

Consensus Support Services Limited

Grammar School House

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 15 and 21 March 2018 and was unannounced.

Grammar School House 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. Grammar School House provides care and support for up to 12 adults who have a learning disability and or autistic spectrum. There were ten people living in the service when we inspected. The service is located in the village of Earls Colne near Colchester in an old Grammar School building. The building has been adapted into two units, one called, 'the House' and the other 'the annex.'

The service had a registered manager who had been appointed and registered since the last inspection. 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.

At the last inspection in September 2015 we rated the service good. At this inspection we found that some improvements were needed and have rated the service as requires improvement.

Risk assessments were in place which set out how risks should be mitigated and staff were clear about the steps they needed to take to reduce the likelihood of harm. We have recommended that the service reviews its policy on the use of mobile telephones to ensure that staff are clear about when they should be used. Regular checks were undertaken on the environment however the registered provider had not identified all the risks such as the use of door locks which could not be overridden in an emergency.

The numbers of staff on duty were sufficient however we could not see from the records that people always received their assessed hours and have recommended that more complete records are maintained to evidence this. Checks were undertaken on staff suitability for the role prior to them commencing employment.

Staff knew how to protect people from abuse and we saw that the service had responded to concerns which had been raised in an appropriate and open way. We have however recommended that they review their processes with regard to the use of advocates for individuals who are subject to a safeguarding alert. People received their medicines as prescribed but we have recommended that how people are given their medicines is reviewed to ensure that people's dignity is protected.

Staff confirmed that they had access to regular training and were well supported.

People's health needs were monitored and people had access to specialist and routine health and social

care professionals in respect of their needs. We saw that some people had had specific health conditions that required close monitoring and active management. Records showed that staff communicated closely with professional and relatives regarding the individual's wellbeing.

People got enough to eat and their nutritional needs were assessed was monitored. We have recommended that those individuals whose fluid intake was being monitored have their fluid records totalled to ensure that sufficient fluids are taken. There were plans in place to support people who were at risk of choking but these were not followed on the day of the inspection. The registered manager agreed to follow this up with the SALT team and organised more training for staff.

People and relatives we spoke with told us that they were happy with the support provided. It was clear from the interactions we observed that the staff and the people living in the service were comfortable with each other. Staff interactions were person centred and they demonstrated that they knew people well. Care plans contained good information about the person, their likes and dislikes and how they liked support to be provided.

People were supported to pursue hobbies and interests that they enjoyed. We have recommended that further efforts are made to identify people aspirations and goals and work undertaken towards achieving these.

There were clear systems in place to respond to complaints and address concerns.

The registered manager was passionate and committed to delivering a high quality person centred service. They provided clear leadership and were respected by the staff team who told us that they were well supported. There were systems in place to review quality however they had not identified all the areas we found at the inspection. People and their relative's views were sought on the quality of the care.

The service was located in an old Victorian building but staff had made efforts to individualise the rooms and make the environment homely. The registered manager was aware of Registering the Right Support guidance and the provider had made efforts to reduce the impact of the environment by splitting the service into two units which worked to varying degrees. Notwithstanding this staff demonstrated a good awareness of the principle that a person with learning disabilities and autism can live as ordinary a life as any citizen.

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 not always safe

There was a clear process in place for ordering, receiving and disposal of medicines. However we have asked the service to review how they give people their medicines to ensure that it is undertaken in a way that supports best practice.

There were systems in place to mitigate risks to people. Risk assessments were in place which set out how risks should be mitigated which included the provision of a range of specialist equipment.

There were sufficient staff available to keep people safe however we did not see evidence that people always received their allocated hours and have made a recommendation regarding this.

Staff suitability was checked prior to staff commencing employment. Staff received training on how to recognise abuse. The service worked with the local safeguarding authority to investigate concerns but we have recommended that the policy is reviewed in respect of advocates.

There were systems in place to review incidents and identify learning.

The service was clean and there were systems in place to control infection.

Requires Improvement ●

Is the service effective?

The service was not always effective,

People received a range of nutritious meals but people's mealtime experience could be enhanced. Staff did not consistently follow the guidance.

Training was provided to staff to support them to develop their skills and knowledge.

Greater use could be made of new technology to promote

Requires Improvement ●

communication.

Staff received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People had good access to healthcare.

The service was located in an old Victorian school and was comfortable and well maintained. There were systems in place to highlight and address urgent repairs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate in their approach.

People were supported by a stable staff team who knew them and their families well.

People were supported to express their views about their care.

Is the service responsive?

Good ●

The service was responsive.

