

# Consensus Support Services Limited

## Consensus Support Services Limited - 121 Station Road

### Inspection report

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24 April 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Consensus Support Services Limited - 121 Station Road is a care home that was providing personal and nursing care to 10 people with a learning disability or autistic spectrum disorder, a physical disability and younger adults.

People's experience of using the service:

Quality assurance systems and processes did not always identify gaps in people's care records. A new audit tool was implemented to address this.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control over their own lives, choice, and independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff that were kind and caring and enjoyed spending time in their company. Staff promoted people's independence.

Keyworker meetings enabled people to discuss what was working and not working for them, so people could be supported to address any issues or concerns.

People's privacy and dignity was respected. People's diverse needs were embraced, and staff supported people to express their individuality.

People were supported to access activities of their choosing and to engage in their hobbies and interests.

Relatives told us they knew how to raise a complaint and felt confident these would be addressed to their satisfaction.

People received safe care from staff that understood how to recognise and protect them from abuse. Staff had received training relevant to their role and felt well supported and valued by the management team.

Risk assessments and care plans were reviewed at regular intervals to ensure these were reflective of people's needs.

People received their medicines as prescribed and equipment for managing people's health needs was maintained in line with the manufacturer's guidance.

The service met the characteristics for a rating of 'good' in all of the key questions. Therefore, our overall rating for the service after this inspection was 'good'.

Rating at last inspection: Requires Improvement (Published 23 May 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Consensus Support Services Limited - 121 Station Road

## **Detailed findings**

## Background to this inspection

### The inspection:

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

### Inspection team:

The inspection team consisted of one inspector.

### Service and service type:

Consensus Support Services Limited - 121 Station Road is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

The inspection was unannounced.

Inspection site visit activity started on 23 April and ended on 24 April 2019. We visited the home on 23 April and spoke with relatives by phone on the 24 April 2019.

What we did:

The provider completed a Provider Information Return (PIR). 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 took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We used this information to plan our inspection.

During this inspection we spoke with one person who received personal care, and two relatives. We received feedback from one relative via email.

As part of this inspection, we spent time with people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us.

We spoke with the provider, registered manager, clinical lead, two nurses, one team leader, and one member of the care team. We also spoke with a visiting healthcare professional.

We reviewed three people's care records and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and Recruitment:

- At the previous inspection we found there were not enough staff to meet people's needs. At this inspection we found staffing had improved and there were enough staff to be responsive to people's needs. One staff member told us, "Staffing has improved tenfold. We are getting people out more."
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking an enhanced disclosure and barring service (DBS) check and references from previous employers.
- The provider checked nurses' registration against the Nursing and Midwifery council (NMC) register to ensure they were registered to provide nursing care.

Assessing risk, safety monitoring and management:

- At the previous inspection we found fire alarm tests and water temperatures were not undertaken at regular intervals. At this inspection we found health and safety checks had been undertaken. For example, fire extinguishers, electronic equipment, bed rails, fire alarm test, water temperatures and wheelchairs.
- Equipment to manage people's health needs was regularly service in line with the manufacturer's guidance.
- Staff were aware of risks associated with people's health and wellbeing.
- Risk assessments for falls, skin damage, eating and drinking enough and specific health needs were reviewed at regular intervals to ensure they were reflective of people's needs.
- The home was inspected by the Food Standards Agency in November 2018 and received a rating of 'Very Good'.
- Signage was visible in the home to alert staff and the fire service to the presence of oxygen in the event of a fire. An easy read fire escape plan was displayed in the home and personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse:

- The person we spoke with confirmed they felt safe receiving care from staff. Relatives told us they felt confident their loved ones received safe care. One relative told us, "[Relative] had a bad experience before, but feels safe now."
- Safeguarding systems and processes were in place and embedded in practice. Staff knew how to recognise abuse and protect people from the risk of abuse.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Records showed the registered manager had appropriately reported and investigated safeguarding concerns.

#### Using medicines safely:

- Regular medicines audits were undertaken. The most recent audit identified inconsistency in recording of creams being applied, the registered manager told us this would be addressed in the following team meeting.
- Medicines systems were organised, and people received their medicines on time and as prescribed.
- Medicines were administered by qualified nurses, that undertook competency assessments to ensure their practice was safe.
- Protocols were in place to instruct staff when to give medicines prescribed on an 'as required' basis. We observed people being asked whether they needed their 'as required' medicines.
- Medicines were safely stored and records accurately reflected the stock level held at the home.

