

Consensus Support Services Limited

Tushmore Lane

Inspection report

28 Tushmore Lane, Crawley, West Sussex, RH10 8JJ
Tel: 01293 516898

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 4 August 2015 and was unannounced.

Tushmore Lane is a care home to support a maximum of four male adults with learning disabilities and complex needs including mental health, autism and asperger's syndrome. The service supports people with life skills and moving onto independent living. The home is a detached property over two floors with a lounge, dining room, quite room and a conservatory leading to the garden.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the home. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe from harm and abuse. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff at the home they followed safe recruitment practices. One person told us "It is very safe here and I always feel safe".

Summary of findings

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People had access to and could choose suitable educational, leisure and social activities in line with their individual interests and hobbies. These included day trips, shopping and attending college. People told us of the activities they liked to do which included gardening, shopping and cooking. Each person had a personal timetable for the week. These detailed what activities they were involved in and for one person that included attending college and another person was interested in horticulture and worked at local gardens.

People's needs were assessed and care plans were developed to identify what care and support they required. Staff worked with healthcare professionals such as Doctors and Psychiatrists to obtain specialist advice to ensure people received the care and treatment they needed. People were supported to live as independently as possible.

People were able to express their views via feedback surveys and house meetings which gave them an opportunity to express their opinions and ideas regarding the service. The home accommodated four people and

this meant they could talk to the staff throughout the day and raise any concerns if needed. Feedback was also sought on an annual basis via a survey for people and staff.

People's individual needs were assessed and care and support plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and support.

The home met people's nutritional needs and people reported that they had a good choice of food and drink. We spoke with people about the food and drink they received and they told us that their favourite foods were always available. One told us "We can choose what we want to eat and we go shopping and then one of us cooks dinner for each other".

There were clear lines of accountability. The home had good leadership and direction from the registered manager. Staff felt fully supported by their manager to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs if people living at the service.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

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?

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Good



Is the service effective?

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Good



Is the service caring?

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and support.

People's privacy and dignity were respected and their independence was promoted.

Good



Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Good



Is the service well-led?

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

Good



Summary of findings

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

Tushmore Lane

Detailed findings

Background to this inspection

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

The inspection took place on the 4 August 2015 and was unannounced.

The inspection team consisted of one inspector. The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A

notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with two people living at the home, two relatives on the telephone, two support workers, two team leaders the registered manager and operations manager.

We reviewed records related to people's care and other records related to the management of the home. These included the care records for four people, medicine administration record (MAR) sheets, four staff training records, support and employment records, quality assurance audits and incident reports and other records relating to the management of the service. We observed care and support in the communal areas including the garden.

After the inspection we spoke with two healthcare professionals who worked with people at the service to gain feedback. The feedback we received was found to be positive.

The home was last inspected 14 November 2013 where we had no concerns.

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us “It is very safe here and I always feel safe”. One relative said “Yes my relative is absolutely safe, I have no concerns at all”. Another relative said “It is a totally safe home without a doubt”.

A health care professional told us “They have responded to concerns we had and put measures in place to reduce any potential risks. We receive regular feedback from them on how the person is doing. Any recommendation we have is acted upon. They have developed a very good and trusting relationship with the person and are very supportive.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. Staff said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us “We have detailed training in this area and we are all alert on what signs to look out for and ensure the people are safe”. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People felt there was always enough staff to meet their needs. One person told us “There are always enough staff around to help. If I want one to come out with me I can just ask. We are going out in the car to the shop later”. A relative told us “The home has great staff who are always there if someone needs them, they are all very independent but if they need help its available”. Staff rotas showed staffing levels were consistent over time. Staff confirmed that they felt there was enough staff to meet people’s needs. One member of staff told us “We always ensure there is enough staff as people have varied activities they like to attend and may like us to go with them for support” The registered manager told us they looked at people’s care and support needs and adjusted the number of staff on duty based on the needs and support of people.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Medicines were safely administered by trained staff. All medicines were stored securely in individual cabinets in a locked medicine room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. We spoke with a member of staff who described how they would administer and complete the medication administration records (MAR). Two people self administered and risk assessments were in place for those people and reviewed regularly. One person told us “Staff check my medicines twice a week on a Tuesday and Sunday and we do this together and I like to remind them”. Weekly and monthly audits were undertaken by staff and the registered manager. These audits included stock levels, storage assessments and MAR sheets. Medicine competency assessments were carried out on a regular basis. These were completed on the staff that administered medicines, to ensure understanding and best practice. This ensured people received their medication safely.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care and reflected people’s needs. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as accessing the community, hygiene, self medication, living skills and behaviours. For example one person who could become anxious and distressed, it detailed for staff on how to calm the situation down. This included detailed information for staff to follow such as ‘distract what had distressed the person and spend time with them and move away to another area of the home’. A member of staff told us “The care and support plans are detailed and looked at monthly and updated if required. It is so important to get to know each person and understand them, so we are aware of what can distress or upset them and how we can defuse a situation, even sometimes without it happening”. One person enjoyed spending time in the garden and a risk assessment detailed how the person liked to cut the grass in the garden and what measures had been put in place. This included detailing that a member of staff would always be present and for the person to ensure the wire to the lawn mower was always behind them while cutting the grass. Clear measures were in place along with input from relevant healthcare professionals where needed.

