

Consensus Support Services Limited

Strawberry Fields

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 26 and 27 March 2018 and was unannounced.

Strawberry Fields (Consensus) is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Strawberry Fields provides accommodation and personal care for up to ten people who have learning disabilities and some associated physical or/and sensory disabilities. There were seven people using the service at the time of inspection. The building was situated over two floors, with people's bedrooms located on the ground floor. People had their own bathrooms attached to their bedrooms as well as alternative communal facilities. There was a dining-room, large lounge and smaller lounge for people to relax in. People also had access to a garden and used facilities at a day service, located next door to the home.

The service had 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. Due to the registered manager being new to the service, they received support from a peripatetic manager. This is someone who is an experienced and permanent manager within the company, who provides support to other services when required.

At our last inspection in July 2017, the service was rated 'Requires Improvement'. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches we found. We undertook this inspection earlier than scheduled due to an increased amount of information from the provider related to people's safety. We also wanted to check that the provider had followed their action plan and to confirm that they now met legal requirements. Many improvements had been made, however we still found some areas for improvement. This is therefore the third consecutive time that the service has been rated Requires Improvement.

At the previous inspection, it was identified that the premises was not suitable for its intended purpose. Strawberry Fields was designed, built and registered before 'Registering the Right Support' and other best practice guidance was published. We found that the building did not meet the guidance as it was a large setting, rather than small and homely and the loud atmosphere did not always meet people's needs. However, the registered manager, operations managers and director were very aware of improvements required to the building to ensure that it was suitable for people living there. Improvements had been made to the environment but further renovation works were required to ensure that it was suitable for people and met their needs. The provider had a detailed action plan to address when these works would be completed.

People's communication needs were not always met. Specific communication methods had been identified but were not always used to support people to make decisions. Observations of staff demonstrated that

staff were also not always responsive to people's needs. We have made a recommendation regarding this.

At the previous inspection, a requirement notice was served in relation to a lack of effective quality monitoring processes. We found many improvements during this inspection and the registered manager was consistently completing audits on a monthly basis. However, other issues identified suggest that these improvements need more time to be embedded fully.

At the previous inspection, a requirement notice was served as people were not always protected from abuse. During this inspection, we found that people were safe. Staff had understanding of how to protect people against harm and there were suitable levels of staff available to ensure people's needs could be met at any time. Staff were recruited safely and appropriate background checks were made to ensure their character and skills were suitable to support people. There were individualised risk assessments for people and the environment and building they lived in, including emergency evacuation plans for in the event of an emergency such as a fire. Incidents were investigated within relevant timescales and appropriate actions taken to ensure they did not happen again. Medicines were managed in such a way that people received them safely. People were only supported by staff that were trained in administering medicines.

Staff received a wide range of training to ensure they could support people safely. Staff also benefited from taking part in regular supervision and appraisal to help them develop their skills and knowledge. Staff felt supported and encouraged in their personal development and relatives were clear that staff had the skills and knowledge to support people. Staff attended regular team meetings where they could discuss any concerns they had. There was a robust induction programme that involved shadowing of experienced staff, completing a qualification and developing a thorough understanding of people and their routines.

Relatives were unanimous in their view that people were supported by a kind, caring staff team. We observed staff and people to have built good relationships, based on mutual respect and trust. People's dignity, independence and privacy was promoted and encouraged. Staff knew people, their preferences and support needs well. People had their own key-worker; this was a named member of staff who had a central role in their lives and would oversee their support needs and care plans. Each person had a clear and detailed care plan tailored to their individual needs. These highlighted specific support needs, risks and involvement from people, their relatives and health professionals. This included assessments for supporting people with managing anxieties and challenging behaviour.

People had choice and control over the activities they wanted to participate in each day. These were tailor-made to people's likes and dislikes. Staff and the relatives were knowledgeable of the complaints procedure and confident they could talk to the registered manager about anything that was worrying them.

The management team, staff and relatives acknowledged previous issues at the service and felt that there had been a significant improvement. Staff morale was high and both they and relatives were complimentary of the new registered manager and the changes that had been made. The provider had responded to information from surveys regarding low staff retention and introduced several initiatives to address this. Feedback was also sought from people, their relatives and health professionals and success stories shared to the staff team through various forums and newsletters.

