Consensus Support Services Limited

The Heathers

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 29 and 30 October 2015. The service provides support for up to 12 people with mental health or learning difficulties. At the time of our inspection there were eleven people living at the home.

There was a registered manager in post. 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.

Staffing levels had not always ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Not all of the staff had benefitted from an annual appraisal of their performance.

Summary of findings

People felt safe in the house and relatives said that they had no concerns. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and where possible people were involved in making decisions about their support. People participated in a range of planned activities both in the home and in the community and received the support they needed to help them to do this.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

People and their families were actively involved in decision about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run.

We identified that the provider was in breach of one of the Regulation of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3) and you can see at the end of this report the action we have asked them to take.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

There were not sufficient numbers of staff deployed to safely meet people's care and support needs overnight

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place which ensured people were of good character.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Requires improvement

The service was not always effective

Not all of the staff had benefitted from an annual appraisal of their performance

People were involved as much as possible in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way and peoples physical health needs were kept under regular review

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Summary of findings

Staff promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded to any concerns or areas for improvement.

People living in the house, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

The Heathers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 & 30 October 2015 and was unannounced and was undertaken by one inspector. Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with ten members of care staff including the registered manager. We spoke with three relatives. We also looked at records and charts relating to three people, and three staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires improvement

Is the service safe?

Our findings

There was not always enough staff to keep people safe and to meet their needs. We spoke with staff and they all said that they did not have sufficient staff on duty overnight and at the weekends. The manager had recognised the need for more night staff and had submitted a proposal to senior managers to change the 'sleep in' to a second 'waking' night staff so that there were always two members of staff to meet people's care needs. However at the time of our inspection we noted that some shifts had not had two members of 'waking' staff on at night. This had an impact on the care given to people as some people required two members of staff to safely meet their needs such as re positioning and personal care.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 (Part 3).

The manager gave us a commitment that they would ensure that the nights would be staffed by two waking night staff from now on. In addition the manager reviewed the next 12 weeks staff rota and as a result amended the numbers of staff available during the mornings at weekends.

People lived in an environment that had not always been safe. A recent inspection from the fire officer had highlighted several areas for action in order to improve the safety of people living at the home. This included improvements to the function of fire resisting doors and the maintenance of the fire alarm system. We could see that the manager had begun to take action to remedy the requirements within the time frame set by the fire officer.

People said that they felt safe living at the home but did not like it when other people banged doors or shouted at them. One person said "Yes I feel safe, all the staff here look after us very well." Relatives also said that they had no concerns about their family member's safety.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. There were arrangements in place so that homily remedies such as paracetamol could be given when people requested it. Staff's competency to administer medicines to people was checked on an annual basis to ensure knowledge was updated and refreshed.

Requires improvement

Is the service effective?

Our findings

There were not adequate arrangements in place to ensure that all staff benefited from an annual appraisal from the manager. Some staff had not received an appraisal of their performance in over a year. We noted that the manager had an action plan in place to ensure that all staff had an annual appraisal completed by the end of August 2015. However there were some staff that were yet to receive an appraisal. Staff said that they received supervisions on a regular basis and felt able to raise any issues in between supervision meetings. Following our inspection the manager gave an undertaking to complete all the outstanding appraisals for staff within two weeks.

Records which reflected people's up to date health requirements had not always been updated promptly. One person's health action plan contained information which was no longer relevant due to changes in their mobility. The manager gave an undertaking to review all the information within the health action plan and was in the process of introducing a 'hospital passport' which would contain people's health needs and how they wanted to be looked after in hospital.

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training such as basic life support and health and safety. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed. Additional training relevant to the needs of people were also included such as diabetes and epilepsy.

People's assessed needs were met by experienced staff and referrals to specialists and G.P's had also been made to ensure that people received specialist treatment and advice when they needed it. We spoke with two community based professionals and they said that the staff at the home were always very prompt in seeking advice or guidance for people. This meant that people received on-going monitoring of their health.

Staff had the guidance and support when they needed it. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and had involved relevant professionals and family members in best interest and mental capacity assessments when necessary. Where possible staff discussed people's support needs with them and gained their consent. Where people were unable to give verbal consent staff spoke to people and explained what they were going to do for example provide personal care. People nodded and smiled to staff. When people became anxious or distressed staff allowed them to settle before providing their support.

People were supported to maintain a healthy diet, People's weights were regularly monitored to ensure that people remained within a healthy range. Where indicated referrals to dietitians and speech and language therapists had been made and we saw that the guidance provided had been followed by staff such blended meals for people that had swallowing difficulties.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "All the staff are good, we have a laugh." We observed staff interacting with people and encouraging them and praising them when they had made some achievements.

