

Consensus Support Services Limited

Consensus Support Services Limited - Shrewsbury

Inspection report

24 Main Road
Dorrington
Shrewsbury
Shropshire
SY5 7JR

Tel: 01743719266

Website: www.consensussupport.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Consensus Support Services Limited - Shrewsbury is a residential care home providing personal care to 12 people at the time of the inspection. The service can support up to 15 people, aged between 18 and 65 who have learning disabilities or an autistic spectrum disorder.

The home accommodates people in two separate buildings, each with their own facilities. One building accommodates nine people and the other building accommodates six people.

The service was registered for the support of up to 15 people. This is larger than current best practice guidance. The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles 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.

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

The provider had not ensured staff consistently completed and recorded the required quality checks on the service. Documentation relating to quality checks were not always kept in one place, so it was sometimes difficult to find this information when needed.

People were happy living at the home and staff helped to promote a positive culture.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People felt safe living at the home. The provider's systems helped to protect people from the risk of abuse. Risks associated with people's care and the environment had been identified and measures were in place to help reduce the risk. People received their medicines when they needed them. People contributed to keeping the home clean and tidy.

Staff had received training to be able to support people effectively and in line with current good practice. Staff supported people to access health care services when they needed them.

People's right to privacy was respected, their dignity was maintained and people were encouraged to be independent. Staff made sure people were involved in and able to make decisions about their own day to day care and support.

People received personalised support from staff who knew them well. People were supported to take part in a range of social activities they enjoyed. People had the information and knowledge they needed to make complaints about their care, if they wanted to.

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

Rating at last inspection

The last rating for this service was good (published 9 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Consensus Support Services Limited - Shrewsbury

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 completed by two inspectors.

Service and service type

Consensus Support Services Limited - Shrewsbury is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The previous registered manager had deregistered with us in August 2019. A new manager had been in post since the end of August 2019. They were in the process of applying to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with ten members of staff including care staff, the manager, team leaders and the operations manager.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the provider's operational manager to discuss what we had found at the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be kept safe from harm. One person said, "I feel safe and secure here."
- Staff had received training to understand abuse and were confident to recognise and report it.
- The provider had systems in place to respond to and report concerns about people's safety. The manager understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

Assessing risk, safety monitoring and management

- Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. For example, risk assessments were completed regarding enabling people to access the community safely and take part in activities they enjoyed.
- People were supported by staff who understood their individual behaviours. The provider's Behaviour Support Team supported and worked with people and staff to help create personalised positive behaviour plans. These plans clearly outlined the techniques staff should use in response to people's changing behaviours.
- The provider ensured the environment and associated risk were assessed and safe. This included checks on areas such as fire equipment, ensuring equipment was in good working order and ensuring all utilities were serviced and safe to use.

Staffing and recruitment

- People continued to be supported by sufficient numbers of staff to help keep them safe.
- The manager confirmed some agency had been used recently whilst they were recruiting new staff. They told us they used the same agency staff, so people got to know them and felt more secure with them.

Using medicines safely

- People's medicines were managed safely and they received their medicine when they needed them.
- People who used the service had care plans which explained how their medicines needed to be given. Guidance and protocols were in place for 'as required' (PRN) medicines and topical medicines.
- The provider followed recognised best practice for people with learning disabilities and used guidance from NHS England. They followed STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines). This helps to make sure people get the right medicine when they need it, stay well and have a better quality of life by reducing unnecessary medicines.

Preventing and controlling infection

- Since our previous inspection, the provider had employed cleaning staff for the home. They worked alongside people and staff to help ensure the cleanliness of the home.

Learning lessons when things go wrong

- The service had systems in place to ensure lessons were learned and improvements were made in the event that things went wrong.
- Staff demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- People's holistic needs were assessed before they moved into the service. Staff used these assessments to create a personalised care and support plan for each person. Staff kept these plans under review to help ensure they remained effective in meeting people's needs.
- Staff continued to follow relevant and best practice when assessing and supporting people. This included guidance produced by the British Institute of Learning Disabilities (BILD) and National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People were confident the staff team had the right skills to support them. One person told us, "The staff are very good."
- Staff had received training to meet the needs of people living at the service. Due to people's changing needs the manager had already identified training in dementia awareness was required. Some staff told us they had not received training in supporting people with autism. We spoke with the manager about this and they confirmed they would look into this as all staff should have received this training. We will check this on our next inspection.

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

- People were supported to eat and drink enough. They were involved in menu planning and food shopping. One person said, "We help with the menus."
- People's food likes and dislikes were known by staff, who supported people to prepare food and drink, when required. People were involved in shopping for, preparing and cooking meals at the home.

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

- People had health and wellbeing check-ups in line with national guidance for people who have a learning disability.
- People had hospital passports available to help communicate their needs to health professionals in the event of a hospital admission.
- Staff supported people to access health appointments and considered their health when there were changes in their needs or behaviour.

