Consensus Support Services Limited

Grammar School House

Inspection report

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Ratings

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

Overall summary

Grammar House School provides specialist care and support for up to 12 adults who have a learning disability and/or autistic spectrum. There were 11 people living in the service when we inspected on 2 September 2015.

There was a registered manager in post. 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.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff understood how to minimise risks and provide people with safe care. Procedures and processes were in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Summary of findings

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said. The atmosphere in the service was friendly and welcoming.

Care and support was individual and based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions. Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date with changes regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the service. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual 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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Good

Is the service responsive?
The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and acted on.

Good

Is the service well-led?
The service was well-led.

People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly this helped the service to continually improve.

Good

Summary of findings

There was an open and transparent culture at the service. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Grammar School House

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 unannounced inspection took place on 2 September 2015 and was carried out by one inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

Some people had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways, such as facial expressions and gestures. We observed the way people interacted with staff and how they responded to their environment and staff who were supporting them.

We spoke with two people who used the service and received feedback from two people's relatives. We reviewed three people's care records and other information, for example their risk assessments and medicines records, to help us assess how their care needs were being met.

The registered manager was not available at the time of our inspection. In their absence we spoke with the provider's operations manager and five care staff. We reviewed feedback received from two health and social care professionals.

We looked at records relating to the management of the service including safety of equipment, staff recruitment and training. We also looked at the systems in place for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People who used the service presented as relaxed and at ease in their surroundings and with the staff. Two people when asked if they felt safe in the service smiled and nodded their heads at us. Another person told us, "I feel very comfortable and safe here. I have no worries here."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks that affected their daily lives. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines, finances and accessing the local community, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as epilepsy, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

There was an established staffing team in place with sufficient numbers to provide the support required to meet people's needs. Discussions with the staff and the operations manager told us that agency staff were rarely used to provide cover, as existing staff including the management team covered shifts to ensure consistency and good practice. This meant that people were supported by people they knew and who understood their needs.

People's needs had been assessed and staffing hours were allocated to meet their requirements. Two team leaders in charge of the shifts told us the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Throughout our inspection we saw people supported by staff undertaking various one to one activities and accessing the community on planned and impromptu trips out. Our conversations with staff and records seen confirmed there were enough staff to meet people's needs.

Suitable arrangements were in place for the management of medicines. We observed people receiving their medicines in a safe and supportive way. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on medicine administration records (MAR's). Where medicines were prescribed to be taken as and when required, for example as a response to aggressive behaviour, there were plans, guiding staff through the process for deciding whether to administer the medicines, and what alternative strategies should be attempted before resorting to the use of medicines in such circumstances. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

Relatives told us that the staff were skilled and well trained to meet people's specific needs. One relative told us how the staff had been trained to meet their relatives nutritional needs through a procedure called PEG feeding. They said, "When [relative] became poorly and needed to be PEG fed, the staff received the additional training and support straight away so they could be able to do this. The team leaders and manager here are very proactive and in the past have worked with the district nurses and doctors to be able to look after [relative] properly. This has meant ordering in specialist [mobility] equipment to help [relative] be more active. They [staff] all had to be trained in how to use the hoist safely and I remember this was done quickly and with minimum fuss."

We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included using reassuring touch, maintaining eye contact and using familiar words that people understood. Staff said that they were provided with the training that they needed to meet people's requirements and preferences effectively. Systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff told us they received specific training to meet people's care needs. This included supporting people with epilepsy, peg feeding and managing behaviours. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Systems were in place that provided staff with the support and guidance that they needed to meet people's needs effectively. Staff told us that they felt supported in their role and had regular one to one supervision and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. They described how the management team encouraged them to professionally develop and supported their career progression. One of the team leaders told us as part of their ongoing development they were about to mentor and support a newly appointed member of staff in obtaining their care certificate, this was confirmed in records.