Is the service safe?

Although no accidents had been recorded in the last year staff told us of the appropriate action they would take following accidents and incidents to ensure people's safety and this was then recorded in the accident and incident book. They also told us any subsequent action would be updated on the person's care plan and then shared at staff handovers.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new members of staff.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained and people were involved in the garden. One person told us how they had created a patio area at the back of the garden and laid a patio and put a fence around it for a nice area in the garden to sit.

Is the service effective?

Our findings

People and relatives were complimentary about the home and the care and support provided by the team of staff. One person told us “I like all the staff, they are nice and help me when I need it”. A relative told us “I have every confidence in all the staff that they provide the right support to everyone there”.

A health professional told us “The home has provided a good living environment with appropriate care for the people who live there”.

People received care from staff who felt supported to carry out their role effectively. Staff records showed staff were up to date with their essential training in topics such as health and safety, infection control and behaviours that challenge. The training plan documented when training had been completed and when it would expire. The provider and registered manager were focused on ensuring staff were up to date and skilled in their role. The registered manager told us that the provider had been working on introducing the new Skills for Care care certificate for staff and incorporating it into their induction and training. The care certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care. Staff were offered additional training on areas that they would benefit from. One member of staff told us “We get lots of good training I am just starting my level 4 diploma in drink, drugs and solvent misuse counselling. My manager is very supportive”. All staff spoken with told us they had received the right training to support people and provide the appropriate care people needed. This demonstrated that staff had an understanding of their work and the policies procedures and practices expected of them.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People’s capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If a person did not have the capacity to make specific decisions around their care, staff described how they would involve their family or other healthcare professionals in line with legal requirements to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best

interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Although no one was subject to a DoLS at the service we found that the provider and the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People’s dietary needs and preferences were recorded. Food and fluid charts were in place to record people’s intake and people were weighed on a regular basis with their consent. People commented that their favourite foods were always available. One told us “We can choose what we want to eat and we go shopping and then one of us cooks dinner for each other. Yesterday I cooked chicken curry, although I cheated and just had to heat it up in the oven but everyone really enjoyed it”. In the kitchen a weekly menu was displayed of people’s choices and each person took it in turns to cook for one another. People would be involved with the food shopping and staff would support and assist when required. On the day of the inspection a member of staff had baked a cake and told us that one person didn’t like to get involved with baking but liked to decorate the cake when it was ready. The person later decorated the cake. Staff we spoke with told us that it was key to promote people’s independence and they supported people to shop and cook meals for themselves.

People and relatives told us they did not have problems accessing the healthcare they needed. People were supported to maintain good health and had on going healthcare support. Records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support on people’s mental health needs. This included each person’s care manager, psychiatrists GP’s and the local mental health team. Visits from professionals were documented in people’s care and support plans. The plans showed people’s current health needs and care records were

Is the service effective?

reviewed and updated to ensure people's most up-to-date care needs were met. For example when a person's needs had changed, the care plan detailed this. It also detailed how much assistance the staff needed to offer the person.

