Consensus Support Services Limited

46 The Grove

Inspection report

46 The Grove
Isleworth
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
46 The Grove is a care home providing personal care and accommodation to seven people at the time of the inspection. The service can support up to seven people and is registered to provide care to younger adults with learning disabilities or autistic spectrum disorder. The home is a converted house and accommodates people across two floors. 46 The Grove is part of Consensus Support Services Limited, a provider with care services across England and Wales.

People's experience of using this service and what we found
We checked the provider's infection control processes and found, whilst there were protocols and recently implemented procedures, further action was needed to ensure that the risk of the spread of infection was being managed robustly.

People had person centred care plans and risk assessments which contained guidance for staff to support them to remain safe. However, some risks and care plans were not reviewed in a timely manner. Therefore, there was a concern they might not reflect people's current circumstances.

People were supported to undertake activities, these had become more limited in a response to the COVID - 19 pandemic restrictions. The provider had purchased equipment so they could support people to enjoy alternative activities whilst restrictions were in place.

Relatives told us they found staff and management approachable and they were kept informed of any concerns. Staff supported their family member to speak with them or hear them on the telephone and in some instances use virtual applications.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Rating at last inspection
The last rating for this service was good when inspected 15 August 2018 (Published 18 September 2018)

Why we inspected
The inspection was prompted in part due to concerns received about the care and support people received and the way the service was managed. We decided to inspect and examine those risks.

This focused inspection which included the key questions of safe, responsive and well-led. We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified two breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

46 The Grove

Detailed findings

Background to this inspection

The inspection
This was a focussed inspection to check concerns raised to us.
As part of this inspection we looked at the infection control and prevention measures in place.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
46 The Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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 associated Regulations about how the service is run.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the operations manager, service manager, interim team coordinator, and a care worker. We were introduced to people living in the service. We reviewed a range of records. This included three people's care records and associated documents such as their medicines administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We undertook a partial inspection of the premises and observed staff interaction with people.

After the inspection
Following the inspection we attempted to contact four people's relatives and were successful at speaking with three relatives. We contacted six staff and spoke with five of them.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection
● Whilst the provider had taken measures to prevent the spread of infection there were some areas which required improvement.
● Infection control measures were not enough to ensure some frequently used surfaces were cleaned in a robust manner. We saw measures to monitor and record cleaning both in the morning and afternoon had been implemented during the few days just prior to our visit. However, this had not been safely undertaken in a timely and effective manner to prevent the possible spread of infection.
● For example, we saw the exterior of a bedroom door was dirty and stained. This has not been noted and therefore had not been cleaned by care workers. This meant people and staff using the upstairs landing could have touched the door which would have increased the risk of cross infection. In addition, in the dining area, two dining chairs and the wall close to the chairs were observed to have food and drink splashes that had not been cleaned by staff following meal times. The lack of robust cleaning arrangements and effective infection control and prevention practices meant there was a risk to people and staff from the spread of infection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The staff team had received infection control training and there were ample supplies of personal protective equipment (PPE) for staff to use. Staff had access to and wore PPE. Information was shared regarding the donning and doffing of PPE. If a staff member was unable to wear face mask for personal reasons this had been risk assessed by the management team and measures put in place to minimise the risk of harm.
● Following our inspection visit a more robust cleaning regime was implemented. Staff comments included, "We now clean frequently touched surfaces five or six times a shift'' and "Cleaning [is] good, seen an improvement."

Assessing risk, safety monitoring and management;
● The provider had completed assessments of people's support needs and associated risk. However, we found evaluations of risk assessments were not always taking place in a timely manner. This meant

information contained in the assessments might not reflect the current situation. For example, one person's three- monthly evaluation of their risk records had not been reviewed since 11 April 2020. We spoke with the provider and they agreed they would address this oversight.

● There were behavioural guidelines in people's records to manage the risk of harm. For example, Triggers' to people behaving in a way that could challenge the service were identified and recorded so staff were aware of these. Staff described how they were vigilant so they identify situations where tensions might be rising to de-escalate these and to help avoid conflicts.

● Several staff expressed they felt more training was required to manage particular situations. Their comments included, "We need a lot more training…some staff find it difficult to deal with," and one staff said they thought for already experienced staff the training was appropriate but for staff new to the field, they said, "Very short training, don't think they are very good …for a new staff it's not enough."

●We saw staff had been provided with the training to support them to manage behaviours which challenged. Most staff felt they had been provided with enough training to support people to manage their behaviours and remain safe. All staff had received Conflict and challenging awareness training and in addition some staff had received, "Positive and safer approaches to behaviour," this included guidance to restrain people if this was absolutely the only option to keep people safe from harm. The providers behavioural support team had carried out a practice workshop just prior to our visit to identify the best ways for staff to support a person.

● Records reviewed demonstrated restraint was used in September 2020 when a person was at a significant risk of harm. Staff comments included, "We go every year for a refresher training ...we don't use restraint, we leave them to calm by their self," and "Restraint is the last resort and avoided."

