, staff supported them to have maximum choice and control of their lives.
- Records were clear where decisions had been made in people's best interests.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed people were treated thoughtfully and kindly. We received feedback from people and relatives which supported this.
- Interactions between staff and people were caring and considerate and people responded positively to the staff's caring attitude.
- Staff knew and understood the people they supported. One person said, "I like staff."
- A relative said, "I think they go above and beyond because they take [name] out in their own time."
- Staff used people's preferred names and greeted them with bright smiles.
- Staff had developed positive relationships with people, knew them well and the support they needed.
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to verbally express their needs and choices, staff understood their way of communicating. For example, we saw one member of staff using communication pictures to help one person decide what they wanted to do that day. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Staff enabled people to make decisions about their care and knew when people wanted help and support from their relatives.
- Where needed, staff sought external professional help to support decision making for people, such as advocacy.
- There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions.
- People were supported to express their individual likes and dislikes and these were known by staff.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were treated with dignity and respect and their privacy was supported by staff.
- Staff offered people assistance in a discreet and dignified manner.
- People were enabled to maintain and develop relationships with those close to them, social networks and the community.
- People were supported to focus on their independence in all areas of their lives. They were supported to

be independent in their ideas and choices and this meant people enjoyed freedom and control of their life.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed before they began to use the service and reviewed regularly thereafter.
- People's assessments considered all aspects of their individual circumstances; their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences. People had assessments for daily living and long-term outcomes.
- People and their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person.
- Staff identified and responded to changes in people's needs. Staff contacted people's families to ensure they were made aware when people's needs changed.
- People's information and communication needs were identified and recorded in their care records. The registered manager told us this enabled information to be presented in a way people would find accessible and in a format they could understand. We saw this in practice.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- Staff had an excellent understanding of people's needs and could make suggestions to people around how they could develop their skills and independence. For example, staff were supporting one person to increase their confidence in preparation for moving into accommodation where they would be more independent.
- Staff supported people to exercise their preferences in the activities they engaged in. A range of activities were available, including time in a hydrotherapy pool.
- People were empowered to make choices and have as much control and independence as possible.

Improving care quality in response to complaints or concerns

- One person told us, "I talk to staff if I'm worried, they help."
- The provider had a complaints policy which was available to people and visitors.
- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to.
- There had not been any complaints since 2016; the registered manager told us they would use any complaints as an opportunity to improve the service.

End of life care and support

- Procedures were in place for people to identify their wishes for their end-of-life care. Families were asked their views about the support they thought their loved ones would like at the end of their lives. No-one was

receiving end of life care at the time of our inspection.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service had a manager registered with the Care Quality Commission. 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.

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

- Although the provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality, the providers audits had not identified the registered manager had not notified CQC when DoLS applications had been authorised. We discussed this with the registered manager, who immediately made the required notifications.
- Except for DoLS notifications, the registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Regular checks were completed by the registered manager and staff to make sure people were safe and were happy with the service they received.
- Staff were clear about the values of the service. They gave us examples of how they put these into practice, such as how they ensured they gave people choice and respect.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care.
- Staff told us they felt listened to and the registered manager was approachable.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged and able to speak up freely, raise concerns and discuss ideas.
- People had completed a survey of their views and they met frequently to discuss the service they received.
- People's feedback had been used to continuously improve the service. For example, the menus had been changed which meant people always had at least two choices.

#### Continuous learning and improving care

- All feedback received was used to continuously improve the service.
- Staff told us, "We talk about lessons learned in team meetings, and talk about what we can do to improve things." For example, people were offered a range of different activities which they might not have tried otherwise. People enjoyed these activities and continued doing them.

#### Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. For one person, this involved being supported to access services in preparation for more independent living.
- These links also aided development of the service. For example, the provider contributed to discussions with directors of adult social services about development of services for people with learning disabilities.