People needs were assessed prior to their admission and they had detailed and informative care plans which provided guidance to staff on their needs and preferences.

People had access to activities to promote their wellbeing.

There were systems in place to address concerns and complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

A range of audits were in place to check on the quality of care, although they had not identified all the areas we found.

The registered manager provided visible leadership and was passionate about the care provided. Staff expressed confidence in the registered manager and told us that they were approachable and supportive.

People's views were sought and used to inform the quality of care.

Grammar School House

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 15 and 21 March 2018 and was unannounced. On the first day of the inspection, the team consisted of one inspector and an expert by experience. On the second day of the inspection, two inspectors returned to the service to speak with staff and look at records relating to the management of the service. An expert by experience is a person who has had personal experience of using a service or caring for someone. Our expert had experience of supporting an individual with a learning disability.

Before the inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

We looked at five care plans and associated care documentation and at how people's medicine was managed. We also looked at documentation relating to the management of the service including policies and procedures, staffing rotas, staff training records, a range of audits and the results of quality assurance surveys. We looked at three staff files to check whether the service had recruited staff safely and looked at complaints and compliments received by the service.

Not everyone at the service was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly. We spoke with two people living in the service, four relatives, two visitors and 11 members of staff. We spent time with the registered manager, and the area manager discussing the service.

Is the service safe?

Our findings

People and their relatives spoke highly of the service and the support provided. A relative told us, "[My relative] is so much safer and happier here. The staff are lovely here and weren't at all nice in the previous place. It shows that [my relative] has settled in, as they have come out of their shell bit more."

There were systems in place to protect people from avoidable harm and abuse. One person told us said if they had any concerns, "I would talk to my key worker, we have one to one meetings and she is my favourite person." Staff told us that they had all undertaken training in what was abuse and whistleblowing and would raise issues with the management of the service. Staff told us that they were confident that their managers would address any concerns and take them seriously. There were records in place to show that when individuals had raised concerns they had been reported to the safeguarding team at the local authority and investigated. We saw that staff completed body maps when they noted marks on people's skin but they were not always recording the action taken and outcome of any investigation. The registered manager immediately amended the documentation to enable staff to record this information and allow further analysis. We noted that one person who had been subject of an investigation did not have any close relative or advocate. The registered manager told us that they had raised this with the local authority but that the provider did not have a specific policy on advocacy. We have recommended that the organisational policy and practice is reviewed to cover this situation. Following the inspection the manager confirmed that the provider was reviewing the organisational policies.

Risks to people health and safety were identified and there were risk management plans in place to reduce the likelihood of harm. We saw risk management plans in place for risks such as moving and handling, accessing the community and undertaking activities such as swimming. The plans considered the risks but still enabled people to access the activities that they enjoyed. For example, we saw that three staff accompanied one person to go swimming as they had a diagnosis of epilepsy. The management plan included direction to staff on where they should be in the swimming pool and what action they should take if a seizure occurred. Staff were knowledgeable about the risk management plans and the steps they took to reduce risk and this corresponded with documentation and our observations. We noted however that there were contradictions in place with regard to mobile telephones. The policy stated that the use of mobile phones during working hours was not permitted and must not be carried whilst on duty, however we observed a member of staff using their mobile in the communal areas and staff told us that they depended on their personal telephone to call for assistance when in the community. We have recommended that the registered provider review their policy and risk assessments to ensure that the arrangements are clear.

The premises and the environment was checked on a regular basis to support people to stay safe, however the audits were not sufficiently robust. For example we saw that checks were undertaken on moving and handling equipment, electrical equipment, gas safety, and fire safety arrangements. However we noted a portable radiator in the lounge which could pose a risk to people at risk of falling. We observed that this room was being used by an individual who had been identified as being at high risk of falls and was unsteady on their feet. We also noted that some of the bathroom doors had locks of a type that could not be overridden in the event of an emergency and have asked the service to review the use of these. The

registered manager subsequently confirmed the bathroom locks had been changed.

Behavioural management plans were in place to guide staff and reduce restrictions on people freedom. We saw that they gave clear guidance to staff, including information on triggers, proactive and reactive strategies. We observed that staff were vigilant and supportive, observing and steering people away from dangers or altercations.

There were systems in place for staff to learn from previous events. The service was part of a large national organisation with clear management systems which included safety reporting and learning from concerns.