Further information is in the detailed findings below.

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 were supported by staff who were knowledgeable of safeguarding procedures and who could recognise signs or indicators of abuse.

There were suitable and regular staff available to ensure people's needs were met.

People had risk assessments that were detailed and centred on them. This included risks associated with personal well-being and with fire evacuation. Building checks and risk assessments were reviewed monthly to ensure the home remained safe.

There were safe recruitment practises for staff.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The layout and loud atmosphere of the building meant that not all of people's needs were being met.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people. Additional training had been sourced to support people's specific needs.

The service supported people to maintain close links to health professionals.

Is the service caring?

Good ●

The service was caring.

Staff took time to get to know people, their preferences, wishes and goals.

Everyone we spoke to felt that staff were kind, caring and encouraged people to be independent.

People's privacy and dignity was promoted.

Is the service responsive?

The service was not always responsive.

Although specific communication tools had been identified, these were not always promoted when supporting people. Staff were not always responsive to people's needs.

Each person had an in-depth care plan tailored to their individual needs.

People were encouraged to take part in activities of their own choosing. Activities were varied and promoted independence and social stimulation.

People, relatives and staff were aware of the complaints procedure and actively encouraged to feedback any issues to improve the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Although many improvements had been made, management was new and changes needed further embedding to be effective.

Relatives and staff spoke highly about the registered manager and the positive impact they had on people.

Feedback received from people, staff and relatives was used to improve the service. The company had introduced several new initiatives to improve staff morale and retention of staff.

Requires Improvement ●

Strawberry Fields

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.

The inspection was prompted in part by a series of notifications received by the provider regarding people's safety. However, the information shared with CQC indicated potential concerns about the management of risk and people's safety. This included managing incidents between people and the potential use of unsafe equipment. This inspection looked at these issues to ensure people's safety.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also spoke with the local authority and the quality monitoring team about notifications received and concerns about risk management.

The inspection was completed by three inspectors. We observed and spoke with six people who use the service about their day to day experiences. We spoke with two relatives, four staff, the registered manager, peripatetic manager, two operations managers, and the director of operations for the company. We spent time reviewing records, which included three care plans, four staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection we spoke with two further relatives about their experiences for people living at Strawberry Fields.

Is the service safe?

Our findings

At their previous inspection, Strawberry Fields were rated Requires Improvement in Safe, with a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always protected from abuse. During this inspection we found that improvements had been made and that adequate action had been taken in response to incidents to ensure the safety of people and staff. The provider is now meeting the Regulation.

People were safe. Although not everyone was able to tell us they felt safe, we saw people were comfortable and relaxed around staff that knew them well. One staff member told us about how a person's well-being had changed due to building trust with staff. "We know that they are feeling safe with staff and other people because they are now allowing staff to support them and also sitting with others rather than in their room for food." Relatives told us they felt people were safe and well looked after, which was reassuring for them when they did not live close to the home.

This inspection was brought forward due to concerns from notifications we received from the provider. These ranged from incidents between people, to equipment not being used as prescribed. We saw that some of these incidents involved a person that no longer lived at the service. Each incident had been investigated by either the registered manager or the operations manager for the service within appropriate timescales and clearly identified actions taken to reduce incidents reoccurring. An example of this was surrounding a number of incidents between people who required one to one support from staff. The peripatetic manager told us that their investigation had identified care plans were not clear about the need to stay with people at all times. Care plans were amended to clearly state expectations of one to one support and this was discussed with staff during meetings and supervisions. Staff also told us that improvements had been made to how incidents were managed as a team. One staff member said, "We have de-briefing meetings now with either the operations manager or a director. That way when things go wrong we can all work together to figure out the best thing we can do." Accidents and incidents were analysed in monthly audits, and the registered manager had a good over-sight of any themes or trends.