● All identified risks to people were assessed as extreme, high, moderate and low risk to indicate the severity of risk. Guidance for staff was available in care records and risks assessed included for example, epilepsy, risk of leaving the premises unaccompanied, medicines and eating and drinking.

Using medicines safely

● Medicines administration records (MAR) reviewed were completed without gaps or error. Medicines administered by staff had been signed for as administered and were counter signed by a second staff who witnessed the procedure. This minimised the risk of errors being made.

● Medicines were kept securely in a safe manner. The amount of medicines in stock was tallied by staff and recorded on the MAR. We counted a sample from each person's records reviewed and found the recorded amounts were accurate. There were checks and audits in place to ensure medicines were administered appropriately.

●People had individual medicines care plans which contained, their photo for identification, relevant information about the medicine support they required and guidelines for the use of as and when needed medicines.

●Staff received medicines administration training and were observed to ensure they were competent. One staff member told us, "Yes, we have medicines administration training. We have [named pharmacist] training on line and I've completed three times where I've been observed, like an exam basically."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

●Relatives felt they family members were safe at the service, their comments included, "It has been very good this year, [Person living at the service] is very happy," and "Yes, happy I think."

●We saw instances where safeguarding concerns had been reported appropriately to the local authority and had notified the CQC. The provider had investigated and addressed concerns. They had shared lessons learnt with the staff team. For example, medicines errors were reported, and the staff who had made an error were provided with further training. Learning was shared with the team. Safeguarding concerns were monitored by the provider through their electronic monitoring system to ensure all actions were taken.

●Staff had received safeguarding adults training and demonstrated how they would report concerns to the management team. One staff member told us, "I would inform the manager and the operations manager, [If not acted on], I would inform a public body if necessary, as something would need to be done to care for them."

Staffing and recruitment

● Records reviewed demonstrated staff recruitment was undertaken in a safe manner. Staff were asked to complete application forms and attended an interview to ascertain aptitude for a caring role. When there was a gap in employment the reason was recorded. References were obtained and proof of identity were provided, right to work in the UK and criminal record checks were undertaken.

●The provider used a dependency tool to calculate how many staff were required to meet people's support needs. There was a full permanent staff team. In the event of staff absence, the provider had a pool of bank staff which could be utilised by Consensus services. We were shown a communication from the director which instructed management teams to keep the staffing levels at a 110%. This was higher than usual to guard against sudden staff absence due to the risks associated with the pandemic.

●Staffing on the day of our visit was sufficient to meet people's support needs. Staff comments included, "With the new recruitment there's enough staff, we were a bit short a year ago but okay now," and "Staff are on the rota, but staff call in sick …and there is not always time to get someone at very short notice but sometimes use bank staff," and "Generally enough staff, normally enough but because of COVID 19 we are short staffed."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.
This meant people's needs were not always met.

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

● COVID -19 restrictions had impacted people living in the home as some activities they once attended were no longer available. In October 2020 during an audit the provider had identified this as an area for improvement. The management team had encouraged care workers to develop activities for people and for example, take people out for more mini- van trips into the local area.
● We found staff had supported most people to find alternative activities. However, we found one person had not been supported in a timely manner to purchase painting canvasses when they could no longer attend their art sessions. This had been recognised and was in the process of being addressed.
●There was an activity board in a communal area where people could place a picture card to indicate an activity they wished to undertake. The activities were mostly limited to drives to the park and trips to the local shops, however, there were some sensory activities observed during our visit.
●Following the inspection, the provider sent evidence of purchases of equipment to help with activities for people which included a garden swing, a giant Jenga set, a table tennis and a large screen television.
● All relatives told us the staff kept them informed of concerns and they had opportunities to phone and staff supported them to speak with their family member. One person was supported to speak with their relatives daily in a virtual call. However, two people's relatives told us they had just been asked if they would like the opportunity to use a phone application (App) for interaction with their family member. This could have been supported earlier in the pandemic to promote family contact when it was not possible to visit.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People had person- centred care plans but records reviewed were not always updated in a timely manner. For example, one person's care plan assessment was to be reviewed every three months, but their plan was last reviewed in July 2020. The same person's monthly weight chart had not been completed in November 2020.
● Daily notes were kept by care workers and these were used to record activities, personal care, food eaten, mood, concerns and strategies implemented. Whilst these were completed each day the notes reviewed were sometimes brief and therefore not informative. This had been noted by the provider as an area for improvement. A staff member told us following our visit daily notes were now improved, they said, "Daily notes are better now with a new coordinator it has really improved, doing a great job now."
● Relatives told us they were usually invited to their family member's yearly review meeting, but they had been unable to attend due to the pandemic. One relative told us they would like the provider to explore

virtual reviews so they could be a part of the review process whilst restrictions continued. Another relative told us they used to attend the review meeting, but they had not been invited for two years.

We recommend that the provider seek and implement national guidance on making sure people's care plans and daily records are maintained in a person- centred way and accurately.