People were asked for their consent before staff supported them with their care needs for example to mobilise or assisting them with their meal. Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks and refreshments throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people's care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/ representatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments, medicines reviews and annual health checks. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

Two people told us that the staff were caring and treated them with respect. One person said about the staff, "They are lovely. Help me a lot." Another person commented, "I like them all they are nice to me and kind." Another person when we asked them if the staff were caring and kind smiled and nodded their head at us.

Feedback from relatives about the staff approach was positive. One relative commented that, "The support [their relative] received is outstanding. [Relative] is always respected and supported with care and kindness." Another relative told us, "The staff are absolutely marvellous. They have made a huge difference to the wellbeing of [relative]. I was worried when [relative] first came as we [family] are so far away and [relative] was very poorly. It was not looking good. What a turnaround since then. Now [relative] is thriving and even started to communicate again. I think this is down to the whole attitude and demeanour of staff. [Relative] responds really well to them."

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them.

Information about advocacy was available in the service to enable people to have a stronger voice and support them to have as much control as possible over their lives. Throughout the day we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People's choices were respected by the staff and acted on. For example we saw one person ask to empty the dishwasher. A member of staff explained to them that the machine had not finished and asked if there was anything else they would like to do. The person said they would like to wait with the member of staff and this request was accommodated.

We observed people who used the service in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction with staff when engaged in daily activities or discussing their plans for the day. We saw three people enjoying their favourite activities with their key workers (allocated member of staff). This included listening to music, using the sensory room and sitting outside in the garden. We saw that people were laughing and enjoying the company of the staff member they were with.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood, for example using aids such as pictorial cards to express their choices. Staff were aware of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing.

Staff were familiar with changes to people's demeanour and what this could represent, for example how a person appeared if they experienced pain or anxiety. We saw a member of staff recognise when a person's mood had suddenly changed and they had become distressed. The member of staff talked to the person calmly and in a reassuring manner. They encouraged the person to walk outside with them to the garden as this was something they knew the person liked to do and may help settle them. The person linked arms with the member of staff and laughed and smiled as they walked outside to the garden.

People were supported to develop and maintain friendships. Their support plans contained information about their family and friends and those who were important to them. Staff enabled people to regularly access the community and to participate in activities they enjoyed. This included going swimming and to the local sports centre, working on a small holding and meeting up with friends at the weekly 'Gateway Club' disco. Two people told us how much they were looking forward to their holidays in 'Great Yarmouth'. One person said, "I can't wait to go with [member of staff]. I love going on holiday. I have a lovely time." This showed that measures were in place to reduce the risk of social isolation for people.

Staff told us how they respected people's dignity and privacy, including when supporting people with their

Good

Is the service caring?

personal care needs, and understood why this was important. People's health care needs were discussed in private and not publicly. People chose whether to be in communal areas, have time in their bedroom or outside the service. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, came and went as they chose and were supported when needed.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. A relative told us that their relative, "Is offered a variety of activities, but respect is paid to their wishes if [relative] does not feel up to/is not interested." We saw that staff were attentive and perceptive to people's needs including non-verbal requests for assistance. Where support was required this was given immediately.

People had an allocated staff member as their key worker who were involved in that person's care and support arrangements. Conversations with relatives and staff informed us that key workers met regularly with people and where appropriate their representatives, to discuss the care arrangements in place and to make changes where necessary if their needs had changed. Records seen confirmed this. A relative told us how the, 'Staff are alert to any change in mood/emotional wellbeing" and responded appropriately. This included informing the family of any significant actions taken such as contacting the doctor if they had concerns. This ensured that people received care and support that was planned and centred on their individual needs

Staff explained how they tailored care and support to meet people's complex needs. This included when people were not always able to express themselves verbally and were becoming frustrated at not being understood. Staff described how they shared with each other the best ways to recognise people's different behaviours and mannerisms and how to respond appropriately. This information was recorded in the care plans so that all staff were aware. Staff described how they used different responses to communicate their understanding and to engage with people, this included short verbal sentences, pictures, Makaton signs and using reassuring touch. This showed that staff recognised and were responsive to people's individual needs.

