

Consensus Support Services Limited

89 Hampton Road East

Inspection report

89 Hampton Road East
Feltham
Middlesex
TW13 6JB

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01 March 2016
04 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 1 and 4 March 2016. The visit on 1 March was unannounced and we arranged with the manager to return on 4 March to complete the inspection. The last inspection of the service was in June 2014 when we judged it was meeting all of the standards we inspected.

89 Hampton Road East is a care home providing accommodation and personal care for up to eight people with a learning disability. When we carried out this inspection, six men were using the service. All had a learning disability and complex needs. The service had a registered manager who was appointed by the provider in September 2015 and registered by the Care Quality Commission in March 2016. 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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service were not able to leave without support from staff. The provider did not always obtain authorisation before some people were deprived of their liberty as they had not applied to the local authority under the Deprivation of Liberty Safeguards (DoLS).

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

The provider carried out checks on new staff before they worked with people using the service. This included taking up references, checking the person's identity and obtaining a Disclosure and Barring Service criminal record check.

People received the medicines they needed safely. The provider had systems in place to manage people's medicines and staff had the training they needed to support people with their medicines.

Support staff had the training, skills and knowledge they needed to work with people using the service. Staff understood people's care needs and how they communicated these.

People had access to the health care services they needed because the provider assessed and recorded their health care needs. Staff knew people using the service well and took action when their care or support needs changed.

Staff treated people with kindness and patience. They gave people the care and support they needed promptly and efficiently and people did not have to wait for staff to help them. Staff worked well together as a team to make sure people did not wait for care and support.

Staff offered people choices about aspects of their daily lives. For example, people were offered choices about the clothes they wore, the food they ate and the activities in which they took part.

The provider's care planning systems were centred on the person. The registered manager and support staff assessed and recorded people's individual care and support needs and based people's support plans on these assessments.

People using the service and others had the information they needed to make a complaint about the care and support they received. There was an appropriate complaints procedure and the provider produced this in an accessible format.

The provider, registered manager and support staff carried out a range of checks and audits to monitor quality and safety in the service. Where audits identified the need for improvements, the provider took action.

The provider had systems in place to gather the views of people using the service and others. The registered manager said they would arrange with the provider to send out feedback surveys for relatives and people using the service to make sure they had up to date opinions and people's experiences.

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 

Not all aspects of the service were safe.

The provider assessed risks to people using the service but they did not always use these assessments to develop plans to mitigate risks they identified.

The provider carried out checks on new staff before they worked with people using the service.

People received the medicines they needed safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

The provider did not always get authorisation from local authorities before people's liberty was restricted.

Support staff had the skills and knowledge they needed to work with people using the service.

People had access to the health care services they needed.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and patience.

Staff gave people the care and support they needed promptly and efficiently and people did not have to wait for staff to help them.

Staff offered people choices about aspects of their daily lives.

Is the service responsive?

Good 

The service was responsive.

The provider and support staff assessed and recorded people's individual care and support needs and based people's support

plans on these assessments.

The provider's care planning systems were centred on the individual.

There was an appropriate complaints procedure and the provider produced this in an accessible format.

Is the service well-led?

Good ●

The service was well led.

The provider, registered manager and support staff carried out a range of checks and audits to monitor quality and safety in the service.

The provider had systems in place to gather the views of people using the service and others.

89 Hampton Road East

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 1 and 4 March 2016. The visit on 1 March was unannounced and we arranged with the manager to return on 4 March to complete the inspection.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service, including the last inspection report and statutory notifications the provider sent us about incidents that affected people using the service.

During the inspection we were only able to speak with one person using the service. Other people had complex needs and although we were not able to communicate with them, we did observe the care and support they received and their interactions with support staff. We also spoke with the registered manager, deputy manager and five other staff working in the home, including team leaders and support staff. We reviewed care records for two people using the service, medicines records for four people and other records related to the management of the service, including the record of complaints, staff training and recruitment records and audits and checks the provider carried out.

Following the inspection we spoke with relatives of three people using the service.

Is the service safe?

Our findings

The provider did not always use their assessments to develop plans to mitigate risks. We saw that a person's first floor bedroom windows were open throughout our inspection. The provider had not identified a risk of the person falling accidentally from the windows in their bedroom although the windows were large enough for this to occur. The provider had simply accepted that the person would not want window restrictors to be placed on their windows.

This evidence showed that the provider did not do all that was reasonably practicable to mitigate risks to service users. We discussed this with the registered manager who agreed to speak with the provider. When we returned for the second day of this inspection, the registered manager had arranged for a contractor to visit the service and the provider had agreed to make changes to the windows to prevent the person from falling accidentally. The registered manager confirmed this work was completed on 8 March 2016.

We recommend that the provider reviews their risk assessment processes to ensure people receive safe care and support.

People's relatives told us they felt people were safe in the service. Their comments included, "There always seem to be enough staff around" and "I'm sure [my relative] is safe but specialist support needs to be more easily available." This relative explained that it was sometimes difficult to get support from specialist health services when people had specific health care or behavioural support needs.

