

Consensus Support Services Limited

Wallace Crescent

Inspection report

83 -87 Wallace Crescent, Carshalton, Sutton, SM5
3SU.
Tel: 0208 669 5767

Date of inspection visit: 30 April 2015
Date of publication: 01/07/2015

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

This was an unannounced inspection that took place on 30 April 2015. 83 -87 Wallace Crescent provides self-contained accommodation for up to eight people with support and personal care for adults with moderate to severe autism and communication difficulties. At the time of this inspection there were four people living in the home. Each person received continuous one to one support from staff and needed to be supervised whenever they went out.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the associated Regulations about how a service is run.

Because of people's communication difficulties we were only able to have limited discussions with them. We relied mainly on our observations of care and our conversations with people's relatives and staff to understand their experiences.

Relatives and health and social care professionals told us they felt people were safe living at Wallace Crescent. Staff knew how to help protect people if they suspected they

Summary of findings

were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient levels of trained and well supported staff to meet people's needs. Relatives told us, and we saw staff had built up good working relationships with people. Staff were familiar with people's individual needs and the choices made about their care.

People received their medicines as prescribed and staff knew how to manage medicines safely. Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and the service had ensured the local authorities had carried out the appropriate assessments for all the people who might have been deprived of their liberty for their own safety and protection.

Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied and nutritious diet and choice of meals. They were supported to have a balanced diet which helped them to stay healthy.

Staff supported people to maintain health through regular monitoring by healthcare professionals. Relatives told us staff were kind and caring. We saw they treated

people with dignity, respect and compassion. People were encouraged to maintain relationships that were important to them. There were no restrictions on when their friends and relatives could visit the home and staff made all visitors feel welcome.

The service promoted a culture of learning and individuality. People had access to their local community and could choose to participate in a variety of in-house and community based social activities. We also saw staff encouraged and supported people to be as independent as they could and wanted to be. Care plans were in place which reflected people's specific needs and their individual choices. Relatives of people were involved in reviewing their relations' care plans and we saw people were supported to make decisions about their care and support.

People using the service and their relatives were encouraged to give feedback on the service. There was an effective complaints system in place. Relatives said the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment. Staff told us they were clear about their roles and responsibilities they had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. They have helped to make improvements to the service.

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.

People were protected from abuse and avoidable harm within the home as risks were identified and managed in ways that enabled people to make their own choices and to be as independent as they were able to be.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs and preferences.

People received their prescribed medicines to meet their health needs in a safe and appropriate way.

Good



Is the service effective?

The service was effective. Staff were suitably trained and supervised and they were knowledgeable about the support people required and about how they wanted their care to be provided.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. Staff had received appropriate training, and had a good understanding of the MCA and DoLS. Relatives of people said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

Good



Is the service caring?

The service was caring. People were treated with compassion and kindness by staff who understood their needs in a caring and positive way.

People and their families were included in making decisions about their care and relatives told us they were made welcome.

Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet when they provided care. People and their families were included in making decisions about their care and relatives told us they were made welcome.

Good



Is the service responsive?

The service was responsive.

Staff worked with people and their relatives to understand people's individual needs so they could be involved in their care and support.

There were systems in place to deal with complaints. People felt comfortable talking to the registered manager if they had a concern and were confident it would be addressed.

Good



Summary of findings

Is the service well-led?

The service was well-led. People said they thought the registered manager encouraged feedback and sought to develop and improve the service for people. They said the registered manager was approachable, supportive, and caring toward people, relatives and staff.

Staff told us they felt well supported and enjoyed working in a positive environment. They were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service.

People's care and support was continually reviewed using effective quality assurance systems. The quality monitoring information was used to maintain current high standards and to identify and drive service improvement.

Good



Wallace Crescent

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 30 April 2015 and was unannounced. It was carried out by a single inspector.