Sufficient numbers of staff were available to support people on the day of our inspection. The registered manager told us that they had improved overall staff retention but still had a number of staff vacancies to which they were recruiting. In the interim shortfalls were covered by the existing staff team or agency staff. We saw the registered manager had undertaken reviews in conjunction with the individuals placing authority and this had resulted in higher staffing levels for some individuals which meant that they had increased access to the community. Record keeping was not however detailed and we were not always confident that everyone living in the service was receiving their assessed levels of staffing. We have recommended that the record keeping regarding the provision of one to one staffing is improved to evidence that people are receiving their assessed levels and their needs were being met. The registered manager subsequently told us that the information we reviewed was not for a typical week, as there had been a recent bereavement.

There were clear arrangements in place for shift leadership and decision making. There were on call arrangements in place to cover out of hours and emergencies.

We looked at the recruitment of staff to check that they operated a safe and effective system. We examined three staff files and saw that an application form was completed, records were maintained of interviews and references were requested from individual's last employer. Disclosure and barring checks were in place.

People's medicines were managed safely but not always administered in a way which promoted peoples dignity. We observed one person eating their meal and being stopped midway through and asked to take their medicine which was served on yoghurt. We observed another person who received their medicines via a Percutaneous endoscopic gastrostomy (PEG) which is a tube which is used to deliver medicines, nutrition and fluids and goes through the stomach wall. Their medicine was administered and subsequent flushing undertaken in the communal sitting area, as they sat alongside other people living in the service. The registered manager told us that this individual would become distressed if moved to an alternative location. We have recommended that further advice is sought from a reputable source and this arrangement reviewed .

Staff who handled medicines confirmed that they had been provided with training and that their practice had been observed to check that they were competent. Medicines were securely stored in a locked cupboard. We looked at a sample of medicines and in all but one example the records tallied with the amounts that were in stock. The registered manager subsequently located where the error had been made and a recording had not been updated after stock had been returned to the pharmacy. Where errors were made there was a policy where staff did not continue to administer until the matter was investigated and staff competency checked. Additional training had been provided for staff on administering medicines via a PEG.

Where PRN or as required medication was given here was a clear protocol regarding its use. We saw records

to show that regular checks were undertaken on the quantities of medication to make sure that they were accurate.

The service was clean and staff had undertaken training in infection control and food hygiene. We observed staff appropriately using gloves and aprons. Food was safely stored and staff clear as to their responsibilities.

Is the service effective?

Our findings

The food served looked appetising and nutritious however people's meal time experience could be improved. The dining room in one part of the service was part way through a refurbishment, and lunch was a rather subdued event with people eating a similar meal with little evidence of choice. Food was plated in the kitchen and served with no condiments available. A member of staff was present but there was no music playing or conversation. The registered manager told us that people did not respond well to additional stimuli at mealtimes and this could lead to distress and anxiety. Drinks were not offered or served until everyone returned to the lounge, where upon the staff member made people a hot drink. A staff member told us that they were developing cards to use to help people make choices but we did not see any evidence of these in use.

The meal time experience in the annex worked better and people had greater independence. For example we observed people coming and going from the kitchen accessing drinks and exercising choice. One person told us, "The food is good here. I really hate one vegetable, I really don't like it, they know which one, I can't remember its name they will tell you. My favourites are fish and chips and roast dinner. And I can make a drink when I want or I can ask the staff and they unlock the cupboard for me."

Staff did not consistently follow the guidance regarding the management of the risks associated with nutrition and fluids. One person whose care we looked at was at risk of aspiration and information from the SALT team was clearly displayed in the kitchen for staff to follow. However we observed that the individual was served a toasted sandwich which was not suitable as they were at high risk of aspiration. The registered manager checked the records of food intake and assured us that that this error was an isolated event and as a result they have organised additional training for staff and referrals to the SALT team. Records were maintained of people's food intake. One person required their fluid intake to be measured to ensure they received the appropriate amount each day but this was not always totalled and it was recommended that this was undertaken.

Staff had a good understanding of healthy eating and a member of staff told us, "We have been working hard with one person to control his diet and help them make healthy choices. This has worked really well as they have lost 6 stone and their Diabetes is so much better now. For example they like jam on toast every day but we supervise to make sure it's not too much, to get a decent balance."

People's needs were assessed and staff received training which reflected the changes in legislation and standards. However while there was some new technology in place it was limited and it was not being extensively used to support people's communication. It was recommended that this area is expanded further. The registered manager told us that they had supported one person to move into independent living to promote their autonomy and independence. We also saw that they had worked with other professionals to promote people's overall wellbeing. For example in helping them to access specific equipment such as a waterbed and a new wheelchair to improve their comfort.