Care records contained detailed information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

Staff were kept aware of any changes in people's needs on a daily basis. One member of staff told us, "We discuss each person at staff handover. We talk about if there have been any changes or things we [staff] need to keep an eye on and be aware of for that person. We check their families or the doctor have been contacted if needed and any actions that need doing are flagged up so everyone is aware what is going on. We all sign the [handover] book to show we have read and understood the information."

People's daily records contained information about what they had done during the day, what they had eaten, how their mood had been or if their condition had changed. Throughout the day staff communicated effectively with each other and used a communication book to reflect current issues as part of a formal handover to staff on the next shift. A relative told us that the staff were, "Always well informed and knowledgeable about [their relative's] health issues, likes and dislikes" and were able to adapt accordingly. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to menus and the choice of activities provided following suggestions made. Good practice was fed back to the staff through team meetings and in one to one supervisions to maintain the consistency. Two people's relatives told us that they attended these care review meetings and felt that their comments were valued. One relative said, "Everyone contributes in these meetings and we go through the care arrangements. It can be a big meeting with all the professionals or just me or another family member and a member of staff. We talk about what is working and if anything needs changing. The staff are excellent at listening and acting on what you say. The staff here make people and their families feel part of an extended family all working together to meet your relative's needs."

The provider's complaints policy and procedure was made freely available in the service and explained how people could raise a complaint in a format people could

Good

Is the service responsive?

understand. Records showed that complaints were well documented, investigated, acted upon and were used to improve the service. For example providing further training for staff and disciplinary action, where required.

Good

Is the service well-led?

Our findings

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people and relatives about the staff and management team were positive. One relative told us how staff were, 'Very easy to talk to and included you in decisions." Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the manager and deputy manager were approachable and listened to them. One member of staff said, "The team leaders, manager, deputy and [operations manager] are approachable and encourage you to be the best you can. They are available to help whenever you need them."

People were involved in developing the service and were provided with the opportunity to share their views. There were care reviews in place where people and their relatives made comments about their individual care. When people had made comments about their care preferences, these were included in their care records and acted on. Relatives were complimentary about the service and told us they felt listened to. One relative said, "I feel part of the [care review] process and that mine and my family's opinion matters, whether it is about the care or the laundry. I f I have a query I can speak to any of the staff including the management and it is dealt with."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed their views about issues affecting people's daily lives. This included how staff supported people with personal care and accessing the community.

Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff told us, "We all speak up and work together as a team."

Staff understood how to report accidents, incidents and any safeguarding concerns. They liaised with relevant agencies where required to ensure risks to people were minimised. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents including significant changes to people's behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

Systems in place for accessing staff personnel files did not always work. This meant that information could not be readily accessed when required. Staff personnel files were stored in the filing cabinet in the office with both the deputy manager and registered manager each assigned a key. However at the time of our inspection the registered manager was on holiday and had not left their key behind. The deputy manager (not on duty that day) when contacted by one of the team leaders advised that their key was broken and this had been reported. We were therefore unable to access information in the filing cabinet.

However the operations manager did provide us with some of the information we requested for staff. This included DBS recruitment checks, supervision and training information and emergency next of kin details. They advised us that they would address this shortfall and take immediate actions. Following the inspection the operations manager confirmed they had reviewed the processes in place, replaced the filing cabinet and implemented a new protocol. This included ensuring that a nominated person had access to the filing cabinet keys in an individual's absence. In addition they told us that members of staff on call at local and regional level would have access to

Good

Is the service well-led?

internal HR systems where they could access staff personnel information if required. We were assured by the actions taken that the risk of not accessing information when required had been mitigated.

A range of audits to assess the quality of the service were regularly carried out. These included medication audits and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the provider's internal review system. This included feedback from family members, keyworkers and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The operations manager and management team undertook frequent reviews of their processes and systems to ensure consistency and effective practice were followed. The outcomes and actions arising from the audits and checks addressed any shortfalls identified and fed into a continual improvement plan for the service.