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

- The premises were designed and adapted to meet people's needs. People told us they could decorate their own rooms as they wanted to.
- People's behaviours or lifelong conditions affected the way the home could be decorated, which made it appear sparse in some areas. However, this was for the benefit of the people who lived there.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of gaining consent from people and the principles of making best interest's decisions when people may not be able to make their own decisions.
- Capacity records were detailed and authorisations were submitted as required. This helped to ensure they restriction placed on people were in their best interests and supported their human rights.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 care and interactions between people and staff were relaxed. Although people told us the lounges got quite noisy sometimes, they enjoyed living there.
- People told us they enjoyed living in the home and felt well cared for. One person said, "It's a good place to be. I like it here. The staff are nice to me."
- Staff supporting people knew them well, how they communicated and what their interests were.

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

- People continued to be involved in their care and in making decisions. We saw some staff used sign language with people. This helped to ensure they were able to be listened to and to choose what they wanted.
- One person told us they felt able to talk about their views and what they wanted, even if they could not have something. They said, "If staff have to say no to me they explain why. It upsets me if I don't understand why."
- People attended meetings at the home to talk about, for example, menu planning, upcoming events or anything which affected the home, such as redecoration. This helped people to be involved in making decisions about their home. One person said, "Staff are good, they listen to me."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and staff encouraged independent living skills. One person told us, "I have to do cleaning. I can Hoover and do the sheets." Another person said, "Staff do a lot for me. They encourage me as sometimes I am lazy."
- People's privacy was respected. When people wanted to spend time in their rooms, they told us this was respected by staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People continued to receive personalised care. Staff knew people well and understood their needs and personalities.
- People's support needs and what they wanted to achieve were reviewed individually with the person and also with their family and other health professionals. People identified their goals and discussed their thoughts and feelings with staff.

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.

- The provider was meeting the standards for the AIS.
- People's communication needs were assessed and support plans explained how the person would communicate different needs.
- Staff understood people and their communication needs well. People who did not use verbal communication, used methods such as sign language, pointing, touch and vocal sounds to communicate.

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 maintain relationships which were important to them. One person wanted to go and visit their friend in hospital. Staff explained their friend's family was visiting that day but reassured them they would arrange another date.
- People were supported to engage with a variety of activities according to their hobbies and interests. One person told us the activities at the home were, "a bit boring". However, they said they enjoyed and played basketball, swimming, going on holiday and staying with their family.
- Staff supported people's independence in the community and people told us they were able to plan trips out in advance.

Improving care quality in response to complaints or concerns

- People felt confident to raise their concerns and that these would be listened to. One person told us their concerns were passed onto the manager and dealt with.

- The provider had systems in place to record and investigate and to respond to any complaints raised with them. Following a recent complaint, a rota had been put in place with staff having clearer responsibilities for cleaning.

End of life care and support

- People's end of life wishes had not been fully discussed with people or families, as appropriate and limited information was recorded. The manager had recognised this and was beginning to explore this with people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent.

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

- The previous registered manager had deregistered with us in August 2019 and not worked at the home since June 2019. The new manager was in the process of registering with us for the role of registered manager.
- The provider had not ensured staff completed checks on the service as they were required to do. The provider had implemented a Food Standards Agency initiative for food safety management at the home. Staff were required to complete kitchen checks and record outcomes for fridge and freezer temperatures, food temperatures and cleaning. We found records were not consistently completed to show these checks had been completed. Staff we spoke with told us they completed the checks but did not always record these as no one checked them.
- The provider had not ensured information relating to quality audits were consistently organised and easily accessible. Audits completed by staff for health and safety and medicines were found over several folders or had not been completed. Fire drills were required to be completed monthly. The record in the health and safety folder showed the last fire drill was completed in May 2019. However, the manager was able to confirm this had been completed monthly, with the last one on 11 September 2019. This was recorded on the provider's central management system.
- The manager told us they had only been in post for one month and had recognised audits and checks had fallen behind in the absence of a registered manager. They told us they planned to set specific responsibilities for staff and team leaders to ensure checks were recorded as required. We will check this at our next inspection.
- Following our inspection, we spoke with the Provider's Operational Lead about what we had found. They confirmed that whilst there was no registered manager in post they would continue to support the new manager in making the required improvements.
- The rating from the last inspection was on display in the home and on the provider's website in line with our requirements.

Continuous learning and improving care; Working in partnership with others

- Staff dealt with and reported accidents and incidents but the records were not always processed in a timely manner. This was discussed with the manager and operations manager, who implemented a new system to ensure this did not continue. We will check this at our next inspection.
- Incidents relating to a person's behaviour were reviewed and discussed with staff. This helped to ensure

learning could be taken from incidents and practices improved if needed.

- The provider followed national recognised good practice guidance and research in the care and support of people.
- The provider continued to work in partnership with health and social care professionals to help achieve positive outcomes for the people who lived at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they liked living at the home and had good relationships with staff. They felt able to speak openly and felt listened to.
- Staff felt supported in their roles by their colleagues and by managers. One staff member said, "There is always someone to ask if I have questions."
- Staff understood and promoted the provider's values. A staff member told us, "The needs of the (person) always come first." Another staff member said, "We strive to give them (people) the best quality of life."
- The provider had links with the local community and people were able to access local facilities with staff support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest with people about mistakes made and apologised when needed. The manager understood their role in this.