Staff had developed good relationships with people and we saw that they were patient and responded to people when they became upset and provided suggestions and distractions to settle them in a calm and positive way.

Staff provided people with information which ensured they understood the arrangements that had been put in place and spent time sorting out any concerns they had in a patient and caring way.

People were encouraged to express their views and to make choices where ever possible. There was information in people's care plans about what they liked staff to talk to them about and what songs they liked to hear and sing. Staff were knowledgeable about this and used this information when supporting them with personal care.

We observed staff protect people's right to privacy. Some people preferred to keep the keys to their own bedrooms and staff did not enter people's bedrooms without their permission. Care plans indicated when people may wish to spend time alone in their rooms, and staff respected this.

Staff showed a commitment to the way they cared for and supported people in a number of ways. Some people's bedrooms were decorated by staff in colours that people preferred and contained homely touches such as pretty decorations that people liked. One relative said that they were very pleased that their family member's key worker had helped them to look after their appearance by colouring their hair within the home as they were not able to go out to the hairdressers as easily as before. Another relative said "The staff are absolutely wonderful I can't praise them up enough."

People were supported by staff that were able to show kindness and care, touch was used in a positive way and people were greeted by staff with genuine warmth and affection. A community based professional said "I am quite impressed with the staff, they are really compassionate and they all work well as a team."

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment or staffing hours that would be required to support people to live at the home.

The assessment and care planning process also considered people's hobbies and past interests along with their wishes for the future. We saw that this had been incorporated into individual care plans and people told us that staff knew how they wanted to spend their time. People's care records also contained information such as likes and dislikes to inform staff as to how best to support them for example when providing personal care. People told us that they like to go out and went to the church every weekend. One person said "I went out with my key worker she took me for a cup of tea, she is very nice."

Care plans contained information for staff to follow. For example to identify the possibility of urinary tract infections, and the action to take to prevent this from occurring. Relatives praised the staff for looking after their family member's health requirements. They said "We don't have to worry about [name] care, they are always well looked after."

Where possible people were supported to go out into the community. One person undertook some supported work and another person went to a nearby social centre which they really enjoyed and they were able to socialise with people from the local community.

Staff said that they were pleased with the progress that one person had made as they had previously not been able to stand or walk. Staff had used encouragement and knew that the person liked music and dance and patiently increased their mobility and movements so that they now had more mobility and could walk with two staff.

We noted that the staff handover contained important information as to people's wellbeing and any changes to people's routines so that the staff were aware that one person was feeling particularly sleepy and needed more encouragement during the day.

There were arrangements in place to gather the views of people that lived at the home via residents meetings. People made suggestions of what activities interested them and what food options they would like to have as the weather was now getting colder. We noted that an action plan had been drawn up and this included organising the trips people wanted and added suggestions to the menu that people had asked for.

People said they had no complaints about the service or the staff. One person said "The staff are good they sort me out if I have any problems." One relative said that when they had a concern they spoke to the manager who resolved the issue immediately. The provider had a complaints register and we noted that there had not been any complaints recorded in 2015. The three complaints that had been raised in 2014 had been responded to promptly and the complainants had been satisfied with the outcome. Relatives said they knew how to raise a complaint. One relative said "I have no complaints at all."

Good

Is the service well-led?

Our findings

People said that they had confidence in the manager. One person said "[name] is a good bloke, he listens to me." Another person said "I can go and talk to [name] whenever I want to." Staff also said that the manager was very approachable and was always available to them.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside the service. The manager said "We encourage staff to whistle blow, but I feel that I am approachable so hope that staff would come to me."

Staff were mostly confident in the managerial oversight of the manager and found them to be approachable and friendly. They said regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. For example one member of staff had made a suggestion and had recently completed some painting to improve the appearance of part of the home. Another member of staff had some ideas about producing a specific menu for one person with diabetes.

Staff were also asked for their feedback. Following a staff survey the provider had also recently introduced an 'employee of the month' scheme following staff feedback that they would appreciate more recognition.

The provider had a process in place to gather feedback from people their relatives and friends. Staff and relatives were encouraged to give feedback as there was a suggestion box by the front door. The suggestions for the month of October had been reviewed and action taken to explore some suggestions such as staff had requested a larger industrial dishwasher, and this had been discussed with head office.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. Staff were knowledgeable about the aims and ethos of the service and were proud to work for the service.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

There were arrangements in place to consistently monitor the quality of the service that people received as regular audits had been carried out by staff, the manager and a senior manager. As a result of a recent audit it had been identified that more detail was required in staff supervision notes and refurbishment of the building was required. Action plans were in place which evidenced the requirements and timescales to be completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who use services were not always protected against the risks associated with unsafe care because of inadequate staffing overnight. Regulation 18 (1)