Before the inspection we looked at the information we held about the service. We looked at notifications that the

provider is legally required to send us about certain events such as serious injuries and deaths. On the day of the inspection we met with two people who were able to talk with us. We saw two other people who used the service, however due to their complex needs they were unable to communicate verbally with us so we observed the way staff engaged with them. We also spoke with the operations manager, the registered manager and three staff members. We looked at three people's care records and four staff records and reviewed records that related to the management of the service. After the inspection visit we spoke on the telephone with two relatives of people living in the home; one local authority social worker and one care manager and one community psychiatric nurse.

Is the service safe?

Our findings

Relatives told us they felt their family members were safe and well supported by staff and were happy living at Wallace Crescent. One relative said, "Speaking as an involved parent I think they are very well supported and safe." A social worker told us that they were more than happy with the service people received and said people were safe and well supported. A care manager who had recently carried out a care plan review told us they thought people were well looked after and were in safe hands. We observed a relaxed, friendly atmosphere in the home and a positive relationship between staff and people.

The provider had arrangements in place to help ensure people were safe and protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding adults at risk roles and responsibilities. They described how they would recognise the signs of potential abuse, the various types of abuse they might encounter and they knew how they could escalate any concerns they might have. Staff said they had never witnessed anything of concern in the home. One member of staff said they knew people living in the home really well including their usual behaviours. They said if someone became quiet or withdrawn they would speak with the registered manager or call local authority safeguarding if they had a concern. The registered manager told us any concerns or safeguarding incidents would also be reported to the CQC.

Training records showed staff had recently completed safeguarding adult's training. There was a notice on the office notice board with the contact telephone number for reporting any concerns to the local authority safeguarding service. We saw the provider had all the appropriate policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents.

People's risks were well managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce these risks. People were helped to understand the ways in which risks could be minimised. Staff discussed the possible risks with people using pictures and symbols to help them with this.

Risk assessments included risk management plans for assisting people who needed more support when they became distressed or anxious. People's plans described the potential triggers that may cause them to experience some distress or anxiety and set out ways for staff to avoid these triggers. This meant that risks to people were being managed and people were better protected and supported. The risk assessments had been drawn up together with the relatives of people and their care managers. Care managers we spoke with confirmed this and we saw written evidence of their involvement in the process. Relatives told us they were invited to care plan reviews where people's needs, risk assessments and care plans were discussed with them.

Staff demonstrated a good understanding of the risk management strategies in place

to prevent and/or minimise any identified risks for people. They told us they were required to read the risk management plans so they knew how to best support people and we saw evidence that supported this.

The service had other risk assessments and risk management plans in place to ensure identified risks were minimised so people were helped to keep safe and staff protected. There was an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist carried out by the registered manager to monitor the identified risks. We saw the checklist had been maintained regularly. In addition to this and to ensure the physical environment in the home was safe, the operations manager also carried out an annual risk assessment. A range of health and safety policies and procedures were available to help keep people and staff safe. Records showed the gas, electricity and fire safety systems were maintained.

We saw examples of how the service learned from accidents and incidents and put in place action plans to minimise any further occurrence. This included meeting with staff, local authority care managers and relatives to discuss why incidents had happened, reviewing existing protocols with them and agreeing further risk management strategies.

There were always enough suitably qualified and experienced staff to keep people safe and to meet their needs. Care managers and relatives said they thought there was sufficient staff on duty to meet people's needs. One of

Is the service safe?

the relatives said, "Staff provide good help and there are enough staff on duty to deal with anything that arises." A care manager said, "Yes there are enough staff on duty to help people. They are very supportive and they are knowledgeable about people's needs, very good, I have no concerns." We spoke to staff about the rota and they told us they felt there was good staff cover to meet the needs of the people they supported. A member of staff said "We are funded for one to one care. There are enough staff and additional cover is provided when needed". The registered manager told us that there were always four staff on duty during the day and two waking staff members on duty at night and a sleep in member of staff. The operations manager said that the staff team was tailored to the needs of the client group and if the needs of those people increased so would the staff team. We examined the staff rotas and this evidenced what we were told by the registered manager.

