Consensus Support Services Limited

Holland House

Inspection report

21 High Street
Corby
Northamptonshire
NN17 1UX

Tel: 01536403364
Website: www.consensussupport.com

Date of inspection visit:
01 December 2016

Date of publication:
06 January 2017

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

This unannounced inspection took place on 1 December 2016.

Holland House is registered to provide accommodation and personal care for up to 4 people and there were 3 people living in the home on the day of inspection. The service had been closed for some time, it re-opened in September 2016 and now specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS). This is a genetic condition that predominantly manifests with early years onset of Hyperphagia, an unrelenting desire for food, driving the person towards excessive eating, which, if left unchecked can result in life threatening obesity. Other characteristics of PWS include learning disabilities that may range in severity, and challenging behaviours.

The service is required to have a registered manager. At the time of inspection a manager was in post and they were in the process of registering with the Care Quality Commission as the registered manager for the service. 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.

People felt safe in the home and relatives said that they had confidence in the ability of staff to keep people safe. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff that were unsuitable to work at the service. Staff received a thorough induction and training in areas that enabled them to understand and meet the care needs of each person.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabled positive risk taking. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were written in a person centred approach and detailed how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in

place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house and people told us that staff were caring and respectful. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to. There was a stable management team and effective systems in place to assess the quality of service provided.

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review. People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as much as possible in the daily running of the home.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The manager had applied to the Care Quality Commission to register as the manager of the service and this application was being processed.

The manager was active and visible in the home, they worked alongside staff and offered regular support and guidance.

There were systems in place to monitor the quality and safety of the service.

There was a well-articulated vision and a positive culture of person centred care and support that was understood and put into practice on a day to day basis by staff.

Holland 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 inspection took place on 1 December 2016. The inspection was unannounced and was undertaken by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the home and spoke with two people who lived there and spoke with two of their relatives on the telephone. We also looked at two people's care records and related documentation about the support people required. In total we spoke with four members of staff, including the manager. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We also viewed the communal accommodation and facilities used by people.

Good

Is the service safe?

Our findings

People were supported in a way that maintained their safety and they told us that they felt safe. One person said "It's homely here and I feel safe, the staff are very nice and supportive". People's relatives were confident that their family member was supported in a safe way; one person's relative said "I trust the staff and [Name] is supported in a way that balances their safety and independence". We observed that people in the home were happy and comfortable with the staff supporting them and that people interacted freely with one another.

People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the home. People were actively involved in the recruitment of staff and were supported to be involved in the interview process. The provider had developed a pictorial tick sheet to help people record their thoughts and support them to make their own decisions about recruiting staff.

There were enough staff to keep people safe and enable people to take part in activities and staff had a good knowledge of the needs of the people they were supporting. Staffing allocation was directed by the needs of the people living in the home, this was demonstrated as the staffing levels had increased as new people had been admitted. Staffing rotas clearly showed who was leading the shift and the manager was available to provide additional support if needed.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. One member of staff said "If I was concerned I would report it to the manager and if necessary someone external like social services". The manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

People's medicines were safely managed and people told us that the staff gave them their medicines when they needed them. One person said "The staff always give me my medication and it's always on time". Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. The medicines policy covered receipt, storage, administration and disposal of medicines.

Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people and the need to adapt the level of support they provided depending on the person's needs and circumstances. For example one member of staff described how consistency and boundaries were very important when supporting people with PWS to manage their behaviour and that by following people's risk assessments and care plans staff ensured that they responded appropriately to any incidents of challenging behaviour. People had been involved in the development of their individual risk assessments and care plans and had signed these to demonstrate that this was how they wanted to be supported. These provided staff with current, detailed information about how to support people to take part in the activities they

enjoyed in a safe way and covered all aspects of their lives. For example there was detailed information about the specific risks associated with (PWS), such as the potential dangers posed by people with PWS having a high pain threshold and an impaired awareness of when they are too hot or too cold.

People lived in an environment that was safe. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation. People were protected from the risk of fire as regular fire safety checks were in place. Fire drills took place monthly and fire alarm testing took place weekly.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the required knowledge and skills to support them appropriately.

Staff told us that their induction had fully prepared them to undertake the duties required for their role. Staff did not work with people on their own until they had completed all of the provider's mandatory training and had completed sufficient shadow shifts to ensure that they felt confident to undertake the role. Newly recruited staff also undertook the provider's bespoke training that was based on the Care Certificate, which included mandatory training such as record keeping and documentation, and health and safety. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff said "The induction was very good, this was a change of job role for me and the induction gave me everything I needed, it was a good mix of e-learning and face to face training".