#### Preventing and controlling infection:

- We found the home to be clean on the day of our inspection. However one relative told us, "Sometimes it looks a bit grubby, sometimes doesn't look as good as it could." The registered manager told us, a cleaner was in post and another was being appointed.
- Staff had a good knowledge of infection control requirements and told us they had access to personal protective equipment (PPE) such as gloves and aprons.
- At the time of our inspection, the washing machine was out of service. The management team had co-ordinated a daily laundering service in line with infection control requirements while awaiting a replacement.

#### Learning lessons when things go wrong:

- Staff knew how to report accidents and incidents. Accidents and incidents were reviewed by the management team to identify trends, patterns and learning.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- We found there were areas in the building where the plasterwork had been damaged by manoeuvring wheelchairs and equipment. We saw feedback from this year that said, "Looks a little tired [home] needs brightening up" and "Generally the home is fine but showing signs of ageing and could do with a complete upgrade instead of repairs." The sensory room and lounge area had been decorated recently. Following the inspection, the registered manager sent a maintenance plan to address these areas and told us people would be involved in choosing the décor.
- People's bedrooms were personalised and had been decorated to their choosing. Some people chose to store their belongings in communal areas. One person's bongo drums were available in the lounge area for their use.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before moving to Consensus Support Services Limited - 121 Station Road.
- People's individual needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- People's preference for staffing was considered. One relative told us, "It's nice for [relative] to be with male staff which is a good thing. It would be good to get a few more young ones [staff] to stay."

Staff support: induction, training, skills and experience:

- All staff accessed training the provider deemed as mandatory and had undertaken or were working towards the care certificate. The Care Certificate is a set of standards that social care and health workers should adhere to during their working practice.
- Nurses were supported to access training to maintain their registration with the Nursing and Midwifery Council (NMC).
- Staff received training to meet people's individual needs. For example, giving emergency medicines, chest physiotherapy and positive behaviour support. This training was refreshed as needed. A staff member told us, "Carers know people really well, we have kept people out of hospital so many times."
- An induction process was in place for new staff. This included shadowing more experienced members of staff for two weeks until assessed as competent to meet people's needs.
- Staff had access to regular supervisions and told us they felt well supported by the management team.

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

- People's care plans reflected the support they needed to eat and drink enough.
- People were involved in developing the menu using pictures. We observed people to be offered a choice of freshly cooked foods. The person we spoke with, told us, "The food is good here." A staff member told us,

"[Name] does not like eggs, or eat pork, so we accommodate that."

- Records showed the service had liaised with health professionals for advice regarding people's dietary needs. During the inspection a health professional visited to observe staff supporting a person with their eating and drinking. They said, "It was really lovely to see how well [name] was prepared for dinner and supported this week."

Staff working with other agencies to provide consistent, effective, timely care:

- People received individualised support as detailed in their care plan.
- During our inspection a local hospital contacted the registered manager to advise a person was not eating or drinking well. The registered manager promptly arranged for a staff member to attend to support with eating and drinking.
- The home's staff were involved in care plan reviews with commissioning authorities.

Supporting people to live healthier lives, access healthcare services and support:

