

Consensus Support Services Limited

Harvey Lane

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Harvey Lane is a residential home providing personal care to up to 8 people with a learning disability and/or autistic people. At the time of our inspection there were 6 people using the service. Accommodation was provided on the ground floor, with each bedroom having ensembles. There was a communal lounge, dining room, and sensory area.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People did not have full control and choice over their lives. This was because staff practice did not empower people to be independent and systems to ensure they were listened to were not effective. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We were not assured people were receiving effective 1-1 or 2-1 staff support as required. People were not supported with their health care needs because staff did not always seek external professional support in a timely manner and when required. People were not supported to manage risks to themselves and from the environment. This placed people at risk of harm.

Right Care:

Incidents were not used to support staff learning and ensure people were receiving the right support. We were not assured staff understood how to support distressed behaviour and their support had contributed to incidents of distressed behaviour occurring. This placed people at risk of harm. People's living environments did not promote their dignity. The support provided was not fully person-centred because staff were not following people's care plans and these were not updated when needs changed.

Right Culture:

Governance systems in the service were ineffective as they had failed to ensure regulatory requirements were met. Leadership was weak and staff had not received effective support. Improvements to the culture were needed in order to ensure people received effective person-centred support.

We raised our concerns with the provider during the inspection. The provider took immediate action to address the risks within the service. We identified some initial early improvements between our first and second visit.

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 8 August 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the management of risk to people's safety, medicines, and staffing. A decision was made for us to inspect and examine those risks.

Following our first visit to the service we raised our concerns with the provider. We returned on a second day to check they had taken action to address the immediate risks. We found the provider had taken effective action to make initial improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staffing, deprivation of liberty authorisations, person-centred care, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Harvey Lane

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 Health and Social Care Act 2008.

Inspection team

The inspection visits were carried out by 2 inspectors.

Service and service type

Harvey Lane is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harvey Lane is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who had visited the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 2 relatives. We observed the care and support provided, as well as the physical environment. We spoke with 11 members of staff. This included the peripatetic manager, the deputy manager, the area director, 3 team leaders and the provider's positive behavioural support lead. We reviewed a range of records. These included various care and support records for 5 people using the service. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and incidents were reviewed.

Due to the seriousness of the concerns the inspectors and an operations manager also met with the compliance and quality director, the area director and the 2 managing directors one of whom was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This was so we could ensure the provider understood the seriousness of the risks identified and seek assurances they were being addressed. We asked the provider to submit an improvement plan so we could review and check actions were being taken to make urgent improvements. We returned on a second day to check this.

We liaised with local authority and health professionals during our inspection due to the serious concerns who also carried out visits to check on the safety and welfare of the people living in the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were not managed effectively and this put people at risk of harm. On our first visit the heating had failed the previous day and parts of the building were notably cold. The provider had failed to put in place a risk assessment to monitor and mitigate the potential risks.
- Risks in relation to people's fluid and food intake were not sufficiently monitored or identified. We reviewed the food records for 1 person and saw they had mainly eaten packets of crisps and had eaten no protein over a period of 9 days. Staff had failed to take action to address this concern.
- Staff were not consistently applying positive behaviour support, which had resulted in severe episodes of distressed behaviour which had put people and staff at risk of harm.
- Incidents, including those involving distressed behaviour, were not sufficiently reviewed or considered. This meant there was a failure to learn from incidents and identify improvements and actions needed.
- Actions to ensure the physical environment was safe had not been taken. We identified fire doors that did not shut and significant overloading of electrical sockets. We found unsecured chemical products, broken tiles outside the door to the garden, and in one person's room we found significant mould to their bathroom walls and ceiling.
- Improvements were needed in relation to food safety. We found undated food products and in some people's rooms food had not been stored safely. For example, we found one person had open crackers on the floor behind the door to their ensuite bedroom.

Risks to people had been assessed and considered. Actions to mitigate risks of harm to people were not effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared our concerns with the provider and noted they took immediate action to address the most urgent risks. On our second visit we saw the provider's positive behavioural support lead was in the service supporting staff, the heating had been fixed, and some improvements to the physical environment had been actioned.

Preventing and controlling infection

- We identified serious concerns in relation to the cleanliness of the environment. Areas of mould were found in 2 people's bathrooms and communal bathrooms. Some people had dried food up their bedroom walls and ceiling.
- The provider had failed to take effective action to ensure the environment could be cleaned effectively. Wall surfaces in many areas were damaged and we found rusty screws sticking out in some areas. This prevents effective cleaning.