Staff files we inspected showed recruitment checklists had been used appropriately to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People's medicines were managed appropriately so they received them safely. We found there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. Each person had their own locked medicines cabinet secured to a wall in their bedrooms. People's medicines were safely stored away in these locked cabinets. We undertook a medicines stock take check to see if the stock of medicines held in one of the medicines cabinets was the same as that recorded on the medicine administration record (MAR) sheets. The check evidenced there were no discrepancies with the levels of medicines held in the cabinet and the MAR sheets. We looked at a random sample of MAR sheets. We saw staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at. Staff told us they had received medicines training and their competence to manage medicines was assessed by the registered manager before they were able to administer medicines. We saw records to show staff received medicines training in January 2015 and that there were monthly audits of medicines to help to ensure the safe management of medicines. We also saw evidence of the monitoring of staff competency tests carried out by the registered manager.

Is the service effective?

Our findings

People were enabled to receive effective care because staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people they supported. We looked at staff records and found there was an appropriate programme of induction for new staff that covered roles and responsibilities and key policies and procedures. We saw evidence that each member of staff had completed induction training before commencing full duties in the home.

A relative said, "The staff are well trained and well supervised." Staff told us the training they had received was helpful and assisted them with their work. Training records for staff we saw evidenced that all staff had completed their training programme. The registered manager explained there was a regular training programme provided for staff. This covered the essential areas of knowledge, skills and competencies the provider thought staff needed to do their jobs effectively. This included conflict and challenging behaviour awareness; the Mental Capacity Act; epilepsy and autism.

The registered manager said all staff received regular formal supervision every six to eight weeks. Staff confirmed this and said they had received regular supervision which they found helpful and supportive to their work. Staff told us they had received notes of their supervision sessions signed and dated by their manager. Staff supervision records we saw confirmed staff received supervision between six and eight weeks.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty for their own protection in a safe and correct way. We spoke with the registered manager and staff and from those discussions we saw they understood their responsibility for making sure people's liberty was not unduly restricted. A number of DoLS applications had been made to the local authority regarding certain restrictive practices, such as the use of a key pad on the front door that prevented people from leaving the home unassisted. The applications showed the provider was ready to follow the DoLS requirements. The provider had trained staff in understanding the requirements of the MCA and DoLS.

Care managers confirmed the associated paperwork that we saw had been completed by the placing authorities and the registered manager.

People were helped to understand and to express their views about their care and support. People's consent was sought before staff provided care and support and staff respected people's decisions. Staff always considered people's mental capacity to make specific decisions. Where people lacked mental capacity the service followed the Mental Capacity Act 2005 (MCA) code of practice to help protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Where a person was assessed as not having the capacity to make a particular decision, a best interests decision was made with input from their relatives and/or health and social care professionals as appropriate. We saw minutes of best interests meetings and assessments carried out by independent mental capacity advocates (IMCAs) for people that evidenced this. We received appropriate notifications from the provider about the DoLS applications.

People were supported to have a healthy and balanced diet. Relatives said they thought people enjoyed their meals. One relative said, "They get good help with maintaining a healthy diet and the meals they get they seem to enjoy." People's care plans included information about their nutritional needs and preferences. We saw a book of pictorial food representations and the registered manager confirmed these were used to illustrate for people what their options for menu choices could be. The manager said they always tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet. A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and different people had different things to eat at each meal, demonstrating that choices were offered. Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and the doctor to ensure their needs were met.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans.

Is the service effective?

We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers were always recorded in their health action plan. We noted that each person had a hospital passport that could accompany them if they needed to go to hospital. We saw it contained all the necessary information about the person to inform health professionals about their needs.