Staff received mandatory training such as first aid, fire safety and mental capacity. Additional training relevant to the needs of the people they were supporting was also provided; this included training in PWS, conflict management, nutrition and healthy eating. Staff told us that PWS training had enabled them to understand more about the condition and how best to support people with the challenges they faced. One member of staff said "All of the PWS training we get is really good; it's such a unique condition and important that we have a good understanding off all of the issues around food". There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed and training requirements were regularly discussed in team meetings.

People's needs were met by staff who were effectively supported and supervised. Staff were able to gain support and advice from the manager and team leader when necessary and we saw evidence that regular supervision was taking place. Staff told us that they felt supported and found supervision beneficial, one member of staff said "The support here is excellent, you can always get support and advice if you're not sure about anything".

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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).

We checked whether the service was working within the principles of the MCA. The manager and staff were

aware of their responsibilities under the MCA and DoLS codes of practice and care plans contained assessments of people's capacity to make decisions. Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way and we observed that staff asked for people's consent before providing care and support.

People's nutritional needs were met and they were pro-actively involved in managing their own food intake, including being supported to produce healthy eating plans. One of the main characteristics of PWS is Hyperphagia, which undermines the individual's capacity to make consistently rational decisions about eating. People require supportive boundaries to be in place to enable them to enjoy their food without seriously compromising their health. Each person had been supported to understand the impact of their condition and one person said, "The staff are very sensitive in how they help me to manage my diet." People were enabled to enjoy their meals and had access to snacks within a carefully controlled diet plan. For example people told us that they were looking forward to going out together for their Christmas meal and staff told us that people had already chosen what they were going to have from the menu to minimise any anxiety around food choices on the day.

Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs within the constraints of PWS and a food methodology was in place that provided a detailed break-down of people's diet regimes. Staff ensured the calorific value of meals was a factor in people's meal choices, people were involved in planning the menus and staff supported them to balance their likes and dislikes with healthy eating. Each person's food intake was consistently monitored to ensure they maintained a healthy weight by way of a calorie controlled, balanced diet. People's access to food was limited, for example by restricted access to where food was stored. This environmental restriction minimising unnecessary exposure to food is one of the key practical PWS management measures recognised by PWS healthcare professionals. The manager explained that restricted access to the kitchen was discussed with and agreed by all people living in the home. This meant that people were supported to minimise the risk of out of control eating and the consequence of life threatening obesity. This practice was reflected in people's care plans and in the best interest of people living in the home.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. One person told us "I'm able to talk to staff if I'm worried about my health and they always keep me informed about what's happening". We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals. We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as the dentist, optician and community mental health services.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff had good relationships with people and their relatives and friends. One person said "I made the right choice to come here, I can go and speak to who I need to about anything; my keyworker, other staff, the manager". During the inspection we observed staff adapt their approach depending on the situation; using tone of voice and positive touch as appropriate to aid communication when talking to people, and dancing, singing and laughing with people at other times.

Visitors, such as relatives and people's friends were encouraged and made welcome and people from other services managed by the provider were supported to visit friends in the home. People's relatives told us that they were made to feel comfortable when they visited; one person's relative said "The manager and staff are very good, very friendly and we always feel welcome".

Each person had an identified keyworker, a named member of staff who took particular responsibility for their on-going support. They were responsible for ensuring information in the person's care plan was current and they spent time with them individually. We saw that people were regularly asked if they were still happy with the person allocated to them as their key worker and they had the option to change if they were not.

Staff knew about people's life histories and the people and things that were important to them. One person said "The staff here know me as a person and they accept that we're all different". Staff were respectful of people's cultural differences and supported people to meet their cultural needs. One person's care plan advised staff of the importance of supporting them to learn more about their ethnic and cultural background, including how this may impact on food choices; this had been discussed with the person and these choices had been incorporated into the menu choices on offer.

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important goals that they wanted to achieve. People were provided with a "supported individual guide", which provided them with information regarding the local area, for example access to health services, activities and religious services. People had information in an accessible format on how to access advocacy services should they need to. At the time of this inspection no one was receiving support from an advocate however, people knew how to access advocacy services and were supported to do so should they need to.

Staff were able to explain how they had worked with people to support them to progress in areas of their lives where they faced particular challenges. For example one member of staff talked about how they had encouraged one person to try a new activity and described how "We encourage people to try to do more and more for themselves, we work with them to give them the confidence to try new things and if necessary adapt the situation to their needs."

People's dignity and right to privacy was protected by staff. One person told us "Staff respect my space, they always knock my bedroom door and check if it's ok to come in". Staff were able to explain how they upheld

people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. For example one member of staff told us how staff worked consistently with one person to support them to manage their behaviour in a way that supported their dignity.

Good

Is the service responsive?