The provider had a policy and procedures for safeguarding people using the service. Staff had completed safeguarding adults training and training records confirmed this. Staff understood the provider's procedures, were able to describe the types of abuse that might occur in a care home and told us they would take action if they had any concerns. Their comments included, "I'd tell the senior staff on duty at once if I had any concerns," "I would go straight to a team leader, the deputy manager or manager if I thought somebody here was being abused" and "It would never be accepted here, we all know we must report any concerns and make sure they are investigated."

The provider carried out checks to make sure staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. All staff had completed an application form detailing their employment history and the provider identified and challenged any gaps.

The provider ensured there were enough staff to meet people's care and support needs. We saw support staff worked well together and people did not have to wait for help or support. People were able to take part in activities they chose and there were enough staff to support them to do this. Staff rotas showed a minimum of five staff each morning and four each afternoon. During the night, one waking staff was on duty, with a second member of staff asleep in the home to provide support, if required. The registered manager used a pictorial rota that used photographs of staff on duty each day to let people using the service know who was supporting them.

Staff told us they felt there were enough staff to support people in the home and to access activities in the local community. They told us the manager also worked directly with people using the service when needed. Their comments included, "It's a good team, we do our best to support the people living here" and "The team work is good, we try and give people living here as many opportunities as possible and that means working together."

People received the medicines they needed in a safe way. The provider had a policy and procedures for managing people's medicines and they had reviewed and updated these regularly. Care records included information for staff on the reasons for, the dose and possible side effects of each medicine. Each person using the service had a medicines profile and agreed protocols for the use of 'when required' (PRN) medicines. Records showed support staff recorded the reason these were used each time they administered them.

Support staff told us the provider had trained them to give people their medicines safely and we saw evidence of this training. We looked at a sample of the medicines held and the records relating to this. The records were accurate and medicines were appropriately stored.

The provider learned from incidents and made changes to the service when required. When support staff identified a mistake had been made with one person's medicines, they took appropriate actions to make sure the person was safe and reported the incident to the local authority's safeguarding team for investigation. The provider cooperated with the safeguarding investigation and took action to make sure support staff had the training and support they needed to manage people's medicines safely.

We saw the five-yearly electrical safety check was completed in June 2011, the five-yearly electrical safety certificate was dated January 2013 and fire safety checks, including tests of the fire alarms, firefighting equipment and emergency lighting were up to date. The provider reviewed the service's fire safety risk assessment in March 2015 and this included personal emergency evacuation plans (PEEP's) for each person using the service. The PEEPs included clear guidance for staff on the support each person needed in the event of a fire.

The provider had produced a business continuity plan with guidance for the registered manager and staff on action to take in the event of fire, flood, civil unrest or any other disruption to the service.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed one person was subject to restrictions on their liberty that the local authority had authorised. However, the provider had not applied to local authorities for authorisation to restrict other people's liberty. Some people using the service needed constant supervision and were not able to leave the service without staff support. Entrance to and exit from the service was restricted by a locked gate and people could not leave without support from staff. Support staff told us that, on occasion, people had not been able to go out when they wanted as staff were not available to support them. They told us they explained this to people and ensured they supported them to go out as soon as possible but this restriction had not been authorised by the local authority responsible for funding the person's placement in the service. We discussed this with the registered manager who was aware of their responsibilities under the MCA and DoLS. They told us they had been appointed in September 2015 and were aware of the need to apply for authorisations to restrict people's liberty, but they had not yet submitted any applications.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us they felt staff were well trained. Their comments included, "The staff know what they're doing, some have been there a while and know people very well" and "It's not an easy job but the staff seem to be well trained and knowledgeable."

Support staff had the skills and knowledge they needed to work with people using the service. They told us they were well supported and had the training and information they needed to care for and support people. One member of staff said, "Yes, the training is good. I'm sure I have all the training I need to support people but if there was something else I wanted to do, [the provider] would arrange it." A second member of staff told us, "The training is good, I've done all the mandatory training and additional training around the specific needs of people living here, for example, epilepsy and autism awareness."

Training records showed new staff completed a planned induction to their work in the service, shadowing experienced members of staff and completing a range of training the provider considered mandatory. This included health and safety, safeguarding adults, food hygiene, manual handling, first aid and medicines administration. Support staff told us the provider recorded all training and reminded them when refresher

training was due. Training records confirmed this.

We saw people enjoyed the food provided in the service. People using the service and staff were involved in planning the weekly menu for the home, shopping and preparing meals. The menus showed staff prepared a variety of nutritious meals and fresh fruit was available. Support staff stored food safely and kept records of the temperature food was served at and fridge and freezer temperatures.

People had access to the health care services they needed. Care records included information about people's health care needs and who would support them with these. People's care records included evidence of regular consultation with health care professionals. Staff had also included information from these professionals in people's support plans. The registered manager told us they worked closely with GP's and specialist health services for people with a learning disability and we saw support staff recorded this involvement in people's care records.

Is the service caring?

Our findings

People's relatives told us people were well cared for in the service. One relative said, "All the staff are very good, they all care." A second relative said, "We're very happy with the staff, it's more than a job for them, they really care about people." A third relative told us, "No complaints, the staff have really good attitudes." During the inspection, we saw staff treated people with kindness and patience. They gave people the care and support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day during our visit.