Assessments of risks, both personal and environmentally were undertaken for people who lived at the home. This included risks related to mobility, falls, nutrition and going out. People had positive behaviour plans to support with any behaviours that challenged. Guidelines were detailed and included triggers to look for, signs that the person was becoming anxious, and how to best to support. Some people had a restraint care plan that included specific techniques to prevent the person and those around them from harm. Guidance emphasised how this was a last resort and detailed other actions to take before using these techniques. This was observed during inspection when a person became frustrated. Staff supported them with patience and kindness, offered them space and then time to talk. People with specific health conditions, such as Epilepsy, had individual assessments. Guidance was detailed, with a description of seizures specific to the person, emergency protocols and actions to take following.

There were sufficient levels of staff to support the needs of people who lived at the service. Core staff or familiar agency staff, who had worked with people before, covered any absences. This ensured that as far as

possible, people received continuity of care.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. Agency staff were required to have previous experience of working with learning disabilities and challenging behaviour. Evidence of their previous experience and training was required before working at the service. This process ensured as far as possible staff had the right skills and values required to support people.

People's medicines were managed so that they received them safely. Medicines Administration Records (MAR) were completed and people received their medicines as prescribed. Staff were not able to support people with their medicines unless they had received relevant training and training records showed these were in date and reviewed regularly. Some people had been prescribed medicines on an 'as and when required' basis (PRN), for example relief. There were protocols in place which detailed why the medicine was prescribed, the dose to be given and how the person would indicate they needed their PRN medicine. One person received covert medicines; this is when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. There were clear protocols for this that included best interest decisions and involvement from the GP. We saw good arrangements for the storage, ordering and management of medicines, including a clear procedure for when people visit relatives and return home with medicines.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were aware of signs of potential abuse and who to report to with any concerns. The registered manager also had clear understanding of safeguarding procedures. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed.

People lived in a safe environment. Monthly safety checks were completed by the registered manager for the building, which included maintenance checks on bedrooms, water temperatures, fire equipment and emergency lighting. There were regular fire drills for people that were completed at all times of the day and night. This ensured that night staff also experienced a fire drill and knew actions to take in an emergency. People had personal emergency evacuation plans (PEEP's). This meant that staff had a thorough knowledge of how to support people to evacuate the building in an emergency. We also found good practises in relation to infection control. The building was clean and tidy and staff had understanding of how to prevent the spread of infection. Personal protective equipment was available and used by staff when supporting people.

Is the service effective?

Our findings

At their previous inspection, Strawberry Fields were rated Requires Improvement in Effective, due to the design of the building not meeting people's needs. At this inspection, we found that further works were still in progress to ensure that the building was suitable. People's care plans still identified that they 'didn't like' or 'couldn't cope with' loud noise. Yet due to high ceilings and a lack of carpet, the atmosphere was very loud and sound echoed throughout the building. The provider had hung fabric from the main lounge ceiling to help absorb some of the sound; however, the space was still large with a lack of furniture to make the room homely. Some of the staff described the building as, "more like a day service in layout" and the operations manager for the company and a director acknowledged that they were currently not meeting, 'Registering the Right Support' guidance. This document describes what the Care Quality Commission (CQC) look for to help them decide if they can allow a service that looks after people with learning disabilities, to open. Care homes should ideally be small to allow for more personalised care and part of the local community to promote inclusion. The provider must also be able to demonstrate how they will help people to stay independent and make choices about what they want to do.

Management and staff were very aware of actions needed and were all excited about plans to develop the building. Hallway walls had been painted white in preparation for an artist coming in to support people to decorate it. The operations manager for the provider showed us a clear action plan that included new furniture and the decoration of people's rooms to make them more homely. The registered manager explained how they had explored many options such as fabric portraits and lowering ceilings to absorb sound. The operations manager for the provider discussed the need to support people with coping with changes, which meant renovations may progress slowly. They told us that these renovations would be completed by the end of June 2018. We identified this as an area for improvement.

Relatives told us that they felt staff were effective because they were knowledgeable and skilled in how to support people. We were told, "Oh yes they definitely know what they're doing" and "They seem very knowledgeable and know my relative extremely well." Another relative said, "New staff always have experienced staff with them so people can get to know their faces, this is reassuring to us."