The accommodation at Wallace Crescent was purpose built for people with autism and learning disability needs. The home was built so the adaptations and facilities in the home supported people's needs and promoted their independence. There were laminated signs around the

home providing pictorial prompts about people's daily activities and useful reminders such as to wash their hands after using the bathroom. Each person had their own highly distinctive one bedroom flat and rooms were furnished and decorated to suit people's individual preferences. Bedrooms contained people's personal belongings such as posters, toys, DVDs and music equipment to make the rooms homely. We observed there was also communal space where people could socialise together. This included a large television room and sound equipment as well as a separate room for people to participate in art and craft activities.

Is the service caring?

Our findings

Two people we met were able to tell us about the care and support they received and they said their care was “very good” and “the staff are so kind.” Care managers and relatives of people said that the registered manager and the support staff were very caring of the people living at Wallace Crescent. Relatives told us the service their family members received was excellent. They said people had the best possible quality of life, which included having care and support provided in a positive way. One relative said “I’m more than happy with the service. It’s quite amazing, the standards are so high.” A healthcare professional told us, “It’s one of the few occasions when I know all is well for people; the standard of care is excellent.” Another relative said, “The environment of the home is warm and friendly and this helps [my family member] to do the best they can. We are very happy.”

We observed that staff treated people with kindness and compassion. One staff member said, “I love working with the people here, it’s like a large happy family.” Our observations and discussions with staff showed they had a good knowledge and understanding of the people they were supporting, and were caring and supportive. Throughout the inspection we observed people received one to one attention from staff who demonstrated their concern and interest in them. We saw staff patiently spending time supporting people. For example we saw two staff accompanying one person to go for a walk in the local park. The person had said they wanted to go out for a walk because “it was a lovely day”. Staff were talking to them throughout, explaining what they were doing or about to do.

People were supported to express their views and wherever possible make decisions about their care and support. People had individualised communication plans and strategies to enable them to express themselves and

overcome their ability to communicate verbally. Staff used a variety of communication techniques appropriate to each person’s needs. This included sign language, pictures and symbols to assist with understanding and to enable people to communicate more effectively. Pictures and symbols were used to help people to express their emotional mood and feelings as well as their physical needs and preferences for example pictures of food when asking people to make choices and deciding upon their menus. Relatives told us staff listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel they mattered. Our observations confirmed this.

Although people were not always able to express their preferences with regards to their care and support verbally, the service had worked with people to build up a picture of their likes and dislikes. They had achieved this in a variety of ways. Over time staff had come to understand people’s non-verbal body language. They had had discussions at care planning meetings and reviews as well as on more informal occasions with people’s relatives about their family member’s wishes and preferences. These preferences had been recorded clearly in their care plans.

We saw people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people’s doors before they went in. We observed that staff asked people what they wanted to eat and what activities they wanted to do. Relatives told us that staff enabled people to decide for themselves first wherever possible about their lives.

Relatives said they were always made welcome and there was no restriction to them visiting. Staff told us that people were supported and encouraged to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and friends were invited.

Is the service responsive?

Our findings

Relatives told us they were “more than happy with the service” their family member received at Wallace Crescent. Another relative said, “It’s good, they are helping him to become more independent. I can see he is happy about that.” Health and social care professionals involved with people’s care at Wallace Crescent were also positive about the service and said people received support that met their individual needs. One care manager said, “They do a good job with my client, they meet his complex needs sensitively and the staff deal well with any behaviour that challenges.” A community psychiatric nurse said about another person, “They know him really well, the support he gets has helped him to progress and a number of achievements have been reached. For example he has meals on his own now, something he could never have done before.”

We looked at people’s care plans and saw each person had regular assessments to check whether their needs were changing. This included monitoring of their health conditions. Relatives told us that they were always asked for feedback about their family member. Care plans and support guidelines were in place for each person whose file we inspected. An example of a support guideline we saw for one person covered diet and nutrition. This person had a food allergy and the support plan focussed on other food the person enjoyed. Another was for someone who liked to go for walks with staff. Staff told us these plans helped to enable people to have as much independence as possible in as safe a way as possible. Care managers told us these procedures had been agreed at care planning meetings and were recorded on people’s files.