● Notwithstanding the above, the provider had person centred plans for people which detailed their likes and dislikes, who and what was important to them and the support they required with their day to day activities and to keep safe.
● Most staff told us they generally felt there were good guidelines in place to manage people's care including behaviour which might be difficult to manage. Staff who were more recently employed told us established members of the staff team were supportive in sharing their knowledge and understanding of each person. This combined with their training and written guidance supported them to work effectively with people.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The care workers used a variety of methods to communicate with people living in the home including MAKATON, (This is language programme that uses symbols, signs and speech to enable people to communicate), sign and gestures and using an object to reference what was going to happen. Other people's care plans described how they needed staff to speak with them. For instance, slowly and clearly.
● For some people living at the home if was important for their well-being to know what was going to happen next and staff supported this to take place. The provider employed a behavioural support specialist who worked with staff to understand how best to communicate with and support people to express their feelings and choices.

Improving care quality in response to complaints or concerns
● Relatives told us they knew how to raise concerns and felt any concern would be investigated and addressed. Their comments included, "Yes I would put a complaint in writing," and "Yes I would complain, I was once was sent an e-mail with the complaints procedure. I would just speak to the manager, but I have never had to complain."
● The provider's complaints policy and procedure outlined how relatives could raise complaints and detailed how they would address any complaint received. This was also available as an easy read version available. The operations manager told us relatives had their phone number so they could raise concerns directly should they wish to.
● There was both a paper and electronic record of complaints made about the service. The provider had oversight of complaints via the electronic system to monitor actions taken and identify trends in the service.

End of life care and support
● The provider confirmed they were not currently providing end of life care to people. Care plans had a section for end of life care should this service be required. The provider explained people living at the service were younger adults and they did not at the time of our visit need to offer this support.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●While the provider had monitoring systems in place these had not always been effective and had failed to identify the issues we found. Audits and checks of care records had not identified that risk management and care plans had not always been reviewed in a timely manner, so these accurately reflected people needs and risks to them.

●The provider demonstrated they had noted shortfalls in cleaning regimes and accordingly had developed and implemented a more detailed template which recorded cleaning undertaken morning, afternoon and night. We noted that this was commenced a few days before our visit. However, during the inspection we still found areas which had not been cleaned and therefore were infection control hazards. This meant the infection control and prevention audits were not as robust as they should have been to identify shortfalls in good infection control and prevention practices so these could be improved.

●The provider had also identified and begun to address the lack of activities for people by promoting more trips out into the community but it was clear that during the inspection quality improvement processes in this regard were needed because there were still some concerns that recreational and social activities were not as varied and person centred as they should have been so people lead as fulfilling a life as possible. □

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The operations manager, service manager and interim team co-ordinator had begun to introduce new protocols and were reviewing existing processes. The provider had electronic monitoring systems in place which allowed an oversight of accidents, incidents, complaints and safeguarding concerns, staff recruitment, supervision and training. In addition, there were daily and weekly checks of medicines and the environment. Monthly audit visits by the provider included for example, health and safety, a review of a sample of people's files including their care notes and associated records.

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

●Staff interacted both individually and in groups with people. They understood how people usually presented and would advocate for them if they felt there was a need to speak out. People were encouraged to do some activities of daily living we observed one person being supported to cook which they clearly enjoyed.

●Relatives told us they felt the staff and management were approachable and kept them informed of changes. They were familiar with long serving staff who knew their family member well and their key worker, (a key worker is a staff member who acts as a point of contact for the relatives and professionals). One relative expressed they would like to be kept informed of new staff names working in the home and be introduced so they are familiar with them.

●Most staff told us they were well supported and had bi-monthly one to one supervision and attended monthly staff meeting. They confirmed they felt able to raise any concerns and most felt concerns would be considered and if possible addressed. Their comments included, "I've been supported," and "I find it alright, there were issues before but now not…I feel there has been an improvement… I could raise a concern to the company, yes they would respond." A couple of staff told us felt they could raise concerns but were unsure if they would be acted on by the provider.

●The provider had given the staff information to support them in their work. They had ensured there was information for staff about COVID-19, including infection control and the donning and doffing of PPE. The operations manager had arranged a virtual talk for all staff by a GP to give the staff facts about the flu vaccine and to support them to raise any concerns they might have.

●Other support to staff included four newly purchased portable phones for use in the home so they could remain in contact with each other at all times in particular when managing behaviours which challenged. We were shown a communication from the Director which authorised 110% staffing in all provider services as a measure to guard against a fall in staffing levels due to COVID 19.

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

● The provider sent in notifications to the CQC and were open and transparent with the findings of their investigation. The management team supported our inspection by proving information both on the day of inspection and following the inspection.

Continuous learning and improving care; Working in partnership with others

● The provider was working in partnership with health and social care professionals to ensure the well-being of the people using the service. Staff received mandatory training and were provided with information to support them to understand best practice in social care.

● The provider Consensus Support Services Limited were aware of and supported national campaigns which were relevant to people with autism and learning disabilities. This included support for STOMP. (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines). The management team monitored closely the use of as and when needed medicines to manage behaviours which might challenge and promoted other less restrictive interventions to support people in the home.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure all risks to individuals were reviewed in a timely manner to check information was still current and relevant. Regulation 12(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. Regulation17(1)(2)