Staff demonstrated clear understanding of the Mental Capacity Act and how to involve people in decision-making. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the Mental Capacity Act and how it related specifically to the people they support. We were told, "We check with people what they want" and "People have choices, we ask them first

what they want and what they want to do." We observed a person telling staff they did not want to do something; staff listened and offered alternative activities, saying, "It's completely up to you." Records showed that DoLS applications had been made for those that lacked capacity and any conditions were met.

Staff had the appropriate skills and knowledge to support people living in the home. They told us that they had received online and face-to-face training in safeguarding, health and safety, medicines management and mental capacity. They also told us about more specialised training they had received in Autism and managing challenging behaviour so that they developed their skills in working with specific people. One staff member told us, "We have regular training in how to use restraint safely, it is a three day course and we cannot work with people until we have had this training." Although the training plan contained some gaps in staff learning, the registered manager had identified this through monthly audits and had a clear training programme organised. Staff that required refresher sessions for specific courses, were booked on training days and allocated specific time to complete online training.

Staff received regular supervisions and could speak with the registered manager or peripatetic manager at any time if they had any concerns or issues. One staff member described monthly supervisions as, "Much more positive now, I'm asked what training I want and feel that concerns I have are listened to." Staff also spoke positively about an improved induction programme for new staff. One staff member told us, "Previously, new staff didn't stay very long which made staffing difficult, but this has now changed". Another said, "I don't think new staff really understood the job and so they never stayed. Now more emphasis is put into explaining the role and staff know exactly what they've been recruited to do." New staff received a thorough six month induction programme which included training in specific areas, developing understanding of policies and procedures and shadowing experienced members of staff. This ensured that staff got to know people, their dislikes and preferences before working on their own with them. Staff explained how they have adopted a 'buddy' system, where new staff have a designated experienced staff member to support and guide them. They told us about coffee mornings organised by the provider, where they could meet other new staff and learn more about their role. New staff were also required to complete the Care Certificate, depending on their previous experience and qualifications. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is comprised of 15 minimum standards that should be covered for staff that are new to care.

People's nutritional needs were met. We saw that menus were varied and offered fresh fruit and vegetables to encourage healthy eating. One staff member told us how a person's diet had improved since living at Strawberry Fields; "They used to only eat white foods but now they have a full and varied diet." One person had also been referred to the Speech and Language Team (SALT). There was a detailed swallowing assessment that identified the consistency of food the person required and other actions to minimise the risk of choking. Staff were knowledgeable of this assessment and we saw guidelines were followed at lunch-time.

The service supported people to maintain good health with input from health professionals on a regular basis. We were told by staff that, "If people are ill, their GP will usually visit here" and "We are always contacting health teams for support if we have concerns." A relative also told us, "Staff respond very quickly if people are poorly." The provider had regular contact with the learning disability team, learning disability health advisors and neurologists. Each person had an annual health review with their GP and regular support from Dentists and Chiropodists. One person had guidance on how to support them to see the dentist, as this was something that made them particularly anxious. This provided information on how to prepare the person for the appointment, resources needed and distraction techniques to relieve anxiety. The person's relative confirmed that, "They (person) used to have difficulty going to the dentist so we would

have to go too. Now staff support them in the right way so we don't have to go anymore."

Is the service caring?

Our findings

Although people were not always able to communicate verbally, we could see that they were smiling and relaxed around staff that they knew well. We heard one person tell a staff member, "I like being with you, you're funny." Relatives all told us that staff were kind and very caring. One said, "My relative has come on leaps and bounds and seems to be back to their happy self. Staff always make me feel very welcome too." Other comments included, "My relative is happy here and has freedom and choice" and "People always seem happy when I visit and it has a homely atmosphere." One relative advised that they would like their relative to live closer to them, however they have, "Yet to find a service even half as good as Strawberry fields. My relative is so happy there, we wouldn't want to move them."

Staff told us that they genuinely cared for people and had a thorough understanding of their likes, dislikes and preferences. One staff member said, "The more time I spend with people, the more I learn. It's the little facial expressions and body language that you learn to recognise and appreciate." Another said, "This job is so rewarding. I love coming to work and I love being around the people." We also observed this in interactions between people and staff. People were happy and excited to see staff when they came to work. Exchanges were friendly, with lots of joking and laughter. Staff also knew about people's interests and things that could potentially make them anxious.