- Staff knew people well and provided care and support to prevent a deterioration in their healthcare condition. One relative told us, "The nursing staff are great, and all understand [relative]. They are on top of things and keep in contact with me. [Relative] has only been in hospital once this last year, whereas [relative] was in all the time before, staff are doing [health interventions] a lot better."
- Staff recognised when people needed healthcare support and co-ordinated appointments with professionals such as the GP, speech and language therapist, dietician, physiotherapist and community learning disability nurses.
- Records showed people were supported to attend health appointments by staff that knew them well. This meant people had prompt access to the healthcare they needed. On the day of the inspection, one person was supported by staff to attend a hospital appointment.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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's mental capacity had been assessed and decisions regarding their care and treatment had been made in their best interest. Not all records we reviewed evidenced assessments and decisions had been regularly reviewed to ensure they remained reflective of people's needs. Following our inspection, the registered manager told us MCA assessments and best interest decisions had been reviewed and would be transferred to people's care files.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found restrictions on people's liberty had been appropriately authorised and the service supported people in line with the requirements of the authorisation.
- We observed staff offer people choices throughout our inspection and respect their decisions. For example, one person declined taking an as required medicine.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring. Relatives told us staff cared for their loved ones and attended to visitors needs too. One relative told us, "I love the staff, they are brilliant, they make me feel welcome. They ask if I want a coffee and know how I like it." One staff member identified a person looked unhappy. They immediately stopped what they were doing and sat with the person to talk to them and find out what was wrong, the person's facial expression changed, and they were visibly reassured.
- We observed the home to have a happy and relaxed atmosphere. One relative told us, "What I like and what I always wanted was for [relative] to have the atmosphere of home and to be relaxed... like you would do in your home. Staff have a laugh and joke with people." Another relative told us, "I always hear laughter."
- Relatives felt their loved ones were happy living at the home. One relative told us, "I ask [relative] whether they are happy or want to move and [relative] always say yes they are happy."
- People and staff had developed caring relationships together and enjoyed each other's company.
- Staff completed training in equality and diversity and were committed to ensuring people's equality and diversity needs were met.
- People's cultural and religious needs were detailed in their care plans. For example, one person's care plans detailed the diet they followed as part of their religion.
- We observed staff to respond sensitively to people's distress. For example, we observed one person throw their drink. The staff member supporting the person responded calmly, cleaned the spillage, made the person comfortable and provided a fresh drink.
- People knew which staff would be at the home each day. A notice board displayed staff's photos which accurately reflected staff working at the home.
- Staff and relatives gave examples of staff going the extra mile to enhance people's lives. For example, one staff member decorated a birthday cake on their day off to reflect a person's interests. A relative told us, "A staff member [left to go to another job]. [Relative] was so upset [name of staff] now works one day a week so [relative] can still see her."

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in monthly review meetings with staff where they could express what was working and not working for them, these meetings informed reviews of people's care plans.
- People were mostly supported by their families to help them speak up about their care. One person had support of an independent advocate. An advocate is someone that can help people speak up so their needs are heard and support with important decisions.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. At no point during the inspection was it made obvious people

were to be supported with their personal care, this was managed sensitively.

- We observed staff to knock on people's bedroom doors and seek people's permission to enter.
- We observed staff support people to be independent, such as by making their own drink. This promoted people's independent living skills.
- Staff recognised the importance of confidentiality, records were stored securely.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the time of the last inspection we were concerned staffing levels impacted on people's access to meaningful activities.
- At this inspection we found access to activities had improved. One relative told us, "They are doing more in-house activities, they have done bowling, yoga and that sort of thing, that wasn't in place before."
- An activities board displayed pictures and photos of planned activities. This showed the day prior to the inspection activities available were yoga and a pub lunch. The person we spoke with, confirmed the activities had taken place and told us, "I went to the pub and had a fish and chip platter."
- During our inspection we observed people playing snakes and ladders, going out for a walk, going shopping and singing. One person asked a staff member, "Please can you take me out today" The staff member replied, "Yes of course where do you want to go...that's no problem." This person went out for lunch and brought pies for their evening meal.
- Staff knew people's hobbies and interests and we observed them speaking to people about what they had been doing. For example, shopping, family, meals and trips out.
- A scrap book was available for people to look through of activities they had undertaken such as ice skating, parties, indoor gardening and attending the zoo and seaside.
- People received person-centred care that took into consideration their individual needs. Care plans were reflective of people's needs and detailed people's preferences, routines and how staff could best support them. They had been reviewed at regular intervals. One staff member told us, "Care plans have enough information to get to know people."
- Staff told us, and we observed people to get up in the morning when they wished. Care was not rushed.
- People had been involved in putting together boxes of photos and items important to them they could talk about with staff and their loved ones. One person had been supported by a staff member to make a toy box for a visiting relative.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. This is a law which aims to make sure people with a disability, impairment or sensory loss get the information they can access and understand. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Care and consideration had been taken when supporting people to get washed and dressed in the morning. One relative told us, "[Relative] [always looks clean. Staff do [names] make up and make sure her hair looks lovely and she is well dressed."
- People were supported to maintain regular contact with their families via phone and social media.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint or raise a concern, 'making a complaint or speaking out'

information was displayed in the home in an accessible format.