We saw each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as

comprehensive guidelines for providing care to them in an individual way. Each person had an individualised activity programme. This included activities based in the home such as playing games and doing puzzles and outside activities such as going to the cinema and shopping. Relatives and staff told us they thought that the range of activities were good and varied. We saw each person’s programme was set out for them in pictorial form and one person told me how much he enjoyed each day’s activities and which his favourite days were.

Relatives were given information regarding the care and support their family members received. They told us they were invited to care plan reviews both internal to the service and to the annual social services reviews, so they could represent their family members and ensure care and support being given was appropriate. Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One relative told us, “They [the provider] respond positively to any suggestions or comments I’ve ever made.” A health care professional said, “If I had a concern or complaint I’d talk to the manager straight away. I feel confident they would listen and do their best to put it right.”

During our tour of the premises we saw pictorial notices displayed on notice boards that clearly described the complaints process. We saw a clear complaints policy and procedure that enabled people and others to make a complaint or a compliment. Staff were aware of the policy and how to assist people with the process if required to do so. Staff said, “We record any complaints we get and they are reviewed by the manager.” We saw the log book where the registered manager told us complaints are recorded; no entries had been made since the last inspection.

Is the service well-led?

Our findings

People's relatives and staff described the service positively. One relative said, "I couldn't ask for anywhere better. It's quite amazing, the standards are so high. He's settled in more quickly than anywhere else." Another person's relative said, "They are very open and accessible and make it easy to ask any questions. I feel we are all on the same side; and that's my relative's side. The manager is very approachable and we feel well supported."

Staff told us the registered manager and the operations manager were accessible when needed and supportive of people in the home and the staff. They said, "We have a good team and an open, accessible manager who is good at their job, is experienced and caring." Another member of staff said, "The manager is very approachable and a good listener." The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff said matters raised were taken seriously when they were discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard. Daily handover meetings helped to ensure that staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

There was a clear staffing structure in place to ensure a senior member of staff was always available to provide supervision and support.

The registered manager said the service's ethos was to provide high quality person centred care for people with autism. The culture was about learning and individuality. They said they were keen to optimise people's potential and independence. They wanted to equip people with skills for life regardless of whether they remained within the service or eventually moved on.

The registered manager told us the provider was really supportive and they could approach them whenever

needed. The operations manager visited the home on a regular basis and spoke with people and the staff. This helped assure the provider that the service ethos was being applied in practice. At the time of this unannounced inspection they were visiting the home.

The provider had a quality assurance system to check policies and procedures were maintained effectively and to identify any areas for improvement. The registered manager carried out a programme of weekly and monthly audits and safety checks. Accidents and other significant incidents were reviewed by the registered manager in the first instance and then checked again by the operations manager. The registered manager also reviewed care records to ensure they were maintained appropriately. This included checking whether documents such as people's health action plans, support plans and risk assessments were reviewed and whether house meetings, staff meetings and one to one meetings with staff were taking place. We saw an action plan resulted from each monthly audit been actioned.

These systems were used to identify trends or lessons for improving the service and were effective in maintaining a high quality service. For example, in response to two medicine administration errors at the home, the provider's quality assurance lead visited the home to review the service's medicines administration procedures. Action was subsequently taken to update the provider's medicines policy and provide refresher training in medicines for all staff.

We met the operations manager who told us they also carry out detailed audits of the service annually or sooner if the need arises to ensure the quality of the service is maintained. We saw evidence of this in the quality audit tool that had been used in September 2014. The areas of service covered in this audit tool was seen to be very comprehensive covering all areas of the service provided and included audits of people's care files, the administration of medicines, safeguarding and staff support and training.