Staff demonstrated passion for working with people and were proud of them and their achievements. One staff member explained that a person now sits with others to eat, where as they couldn't before and that this was, "Incredible to see." Another staff member was observed to excitedly tell the registered manager how their key person had achieved one of their goals. They then told us, "It's so emotional to see people achieve a goal. I can't explain it, it's just so lovely. They've come such a long way in such a short time." All staff we spoke with agreed that these achievements were, "The best thing about working with people."

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. Staff gave examples of building people's confidence with personal care, so that they required less support each time. We were told, "We promote independence and always encourage people to do more" and "Some people need a lot of support but even encouraging them to do little things on their own will increase confidence and independence." Some people were supported to prepare their meals and increase their skills in the kitchen through cooking sessions at the day service next door. We saw people being encouraged to join in with doing their washing or taking their plate into the kitchen after lunch. Each time, they were praised by staff as a means of encouragement. A relative told us, "I feel that my relative's independence has increased since moving into Strawberry Fields. They (staff) help them if they need it but encourage them to do things themselves. They are getting better and better all the time."

People's privacy and dignity was treated with respect. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. People's documentation was stored securely in locked cupboards and online documents were password protected. Staff also had knowledge of the home's confidentiality policy and how it related to the people they supported.

People were supported to actively express their views and be an integral part of their support and the home. People met with their key-workers monthly to discuss their care plan and talk about goals or activities they may like to do in the future. One staff member told us, "People choose colours and furniture for their rooms. We are in the process of reviewing this with them as we will be re-decorating soon." The registered manager advised that this will be achieved through colour charts and carpet samples, so that people can look at and feel what they would like. People were also asked to complete an easy read questionnaire each year on their views of care provided.

The caring principles of the service included the well-being of their staff. We received comments such as, "They are nice and supportive here", "There is always help if I need it" and "They genuinely seem to care for our well-being too." One staff member told us, "The registered manager always says thank you. The peripatetic manager also brings in doughnuts. They may seem like small things, but they make me feel appreciated."

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs and they were always informed of any changes. One relative said, "Staff act on things straight away and ring us with any problems". Another told us, "Our relative had some behaviours and stress mannerisms that have now gone. This suggests to us that they feel safe and settled." Despite this positive feedback, there were some areas we found not to be responsive.

Some staff had a good understanding of people's communication needs. One person had a "Now, next and later" system with pictures as prompts; this was something new staff used until they were more familiar with the person's specific ways of communicating. Another person had extensive sensory needs and a 'Sensory support plan'. This had been completed by an outpatient therapist and recommended a 'Sensory diet' with activities that the person would benefit from.

However, we also observed missed opportunities by staff to use communication tools. An example of this was for a person whose care plan identified the use of pictures or objects of reference to make choices. We observed a staff member asking the person what sandwich they would like and when the person didn't respond, they did not use the identified measures to support with communication.

Some people's support plan's informed staff that they required pictures to communicate, however there was a lack of pictures used in documentation. There were limited pictures on monthly meeting documents for people; these could be developed to ensure people are as involved as possible with their care planning. People used laminated photos of main meals to choose their menus for each week. Staff also told us that people used objects of reference in the kitchen when making choices about food. However for lunch options, it just read, "sandwich of choice." There were no pictures of lunchtime options or alternative meal choices to choose from. These guidelines were not in line with the Accessible Information Standard (AIS) This standard applies to people who have communication needs relating to a disability, impairment or sensory loss and identifies steps that providers should follow to ensure these needs are identified, recorded and met appropriately. We recommend that the provider refers to current guidance regarding AIS to improve their practise.

Staff were not always aware of people's individual communication needs nor responded to them appropriately. We observed a person being offered a drink and asking for coffee. The staff member told them they could not have this until later in the day and gave them a different drink instead. There was no specific health reason as to why the person could not have the drink they asked for; it was just part of their routine to have it at a specific time. We also observed a person being supported by agency staff. Although it was identified in the care plan that the person preferred less interaction from staff, for several hours there was hardly any communication between staff and the person at all. We observed the person being moved without the staff member communicating with them the reasons for moving. The person's care plan also identified that their short, medium and long term goals were to 'improve communication and interaction with staff' and this was not what we observed. The person did not appear distressed by this, nor by the lack of interaction. We observed them to be smiling and happy throughout the inspection. The registered manager advised that they had never had reason to question the conduct of this support worker before and

responded quickly to our feedback. They asked staff to check on the wellbeing of the person, notified the agency immediately and spoke with staff.