People received effective support from staff who were trained in their job role. Staff received a full induction

prior to beginning work and then spent time shadowing and working alongside experienced staff. A new member of staff told us they had received support with completion of the Care Certificate. The Care Certificate is a national recognised tool to support staff new to care.

From training records we saw the majority of staff were up to date with the provider's mandatory training and had completed additional courses in relation to people's specific needs. This included moving and handling, first aid and supporting people with behaviours which challenge. Staff spoke positively about the training and told us that it was informative and helpful. Staff received regular supervision and an annual appraisal which gave them the opportunity to reflect on their performance.

People had good access to healthcare and were supported to lead healthier lives. Care and support plans included details of how to support people with their health care needs. For example people diagnosed with epilepsy had a clear support plan to help guide staff in how to respond to and keep individuals safe. There were seizure monitoring charts in place and staff told us that they took these to health appointments to guide decision making. We saw that there had been concerns about one person's medication and staff had worked with health professionals on supporting this person with blood testing to enable an accurate reading to be made. A member of staff told us, "We have worked really closely with the health teams and now (name of person) life is so different. They used to be cared for at the District General hospital but now have specialist support. I go with them to every appointment with the person's relatives. Things are really improving for them; we are so pleased for them."

People attended the opticians and dentists on a regular basis. Care plans gave details of appointments and outcomes. There were details of regular reviews with other health professionals and where specialist advice had been obtained the outcome was clear and accessible to staff. An individual had recently had a hospital stay and we saw that staff stayed with them to ensure consistency of care.

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked the mental capacity to make decisions the staff in the service were guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others to address areas such as bedrails and use of safety straps when travelling.

The registered manager told us that they had made applications as required to the local authority on behalf of people where their freedom of movement had been restricted, to ensure their best interests would be assessed by those qualified to do so.

The service was located in an old Victorian school and its appearance reflected this. There had clearly been some confusion about the location of the service and we observed a sign at a neighbouring property stating "This is not the Grammar school." The registered manager told us that their ability to change the appearance of the building was limited because of planning restrictions but the staff worked hard with people to personalise people's - personal spaces. We observed that people's rooms were very individual and comfortable and one person told us, "My room is best thing here and it's quiet in here, it's all mine."

The building had a large front door which reflected its past as a school but the door was partly glass and on

arrival we could see into an individual's room which was opposite. The individual was partly dressed and in bed and we expressed our concerns that this was not dignified. The registered manager told us that the individual liked to have the door to their room open and there was another internal door which was not always used. They told us they would explore the possibility of putting a covering on the glass so it would not be transparent.

We noted that some efforts had been made to split the building into two separate units which worked to varying degrees. However to access one of the units staff and people working at the service had to walk through the other unit. A kitchenette was also being fitted in one of the dining rooms and it was planned that this would give people greater access to drinks and enable people to be more independent. At the rear of the building there was a large garden to which people had access and people had good access to the local village and its amenities.

Is the service caring?

Our findings

We were able to ask some people who used the service about the care they received although others had limited ability to communicate with us. Those we spoke to told us it was a caring service. One person said, "People are kind here I can talk to anyone." Relatives were also positive, One told us, "I am so pleased with Grammar School staff, there are no barriers and all issues with [my relative] are sorted. I don't need to worry about them anymore." Another relative told us, "It's all going brilliantly, [my relative] thoroughly enjoys it here, it's very very nice and a home from home. They do their very best."

We observed that people looked relaxed in the company of staff and staff demonstrated a genuine fondness for people, speaking about them warmly and as individuals. Staff were friendly and worked hard to include service users in our conversations and encourage their interactions with us. There was a key worker system in place and one person told us, "I do one to one with my keyworker and we make cakes and things like that then we can eat them." We saw that the staff were committed to the people they supported and staff had recently provided one to one support to an individual in hospital, much of which was undertaken in their own time.

People were supported to express their view and have a say in how they were supported. One person told us, "I choose who comes with me when I go out." Staff were able to tell us about people and how they communicated. The staff we spoke to had a good knowledge about people's needs and were able to tell us about people's preferences, daily routines and their likes and dislikes. There was evidence of creativity in how staff supported and engaged with people. For example we saw that they had invested time and energy in supporting an individual to develop their confidence, by undertaking trips to the hospital for drinks so they would be better able to engage with appointments and health professionals.

Most people had regular contact with family and friends. One person told us that they were going to visit their friends who lived nearby and that this was a regular event. People's loved ones were able to visit when they wanted and there were no restrictions on this. One relative told us, "I can pop in any time and they never ever say can you wait a minute." We saw that they were looking at skype to enable one person to maintain contact with friends and family. Another told us, "The staff are lovely we have lots of contact and regular contact by text and phone calls and they send pictures which is great."