- Furniture was not in a good condition. Chairs and sofas were worn with padding exposed. This posed a risk as it was not protected and could not be easily cleaned.
- Cleaning was not robust and we found a number of areas had not been cleaned with cobwebs in areas.

Effective actions had not been taken to prevent and control the risk of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- We identified concerns with the management of controlled drugs because staff had removed a controlled drug and the controlled drug record book from the service without an audit trail. The management team were initially unable to tell us where the controlled drug was and the quantity they held.
- Records showed overall that people received their medicines as prescribed. However, we found there were some medicines prescribed that had not been recorded on medicine administration record charts and it was not always clear if they were to be administered.
- Oral medicines were being stored securely and at appropriate temperatures, however, people's topical medicines such as creams and emollients were not being kept safely to ensure they could not access them and cause themselves accidental harm. Some topical medicines were stored in a medicine refrigerator when this was not necessary.
- Person-centred information was in place about people's medicines prescribed on a when required basis (PRN protocols) however, we noted that some protocols were missing or in need of review.
- Information about people's known medicine sensitivities and allergies was not recorded consistently in a way that would reduce the risk of errors.
- There was information available indicating that 2 people could have their medicines given to them concealed in food or drink (covertly), however staff told us they did not receive their medicines in this way. Therefore, this information could have been misleading and required review. For another person receiving their medicines in food there was a lack of records showing appropriate professional advice had been taken about each medicine given in this way or clear information about how these medicines should be prepared.
- Whilst there were risk assessments in place about people's medicines, we identified that the service had not considered the risks around the application of flammable topical medicines at the service.

Medicines were not managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- Improvements were needed in the deployment of staff. Most of the people living in the service required either 1 to 1 support or 2 to 1 support. This was not effectively managed and we observed periods where the 1 to 1 support was not in place. For example, we found 1 person who should have been receiving 1 to 1 support had removed their clothing, some of which was soiled, and this had been put in a pile in the hallway. We observed the person's 1 to 1 staff member was not with the person. We asked the manager where the 1-1 staff member was and they did not know.
- Rotas and allocation sheets did not clearly detail how people were receiving the correct 2 to 1 hours a week. We were not assured this was taking place as required.

Sufficient staffing was not deployed to meet people's needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- Information on how to report safeguarding concerns were displayed in the service.
- Safeguarding incidents had been reported as required.

Visiting in Care Homes

- There were no restrictions on people visiting the service.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS conditions for 1 person to review their staffing support and activities they were supported to do were not being met.
- For another person restrictions had been imposed which was without their consent and less restrictive options had not been considered. This had prevented the person from carrying out tasks they wanted to do and was not proportionate.

The service was not compliant with DoLS conditions and had imposed restrictions without consent. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Staff had not always identified where people required external health care support. For example, 1 person's diet was very poor but staff had not asked for support, such as a dietician, to manage this.
- People's care plans in relation to their health had not been updated this meant there was a lack of clear guidance for staff on how to support these areas.

Staff had failed to involve relevant persons and care plan how to meet people's health needs. This was a

breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- The service was using a nationally recognised approach (positive behaviour support) to support people with distressed behaviour. However, we were not assured staff understood positive behaviour support fully because we identified inconsistencies in how this was applied.
- Incidents records and our own observations demonstrated that this inconsistency and failure to adhere to people's positive behaviour support (PBS) plans had triggered distressed behaviour.
- We raised our concerns with the provider who took immediate action to address them. They implemented additional training and support for staff from the PBS regional lead, who we found supporting staff on our second visit to the service.
- Holistic assessments of people's needs had been made however these had not always been reviewed and updated as people's needs had changed.

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

- Support to ensure people ate a balanced diet and drank enough was not effective. We found for 1 person they had eaten no protein for 9 days in a row and another person had only drunk 350ml of fluids on another day. Staff had not identified this and taken any action to address.
- On our second visit we noted some improvements on ensuring people's meal preferences were supported. A menu was in place which showed each person had chosen a meal as part of the weekly menu.