Each person had a care plan that was specifically designed around their needs, goals and aspirations and reviewed monthly by people and their key-workers. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. Staff were very knowledgeable of the people that they were key-worker for and helped to write their care plans. Daily records were also completed by staff that supported each person and included information on daily activities, mobility, continence, nutrition and how the person was feeling. These were then checked by team leaders at the end of each shift to ensure any further actions required, were taken. We observed this information being handed over to the next team of staff, which ensured continuity of care across each shift.

We saw 'Colleague matching tools' for people. Each one identified what was important to them, such as shared common interests and support preferences. They also identified personality characteristics that they preferred from staff, such as "being cheerful" or "not being too talkative." The registered manager told us that the idea of this tool was, "A way of matching people with staff to ensure that their personalities, preferences and needs were met."

People took part in activities that encouraged social interaction and wellbeing and had choice and control over what they wanted to do each day. We observed various examples of people changing their minds about activities and being supported to do something else. There were photo boards in communal areas of activities that people had participated in and clearly enjoyed. Each person had a varied activity timetable that included things they liked to do, such as walking, massages, shopping, swimming, trampolining and going to hydrotherapy sessions. Other activities had involved picnics, trips to the beach and to Thorpe Park. People also used the facilities at the day service next door to attend music and cooking sessions and use the gym equipment. One person had their own vehicle and was supported to go out when and where they preferred. There were also plans for a sensory room to be completed, which staff felt would have a positive impact on those people with sensory needs.

A staff member told us, "We ask people at monthly key-worker meetings what they would like to do and try and incorporate these into any short, medium or long term goals." An example of this was for a person who became anxious when going out; their short term goal was to go out for local walks while long term goals included day trips out. This was something that they had always previously enjoyed. Their key-worker proudly told us how they had been successful in facilitating an outing to Brighton with them. They showed us photos of the person at the pier where they had enjoyed eating out and going on rides. "We have worked so hard with this person, to find out what makes them anxious and what we can do to encourage them to go out more. They do now and you can see that they love it. It is a huge achievement."

People's views were listened to. When people expressed they did not like something, this was documented and respected. There was a clear complaints policy available and easy read documentation for people in expressing their concerns. Staff advised us that they supported people to complete this if they have any issues they would like to raise. Relatives we spoke to advised that they had not had reason to complain in a long time, however would feel confident speaking to the registered manager if any issues arose.

Is the service well-led?

Our findings

At their previous inspection, Strawberry Fields was rated Requires Improvement in Well-Led, with a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regarded a number of issues, including a lack of information in care plans to ensure staff safety and people's documentation not being reviewed following incidents. Notifications had not always been completed within relevant time scales and renovation works were still required to the building. During this inspection we found that significant improvements had been made. However further embedding was needed to ensure sustainability of the improvements over time.

At this inspection, similar issues arose again about suitability of the building. We identified that Strawberry Fields had not been operated and developed in line with the values that underpin Registering the Right Support guidance. Strawberry Fields was designed, built and registered before this guidance was published and is a large setting rather than a small-scale homely environment. The people living there had moved to Strawberry Fields from other local authority areas and therefore were not as able to retain ties with their local communities and families. Although an action plan had been developed, renovation works were still required to ensure Strawberry Fields met best practise guidelines.

There had also been improvements to quality and monitoring of the service. The registered manager had improved oversight of the people living in the home, and the quality of care the service provided. An online system generated overviews of safeguarding, accidents, incidents, complaints and compliments. People's documents were audited and checked for their quality and consistency. We could see reflection and auditing of care plans following incidents. The system also generated training reports for staff so that learning and supervisions could be monitored. Once a month, the registered manager accessed this report and highlighted areas for improvement or trends. The programme allowed complete access to operations managers and directors so that spot checks could be completed at any time. However the registered manager was new to the service and there were still some issues identified at this inspection regarding people's individual communication needs not being met. We also made a recommendation with regard to the provider not meeting the Accessible Information Standards. Therefore improvements still need to be further embedded to be effective.