Our findings

People were assessed before they came to live at Holland House to determine if the service could meet their needs. The manager used information from previous care providers, the person and their family as well as face to face meetings to decide if Holland House was an appropriate placement for the person. People had the opportunity to spend as much as time as they needed at the home before deciding whether to move there permanently and the staff used this time to learn about the person's preferences and needs. A detailed assessment was completed and initial care plans were produced before new people came to live in the home; these were shared with staff and monitored and updated as necessary.

Care and treatment was planned and delivered in line with people's individual preferences, choices and needs and they were fully involved in the process. One person said "Staff here listen to us and have enough time for us, they help us to do what we need to do". The assessment and care planning process focussed on people's strengths and considered people's hobbies, past interests and future goals. They were supported by staff to think about the future and anything that they particularly wanted to experience. For example one person had recorded that they wanted to see Elton John in concert and had been supported to do this. Person centred care plans were up to date and gave staff detailed information about how to support people in many areas such as maintaining relationships, decision making and communication. People were involved in planning their care and reviewed their care plans with the support of their key worker; one person had a pictorial care plan to support them to manage their behaviour and they had signed this. Staff signed in the care plan folder to demonstrate that they were aware of the content of people's care plans and people's needs and plans of care were discussed in staff meetings. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs, and detailed daily support records reflected that people were being supported in the way recorded in their care plan.

Staff had a good knowledge of people and their communication needs. Staff understood what different signs and body language meant and what people may be expressing by this. One member of staff said "There is always an underlying cause for different behaviours and it's our job to find out what that is and we all have to be consistent in how we support people to manage their behaviours". We saw evidence that staff encouraged people to develop their life skills and independence and there were specific times set aside for individuals to do this. For example people were supported to do their own laundry and personal shopping and one person had secured a position volunteering in one of the local charity shops.

People were supported to take part in activities that they enjoyed and staff were knowledgeable about people's preferences and hobbies. People living in the home had an individual activity planner were involved in individual and group activities that enabled them to reach their goals as well as providing leisure and relaxation. These included visiting the gym, music work shop, horse riding and going to the cinema. People told us that they always had enough to do and we saw that people were engaged in activities inside and outside of the home on the day of inspection.

People knew how to raise a complaint should they wish to however, told us that they had never had occasion where they felt the need to make a complaint. One relative told us that although they had never

needed to make a complaint, they knew who to speak to if they were unhappy with any aspect of the service and felt confident that the manager would respond to any complaints correctly. There was a complaints policy and procedure in place and the information was available in picture and written formats. During service user meetings, people were asked if they had any concerns that they wanted to share, there were also regular opportunities for people to speak in private to staff or the manager. We saw service users go to the staff office when there were things they wanted to talk about. We saw examples of positive feedback from relatives, for example one relative had complimented the staff on the refurbishment and homely environment.

Good

Is the service well-led?

Our findings

There was a manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. They were in the process of applying to register with CQC as the manager of the service and had many years of experience managing services that supported people with PWS.

People said that the manager was approachable and they had confidence in their ability to manage the home. People told us that the manager was available for them to talk to should they need to and relatives told us that the manager was very accessible and that the home was managed well.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. There was an open, inclusive culture in the home that emphasised continuous improvement; staff were provided with up to date guidance and felt supported in their role. One member of staff said "The team work and communication here is brilliant, the manager talks to us and involves us; we all know what we're here to do and we do it". Another member of staff said "We are here to help people have the best life they can within the constraints of PWS and we all work together to achieve this". The manager, people living in the home and staff had recently attended a national conference on PWS to enhance their knowledge and understanding. The home had also invited members of the local community to a summer fete where they held a raffle to raise money for the PWS Association.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided for people in the home. They had notified CQC of any incidents and changes to the service and the staff we spoke to were aware of key policies such as safeguarding and whistleblowing, and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

The manager was supported to fulfil all aspects of their role by the provider and took on key responsibilities for strategic improvement within the organisation. For example they were the chair-person of the organisation's best practice group and were currently leading on work to improve people's life skills through bespoke training. The manager said "We are here to help people to live the lives that they want to and to help people to reach their goals".

There were arrangements in place to gather the views of people that lived in the home via surveys and regular meetings. During the meetings there was opportunity to discuss health and safety, menus, staff support and timetables for activities that people wanted to do. We saw evidence that these activities had taken place or that staff were working to arrange these activities.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run; including any suggestions for improvements. We saw staff meeting minutes that demonstrated a positive culture, with discussions about the best way to deliver person centred care, safeguarding and notifications, complaints and compliments and health and safety.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out by the provider and manager. The manager audited areas such as medicines, infection control and care plans and we saw that actions required as a result of these audits had been completed; for example up-dates to care plans. The provider undertook their own internal compliance monitoring visits; the operations manager had reviewed all aspects of service delivery and these audits were based around the Care Quality Commission (CQC) domains of safe, effective, caring, responsive and well- led.