- Systems and processes were in place to manage complaints. Relatives told us they would have no hesitation raising concerns and felt confident they would be dealt with. One relative told us, "I do feel I can raise any concerns with [registered manager] she is approachable... she will take on board what you say." Records showed there had been no recent complaints. However, previous complaints had been appropriately investigated and responded to.

End of life care and support:

- Where it was deemed to be in a person's best interest to have an end of life care plan, these were in place and reflected people's preferences and wishes. For example, one person's care plan detailed their cultural wishes should they reach the end of their life.
- The registered manager told us if people reached the end of their life and wished to remain at the home they would seek support from healthcare professionals to enable people to receive the support they needed in their final days.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection the registered manager was absent from their role. This impacted on the day to day management of the home and on the auditing and monitoring of the service, supervisions, staffing levels and training.
- At this inspection we found the registered manager had returned to their role and improvements had been made.
- Health action plans and hospital passports had not been regularly reviewed. However, following the inspection, the registered manager told us a new audit tool had been implemented to ensure any gaps in people's care files would be promptly identified and addressed moving forward.
- A compliance report developed by the provider was regularly accessed by the registered manager. This enabled the registered manager to review the locations performance and identify areas for action. For example, we saw checks on lifting equipment and water testing were due and had been booked.
- The registered manager regularly inputted data onto the compliance report to enable the provider to monitor the locations performance. We saw the management team had ensured safe staffing levels were provided, supervisions undertaken, and training booked to ensure compliance.
- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance at the providers place of business and on the provider's own website and submitting legally required notifications. The location was compliant in these areas.
- Staff and relatives gave positive feedback regarding the management team. One relative told us, "I find the manager easy to approach and [relative] has a good relationship with her." Staff told us, "[Registered manager] is here for the [people] and very supportive of the staff. [Registered manager] is the best manager I have ever had." And "[Registered manager] never shuts the door. [Name of person] spends a lot of time in the office."
- Staff worked well together as a team. One relative told us, "The staff like the people and like the job...If you've got happy staff, you've got a happy home." One staff member told us, "I love coming to work."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider met the regulatory requirement to be open and transparent with people using the service when things went wrong.
- People, relatives and staff knew the management team by name and contacted them with any concerns or queries. We observed people and staff to pop into the office and be warmly greeted throughout our

inspection.

- The home had champions for person centred care that attended regular provider led meetings to share best practice.
- Staff were proud of their work and felt valued by the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Records showed regular team meetings took place. These were used to discuss areas of concern, share good practice and to implement improvements.
- House activity meetings were undertaken and discussed. Subjects such menu planning and improvements people wanted to make to the home were discussed.
- People, their families and staff were asked for feedback via surveys to drive improvements. A recent survey identified the purchase of an additional vehicle would enhance people's access to activities., this had been purchased.
- We saw compliments from relatives obtained from surveys. One relative said "Nothing is too much trouble, the new manager is a really nice lady, door is always open, and I hope the new manager stays. No issues lovely team that work well together." And, "I am always offered a drink and made to feel welcome."
- People's relatives and staff told us they would recommend the home. One relative told us, "[Name] has been in lots of care homes, this is one of the better ones." A staff member told us, "I would recommend it, the activities are brilliant, and people are always smiling."

Continuous learning and improving care:

- Following a recent quality monitoring visit from the local authority. The registered manager had implemented a system to monitor the provision and recording of support hours to ensure people were enabled to access activities as per their care plan. This needed embedding in practice.
- The registered manager told us following staff feedback that weekend working patterns had been changed; this had reduced staff sickness at the weekend.
- Following survey feedback the management team purchased new sofa's and a dining table and chairs for the lounge area. Following our inspection, the registered manager wrote to relatives to advise of the improvements that had been made following survey feedback and to inform them of further improvements planned to the home environment.
- The management team were open and receptive to any minor shortfalls we highlighted during the inspection and set about to action these on the day of the inspection.

Working in partnership with others:

- The management team worked closely with social workers and commissioning authorities and sought support of other health professionals as needed. A health professional told us, "They [staff] have followed up on recommendations when I have made them... All staff have been warm and friendly."
- The home had a close relationship with the local university and supported student nurses to have placements at the home.
- The provider held best practice meetings every three months. These were attended by the management team who found these beneficial for sharing good practice and in identifying further improvements.
- Relationships had been built with a local supermarket. The supermarket advised they would transform the garden into a sensory garden to benefit people living at the home.