At the time of inspection, the management team consisted of a registered manager, who had been in post for three months and four team leaders. There was a peripatetic manager who had been working at the service for several months to support the registered manager in their new role. They were currently recruiting for a deputy manager and there was a newly appointed operations manager for the service. This was in addition to an operations manager who worked across the whole provider. The operations director told us, "We know we have had a high turnover of management and wanted to learn from that. That is why we have put in lots of additional support for the current registered manager." The registered manager also advised that they receive monthly visits from the Consensus directors, which they found very supportive. One of the operations directors told us, "This is really important to us as an organisation as we do not simply rely on the various reports produced. We spend time with people and our staff to get a true reflection on what is happening and how we can support services better."

Views on the new management team were positive. Not all relatives had met the registered manager yet, but had all received phone calls from them introducing themselves. One relative immediately felt that, "They were very nice and friendly." Others described them as, "Approachable", "Always smiling" and "A good communicator." Staff were also complimentary of the registered manager. Comments included, "The registered manager works on the floor so they get to know people", "Very approachable and supportive" and, "Genuinely cares about people and staff."

Staff felt that team morale had drastically improved since new management had started. All staff reflected on the number of registered managers they had in the past and how it had impacted on them in their role. One said, "I think the problems we had are because of too many manager's and not enough support. That has all changed and it is nice to work here now." Another told us, "Staff morale is so positive now. We've seen so many positive changes and I'm looking forward to future plans to improve the building." They all agreed that support from the peripatetic manager had also played a huge part in this and that they now had, "A great team." We were told by staff that there was a strong ethos of working together and ensuring that the staff team were made to feel part of the service. One staff member told us about their involvement in staff forums and that every four to six weeks, two support workers from each Consensus home had a meeting. "We talk about what is working and what needs improving. I come back and share this information with the team. It makes me feel involved and my opinion valued."

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed yearly by people, their families and staff. This information was generated into an overall document which detailed positive feedback and constructive comments. Following the previous years' surveys, it was identified that staff morale was low and turnover was high. This was due to a lack of career opportunities, hard work not being recognised and staff retention being low. The registered manager told us, "People need regular staff who they know and are happy, to achieve the continuity they need." As the result of this, the provider had introduced several initiatives to improve staff morale. This included team days, monthly support worker forums, continuous improvement and best practise groups, as well as rewards for hard work. One staff member had received 'staff member of the year' at a regional conference for their commitment to people. A new 'Stepping stones to management' programme had also been introduced for those staff who wished to improve their skills and work towards a management role. The operations director told us that over 50% of the support workers enrolled on this qualification, had already achieved internal promotion. Additionally, a 'Developing leaders' programme had been designed to support staff already in a senior role. A summary of actions taken following surveys was sent to staff, relatives and stakeholders in a document titled, "You said, we did." The operations director told us that that the company's mantra was, "We have good colleagues who stay." They were looking forward to the results from surveys this year, to see whether new initiatives had been successful in supporting this ethos.

The registered manager and director emphasised how communication had been identified as an area for improvement and how important it was to achieve positive outcomes for people. To achieve this, staff received an 'In Focus' newsletter every two weeks, sharing information about what has been happening with Consensus and individual homes. Another, 'Altogether now' newsletter was distributed quarterly and celebrated the successes of people and staff.

Staff said handovers were very informative and they had regular staff meetings where they could discuss anything they wanted to. Meeting minutes and agendas highlighted that at each meeting, there was a focused subject, such as specific policies and procedures. Key workers also had the opportunity to discuss people that they support at length. This ensured that all staff were up to date with people's preferences and support needs.

During inspection, we found the registered manager to be open and transparent. They were aware of areas that still required improvement and had clear action plans that addressed how they were going to manage them. Issues that were identified on inspection were reflected upon by the registered manager, peripatetic manager, operations managers and operational director, with actions being taken immediately. This demonstrated a willingness to improve.