People looked well cared for and were dressed appropriately in well-fitting clothes. One person trousers were stained but this was immediately noticed by staff and they were discreetly assisted to change. A member of staff told us, "If we wouldn't be seen dead in it why on earth we should expect other people to dress like that. I take pride in my clothes; I take pride in how our guys look too."

Staff told us that people were supported and encouraged to take part in independent living skills, for example, making their bed, cleaning their room with staff support and doing their laundry.

Is the service responsive?

Our findings

Admissions to the service were well managed and a review of the documentation indicated a clear plan and transition process, which operated at the individuals pace and was adjusted as appropriate. The information obtained during the assessment process was developed into a detailed informative care plan which provided clear guidance to staff. Care plans set out people's personal history, their needs and preferences. For example they provided guidance to staff on individuals preferred methods of communication, and how best to engage, for example one stated, "Gently touch the persons hand or elbow." They outlined how much support was needed when they were using the bathroom or -going out in the minibus and provided specific guidance to staff on how best to support the individual. There was however not a lot of information about peoples aspirations and we have recommended that further work is undertaken with individuals identifying their aspirations and the setting of goals for them to achieve.

Daily records were made maintained and monthly reviews of people's needs undertaken by key workers. Regular evaluations of care plans were also undertaken as well as reviews with placing authorities.

People were supported to follow their interests and we saw that they had an individual planner which set out planned activities and suggestions. People had been assessed as requiring different levels of support and this was reflected in the opportunities available to them. Some people accessed the local community on a very regular basis and one person had a job at a nearby care home. They spoke with pride about their job and their access to the community. Other people were more reluctant to go out and we have recommended elsewhere in the report for the need for better recording around how people's individual's hours were being spent to ensure that they have a stimulating and fulfilling life.

There was documentation in peoples care records regarding end of life which was kept under review. There had been a recent death at the service and staff were involved in planning the funeral and reflecting the individuals life and interests. The registered manager told us that it was planned that those people living in the service, who wished to attend would be supported do so.

There was a complaints procedure in place for people to use to raise concerns. A relative told us, "Any tiny issues are always sorted out I've no worries at all and can always call or pop in anytime." Another said "Very rarely I'd have to say anything but I would if I ever needed to quite happily."

The registered manager told us that no complaints had been received but the service had received a number of compliments about some of the parties they had organised and how they had supported families.

Is the service well-led?

Our findings

People spoke highly of the registered manager who was passionate and committed to delivering a high quality person centred service. The registered manager was on holiday at the time of our inspection but returned to support the staff and contribute to the inspection process. They were proud of some of changes that they had introduced such as improving people's access to specialist healthcare and the access to the local community and what this meant in terms of outcomes for the people living in the service. They found the feedback from the inspection difficult because while we found elements of excellent practice in some areas we also identified shortfalls in others such as around dignity and communication.

There were clear processes in place to assess quality and identify where improvements were needed however these processes had not identified some of the areas that we found at the inspection and we have recommended that the processes are reviewed. We saw that there were regular audits on areas such as medication, health and safety and quality. The operational manager also visited the service regularly and told us that they did observations of practice as well as reviews of documentation to ensure that staff were working in an effective way. The registered provider assessment tool rated the service outstanding overall. One member of staff told us, "The management are really receptive and the regional manager has regular meetings with us and pops in and is always accessible."

The registered manager told us that they were well supported by the provider who encouraged continuous development and had introduced new training for senior staff within the organisation to promote career development and encourage staff to develop leadership skills.

The registered manager was supported by two team coordinators who oversaw each of the two units as well as a number of team leaders. There was a clear governance framework and staff understood their role and responsibilities. Staff spoke positively about the service and told us that there was a team approach and many of the staff had worked together for some time. One member of staff told us, "We do lots of the decorating ourselves, we chose the colours (for the communal areas) and do it ourselves, this is like our home too, so doesn't really feel like coming to work. We have all been here together for quite a while now." Another member staff said, "It's a lovely place, there is something special about it."

Regular staff meetings were held and staff told us that the registered manager was approachable and they were encouraged to bring forward ideas on how to drive change at the service. We saw that further changes were planned for example, the fitting of the kitchenette was underway and the registered manager told us that they were planning to purchase a car which would enable more staff to take people into the community.

People and their relatives had opportunities to feedback their views about the service and quality of the care they received. Feedback surveys were given out to people and their relatives. The provider collated all responses and compiled a report summarising people's comments and identifying any areas for action.