Staff had regular meetings with their manager and supervisions which were planned over a twelve month period with an annual appraisal. Supervisions gave staff an opportunity to discuss how they felt they were getting on and any development needs required. Regular staff meetings were held and minutes from a recent meeting

showed areas discussed included training, updates on CQC regulations and health and safety. Staff told us that as it was a small home they met regularly with their manager and colleagues to receive support and guidance.

The registered manager told us of an award that a member of staff had won in 2014. The manager had nominated a staff member for the local care award in recognition and hard work and dedication. The staff member won the award for Endeavour – for someone who has overcome personal difficulties while still going above and beyond in their normal day-to-day duties. The manager was proud to have them on their team.

Is the service caring?

Our findings

People and their relatives found staff to be caring and supportive to their needs. One person told us “I like living here it’s nice, I can ask for support if I need it”. A relative told us “All the staff and manager are so caring to everyone. I cannot fault them”.

A healthcare professional told us “Yes the service is caring with good therapeutic relationships for people. They put in a lot of effort for people to feel at home and staff are always accommodating”.

We saw supportive and caring interactions between staff and people throughout the inspection. Staff responded positively to people. We saw staff sit and talk and make time for people. We observed one member of staff organising a trip to the shops with a person. Another was picking and sorting out lettuce with a person that had been grown in the garden.

There was a friendly and homely atmosphere. People were comfortable interacting with one another. The interactions we saw between people living at the service and staff were caring and supportive. People could choose what they wanted to do that day. People were involved in decisions about their care and support at care plan reviews and meetings with care staff. People were able to express their views via feedback surveys and house meetings which gave them an opportunity to express their opinions and ideas regarding the service.

The service embraced that people were fully supported in living their own life’s and were independent as possible.

People told us how they were cared and supported in and out of the service to live their lives. They all had a keyworker who was a member of staff they met with regularly who listened and supported them with experiences and choices. Support plans were created or updated after these meetings.

Staff told us how they main aim was to support people to be independent so they could progress in life and if a person wants to do things for themselves it was their job to ensure that happened. One staff member told us “We support and encourage people to be independent for themselves. This could be supporting them with life skills and encouraging them in daily skills like cleaning, shopping and accessing the community”. People told us how they were cared for and supported in and out of the home to live their lives and were helped when needed which included trips out. We observed staff took time supporting people and responding to people’s questions. People told us they were able to make choices about their day to day lives and staff respected their choices.

We saw that people’s differences were respected. We were able to look at all areas of the home, including people’s own bedrooms. People’s rooms were personalised with their belongings and memorabilia. People told us that staff treated them with respect and dignity. We observed a member of staff knocking on someone’s door and asking if they could to speak to a person. We were told when people chose to spend time alone or watch a film or listen to music away from their bedrooms they chose to do this in the conservatory or the quite room.

Is the service responsive?

Our findings

A relative told us “When my relative first went to live at Tushmore Lane they didn’t have many social skills, they have worked fantastically with them and they are doing so well”. Another told us “They work so well with the people who live there. There are always things going on and they encourage and support their independence”. A health professional told us “There is a good therapeutic relationship with the people. Staff put in a lot of effort for people to feel at home and are always accommodating”.

People were supported to access the community and maintain relationships with family and friends. Arrangements were in place to assist people to access events outside of the home. People told us of the activities they liked to do which included gardening, shopping and cooking. Each person had a personal timetable for the week. These detailed what activities they were involved in and for one person that included attending college and another person was interested in horticulture and worked at local gardens. Some people preferred a structured plan whilst others benefitted a more flexible approach. One person told us they had just completed a city and guilds qualification in painting and decorating and recently applied at another college to undertake a further qualification in this area. They were also proud to show us their room they had recently painted themselves.

In communal areas there were pictures of people’s activities and days out. These included trips to zoo’s, football matches and theme parks. Plans for activities were also displayed and there was also a display called “message in a bottle” this had been designed for people and staff to write ideas on what they would like to do and give ideas on activities. One idea that a person had put down was to visit Littlehampton and have a picnic in the park. These had been planned and dates and times of these trips were also displayed for people to see. One member of staff told us “People decide what they would like and there is always something going on. We join people on one to one activities if they would like us to, this could be going to watch a football match or going to the cinema”.