The registered manager and some of the support staff we spoke with had worked in the service for some time and knew people's care needs well. The registered manager, deputy manager and one team leader had all been promoted internally and they were able to tell us about significant events and people in each person's life, as well as their individual daily routines and preferences.

People using the service were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and in communal areas when they wanted to be with other people. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed bedroom or bathroom doors if they supported people with their personal care and always knocked on the door and waited for people to invite them in.

Staff offered people choices about aspects of their daily lives throughout the inspection. We saw people made choices about what to eat and how and where they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person's request, we saw they explained the reasons why and agreed a time when they would be able to support the person. If people chose not to accept the support they were offered, we saw support staff respected this choice and offered the support later. People's care records also included a record of when they refused care and support and the reasons for this. Care records also showed when people chose not to take part in an activity and the changes support staff made to the person's daily programme to respect these choices.

The provider produced information for people using the service in a format they could understand. We saw the provider's care planning and risk management forms included pictures and symbols to make the information easier for people to understand. Easy-read versions of the provider's complaints and safeguarding procedures were also available.

We saw staff recorded people's needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their personal care and this was respected and reflected in the staff rotas we saw.

Is the service responsive?

Our findings

People's relatives commented, "It's got a lot better," "The staff tell us what's going on and we're very happy with the care [family member's name] gets there, he's very settled" and "Communication's not bad, they tell us everything we need to know."

The provider and support staff assessed and recorded people's individual care and support needs and based people's support plans on these assessments. The provider's care planning systems were centred on the individual. Plans were personalised and gave support staff clear guidance about how to meet people's identified needs. People's support plans covered all of their social and health care needs and support staff reviewed each area of the plan monthly.

People's care records included information on how they spent their time during the day. The records showed staff supported people to take part in activities in the service and the local community and outings that staff knew each person enjoyed. During our inspection, all six people using the service went out for part or all of the day. People accessed community activities with staff support and also took part in art and craft activities in the service. One person enjoyed helping the deputy manager to laminate photographs of staff members for use with the service's pictorial rota. The registered manager also arranged for another person to visit an indoor trampoline centre after the person's family said they used a trampoline at home.

Support staff completed daily care notes to record the care and support each person received each day. The daily records showed that people received support that was in line with their plan.

There was an appropriate complaints procedure and the provider produced this in an accessible format. People's relatives told us, "We made a complaint some time ago and the response was a bit slow" and "I'm sure [registered manager's name] would deal with any complaints, she's very able."

Support staff told us they were confident the provider and registered manager would address any concerns they raised. The complaints records showed the registered manager recorded all complaints, the action they took in response, the outcome and whether or not the person who made the complaint was satisfied. The registered manager dealt with all of the recorded complaints in line with the provider's procedures.

Is the service well-led?

Our findings

The service had a manager who was appointed in September 2015 and registered by the Care Quality Commission in March 2016. People using the service told us they knew who the manager was and said they could talk with them at any time. One person said, "I know the manager, it's [manager's name]." A relative told us, "I'd feel happy approaching any of the staff but the manager is very good, she's changed things for the better already."

The provider's stated goal was "for people to see us as the best provider of personalised support for individuals with complex needs in the UK." Support staff were aware of the provider's goals and values and they told us they felt the provider was a good employer. They commented positively on the provider's training and support systems and told us they enjoyed working for the organisation. One member of staff said, "It's a good organisation, they support their staff." Other comments from support staff included, "I'm proud of what we do here, it's a great job" and "I'm very happy working here, we do important work and make a difference."

The provider had systems in place to gather the views of people using the service and others. The registered manager told us the provider organised surveys to get the views of people's relatives and we saw a report on their views dated August 2012. We also saw a report on the views of people using the service dated November 2014. Responses to these surveys for relatives and service users were all positive. The registered manager said they would arrange with the provider to send out feedback surveys for relatives and people using the service to make sure they had up to date opinions and people's experiences.

The provider, registered manager and support staff carried out a range of checks and audits to monitor quality and safety in the service. The registered manager told us the provider's operations manager carried out unannounced monthly visits to the service. We saw reports written following visits in January and February 2016. These visits included checks of health and safety, care planning, risk management and finances, people's support plans and health action plans. The registered manager confirmed issues identified during the monitoring visits were addressed before the next visit. For example, the registered manager had introduced weekly updates for people's relatives, either by email or a phone call.

The provider carried out a quality and safety audit of the service in January 2015. Issues identified by the audit included updating staff training and improving the cleaning schedule for the service. The registered manager confirmed they had addressed both of these issues. The provider also carried out an infection control audit in June 2015. The registered manager confirmed that, following the audit, they had purchased spill kits to protect staff when cleaning spillages of bodily fluids.

Support staff told us they had daily handovers that covered people's medicines and finances. They also completed monthly health and safety checks, with the last check completed in March 2016. The health and safety checks included checks of window restrictors.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not always obtain lawful authority before people were deprived of their liberty.</p> <p>Regulation 13 (5).</p>