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

- The physical environment required refurbishment and redecoration. We identified inconsistencies with how the environment had been designed in order to meet peoples' needs. For example, we noted in the sensory room a cd player was in a locked cabinet to reduce the risk of this being used inappropriately however another cd player was unsecured in the same room.
- People's bedrooms were personalised and decorated to their individual preferences and interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were not always put in control of decisions about their life. 1 person had been told they could not continue to meal plan with staff and shop for their own meals. No action had been taken to think about how staff could continue to support this activity which the person told us was important to them.
- Key worker meetings with people, where they could express their views, were not happening consistently.
- Goal planning, where people were supported to choose goals/activities they wanted to achieve, was in place. However, these were not consistently reviewed and there was a lack of detail on how people would be supported to achieve them. This meant it was not clear if, and when identified goals had been met.
- Whilst we observed staff treated people with dignity and respect, we did not find the wider living conditions and physical environment was respectful or promoted people's dignity.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they felt staff were kind and caring.
- We observed staff interacted with people in a respectful and kind manner.
- The staff team knew people well and spoke warmly and positively about them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was a lack of considered care planning to meet people's needs. We found in some cases this had negatively impacted the support people received.
- Care plans had not been updated when people's needs had changed. This meant there was limited guidance in place for staff on how to meet people's needs.
- Staff had not always involved or listened to people, relatives, and professionals to ensure people's needs were met and their care planned accordingly.
- Communication care plans were in place which detailed people's communication needs and how to support this. However, we observed occasions where these were not being followed. For example, one person should have been supported using now and next cards, we observed these were not used and poor communication had resulted in the person becoming distressed.
- We found some improvements were needed in easy read signage and information. For example, menus and activity planners were not written in an easy read format and there was limited signage to help people identify rooms and areas in the service.

The care provided had not been designed with a view to achieving people's preferences and needs were not met. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 participate in activities of interest to them. These were not always clearly planned however, and we found the activity timetables that were in place were not always followed.
- Staff supported people to maintain contact with their families.

Improving care quality in response to complaints or concerns

- A complaints process was in place and information on how to complain was available.

- The service had not received any complaints in the last year.

End of life care and support

- The service did not provide end of life care and support.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance frameworks had been ineffective at identifying and improving the quality of care.
- Audits had not identified areas of concern and actions to make improvements had not been made. This has resulted in significant shortfalls in the quality-of-care people were receiving.
- Visits by external local authority professionals in March and September 2023 had identified concerns about the quality of the service. These had been shared with the provider. At this inspection we found learning and development of the service from this feedback had not been effective.
- The leadership was weak; staff did not have clear direction and support on the floor.
- There had been no registered manager in post since March 2023. This is a regulatory requirement.
- People's records had not been updated when their support had changed which meant the information held was inaccurate. Ensuring records are complete, accurate and contemporaneous is a regulatory requirement.

Governance systems were not effective in ensuring compliance with regulations. The quality and safety of the service had not been effectively assessed and monitored, systems to ensure risks had been assessed and mitigated were ineffective, and people's care records were not complete and accurate. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we raised our concerns with senior managers. We found the provider was open and responsive to making immediate improvements. This included deploying members of the senior management into the home to provide support. We found some initial early improvements between our first and second visit.

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; Working in partnership with others

- Whilst systems were in place to seek and evaluate feedback, we were not confident this was fully effective because the systems were not well utilised. For example, we saw monthly keyworker meetings were not always held and identified actions were not always followed up and evaluated.
- A person-centred culture had been hampered by a lack of effective management and leadership. This had meant that whilst well-meaning in their intentions staff had deviated from care plans and failed to seek

external input and support to meet people's needs.

- The senior management team engaged with the inspection team and other stakeholders, such as the local authority, to provide assurances and take action to address the concerns identified.

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

- Incidents were not always reviewed and analysed. Incident forms were not completed which meant we could not be assured oversight was in place to ensure responsibilities under duty of candour were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met: Staff had failed to involve relevant persons and care plan how to meet people's health needs. The care provided had not been designed with a view to achieving people's preferences and needs were met.</p> <p>Regulation 9 (3)(a)(b)(c)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met: The service was not compliant with DoLS conditions and had imposed restrictions without consent.</p> <p>Regulation 11 (1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Not all risks to people had been assessed and considered. Actions to mitigate risks of harm to people were not effective. Effective actions had not been taken to prevent and control the risk of infection. Medicines were not managed safely.</p> <p>Regulation 12 (1)(2)(a)(b)(g)(h)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: Governance systems were not effective in ensuring compliance with regulations. The quality and safety of the service had not been effectively assessed and monitored, systems to ensure risks had been assessed and mitigated were ineffective, people's care records were not complete and accurate.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met: Sufficient staffing was not deployed to meet people's needs.</p> <p>Regulation 18(1)</p>