Staff were responsive to people’s needs and wishes. A supportive approach was used so that people were encouraged to take part in activities in the community and take responsibility for their own health and wellbeing. Each

person had a care and support plan which was personal to them. The plans detailed progress for people towards self-reliance or other goals including self-care, living skills and managing mental health. These were designed to be used as a goal for the people to work towards with support from staff. One person told us that they had lost a relative to cancer and liked to help with fund raising for Marie Curie. They had recently helped collecting at a local supermarket with another person to raise money for the charity.

Support plans included information on maintaining people’s health, their daily routines and how to support them. These plans showed how people wanted to be supported. Staff had access to the support plans which enabled them to provide support in line with the individual’s wishes and preferences. Staff told us the importance of involving people in their care and support plans.

Each person was treated as an individual. Staff got to know the person and the support they then provided was built around their unique needs. People told us there were no restrictions in place and they felt their care and support was designed to meet their specific requirements. Staff told us people did not always want to accept the support offered. Staff checked whether the person understood the implications of rejecting the support and respected their right to choose. Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their support plans and recorded any concerns. One person had not had experience of going out on their own when they came to live at the service. The staff has worked with the person to overcome their concerns and put training in travelling in place. This included staff discussing travelling with the person, accompanying them on travelling to public places and now the person had grown confidence to this alone.

Keyworker monthly reviews or as and when required took place for each person and support records were updated and reviewed. This included discussing personal goals with each person and responding to any changes in their needs. One person told us “My keyworker is good and they support me to do things for myself and If I need their help I can ask them”.

Is the service responsive?

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

Is the service well-led?

Our findings

People were positive about the registered manager. One person told us “I like the manager she is nice and I can speak with her when I want to”. Relatives spoke highly of the manager, comments included “They are good and make sure people are matched who live at the home” and “I have confidence it is a well-managed home, they keep me informed of any issues or concerns raised”.

A healthcare professional told us “The current manager is good. She visited the hospital on a couple of occasions before my patient came to live at the home and is fully aware of their needs”. Another told us “The manager has a very good understanding of the people and creating an environment that is supportive and creative”.

The location of the registered manager’s office made it easy for people and staff to speak with them. We observed people and staff approaching the registered manager throughout the day to ask questions or chat to them. They took time to listen to people and provided support where needed. There was a commitment to listening to people’s views and making changes to the service in accordance with people’s comments and suggestions. People told us they could discuss concerns at the house meetings or with their keyworker anytime. There was also a comments box in the main hallway for people to put ideas and comments in.

People were supported and involved in the running of the service through regular meetings chaired by the registered manager and staff. Minutes from these meetings showed a range of issues had been discussed such as food choices and what ideas people had on activities. Systems were in place to allow staff to communicate effectively with the registered manager. These included regular staff meetings. Minutes of these meetings showed best practice was discussed in order to drive quality improvement. At a recent meeting the improvement on staffs training had been discussed.

Staff told us that they felt supported by their manager and were able to raise any concerns. They were confident any concerns would be listened and responded to. One member of staff told us “My manager is great, she is so helpful. When I first came to work here she was supportive

and helps me to gain a greater understanding in all aspects”. Another told “The manager is available whenever you need her and if she is not here, she is only a phone call away for help and guidance”.

We spoke with the registered manager who was passionate about the support they give people. They told us “We empower people and support them to achieve their goals in life. This includes support in daily routines and living skills. We have had some great success’s including people’s behaviours and building confidence in things like travelling alone and cooking”. They also told us how they worked closely with healthcare professionals for support and guidance to ensure everyone received the correct treatment.

Feedback was sought by the provider via surveys which were sent to people at the home, relatives and staff. Surveys results were positive and any issues identified were acted upon. Comments from a recent relative survey included “The staff are warm and welcoming. It is very much a family atmosphere and lovely to visit”.

Regular audits of the quality and safety of the service were carried out by the registered manager and also a provider’s representative to provide management support to the registered manager. Action plans were developed and followed to address any issues identified during the audits. Performance management systems for staff were in place which included observing and working alongside staff to ensure working practices delivered high quality care. There was a commitment to quality assurance from the registered manager. We were shown the audits that were carried out monthly which reviewed care plans, health and safety, medication and training for staff.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.