

Consensus Community Support Limited

Stanway Villa

Inspection report

33 Upper Park Road
Camberley
GU15 2EG

Tel: 08082235320

Website: www.consensussupport.com

Date of inspection visit:
17 November 2021

Date of publication:
20 January 2022

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

Stanway Villa is a supported Living service providing personal care to seven people with learning disabilities and autism at three separate locations. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told they felt safe at the service. Staff had a good understanding of people's needs and knew how to manage risks associated with their care. Staff understood their responsibilities in terms of keeping people safe from abuse and avoidable harm. Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

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

People were supported by care staff that genuinely cared about them and their wellbeing. Staff used respectful language to communicate with and about the needs of the people they were supporting. They were focused on promoting their rights and ensuring people were not discriminated against. People's privacy and confidentiality were supported.

People experienced person-centred care that reflect their wishes and preferences. Staff adapted used flexible approaches to support people's wellbeing. People were part of their local communities. Staff were skilled at understanding and meeting people's communication needs.

There were systems in place that worked to ensure areas in need of improvement were identified and actions were taken to make changes when needed so that people received good quality care. The registered manager was approachable and supportive, staff enjoyed working at the service and were listened to.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

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

Right support:

- People we spoke to said that they received the support that they wanted and felt in control of their lives. People were supported to maintain relationships which were important to them

Right care:

- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The staff supported people in a person-centred way and respected their privacy, dignity and human rights.

Right culture:

- The values, attitudes and behaviours of the management team and care staff ensured people were supported to lead inclusive and empowered lives. People were spoken to with respect by staff and their consent and views were sought.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been previously inspected.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Stanway Villa

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, operations manager, deputy manager, and support workers. We reviewed a range of records. This included two people's care records and

multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one further relative about their experience of the care their family member received.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- People and their relatives told us they felt the service was safe. One relative told us, "[Staff] always ensure his priorities are met, he has always got someone with him all the time apart from when he wants to be alone."
- The provider had effective safeguarding systems in place. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. One member of staff told us, "If I have any concerns, I go straight to management team. We check constantly if people are OK."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.
- The operations manager described how they and the staff team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with epilepsy. There was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk to them when experiencing seizures.
- There was an out of hours on call service available for people. This meant contact could be made with someone if they needed assistance outside of the hours when staff were present in the service.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency such as a fire or flood which meant people had to leave the service.

Staffing and recruitment

- Staffing levels were carefully assessed around each person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and accessing the community.
- We received positive feedback from people and their relatives about the staff supporting them. One person described staff to us as being "very nice." Relatives we spoke to were also complemented about the care staff.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Policies and procedures relating to medicines had been reviewed and updated.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff received relevant training before they were able to give people medicines and the management team checked their competency regularly in relation to the administration of people's medicines.
- When medicine errors occurred, the management team took action to support staff and prevent future issues arising.

Preventing and controlling infection

- The service had an up to date infection prevention and control (IPC) policy which had been updated appropriately in response to the COVID-19 pandemic. Regular checks were carried out to ensure people lived in a safe and clean environment.
- Risks to people accessing community settings had been thoroughly assessed and staff we spoke with were wearing personal protective equipment (PPE) appropriately. One member of staff told us, "We have face masks, gloves and we have aprons, we are really strict on that."
- People and staff were tested regularly for COVID-19 in line with government guidelines.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving the service and reviewed regularly. This meant their preferences were known by staff. This involved meeting with the person, their relatives if appropriate, and relevant health and social care professionals.
- People's needs and choices were fully taken account of when planning care. Health action plans and communication passports were in place.
- Care was delivered in line with relevant standards guidance and the law. This included the provider following guidance from the National Institute for Health and Care Excellence (NICE) and ensuring people were protected from discrimination in accordance with the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff told us they received a good level of support from the management team. One member of staff told us, "The support is definitely there...we are always able to call management if needed."
- Training records showed that staff received the training they needed for their job roles and staff we spoke to confirmed this. One member of staff told us, "I think the training provided is really good and we are able to request extra training if we need it." Another member of staff said, "If there are specific [training] requirements we have trainers that come here to do on-site training with us."
- New staff received an induction when they started working at the service. This included training and shadowing of other staff to ensure they were able to meet people's needs.
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations as well as identify areas of learning and development.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people had specific nutritional needs, staff worked with health professionals such as GPs and dieticians as well as with the individuals to develop support plans and strategies to meet their needs effectively. Risks associated with people's nutritional needs were clearly recorded and guidance was in place for staff to follow in order to prevent harm occurring.
- We saw people's support plans detailed their favourite foods and foods they disliked. Details were also given about individuals' ability to prepare food and drink and how to support the person to do this safely. Support plans also detailed what the person could do for themselves and what they may need support with.
- People were supported to live healthy lifestyles. One person who had been underweight when moving into the service has been supported to reach a healthy BMI and staff had supported them to try different

food and drink in order to broaden their diet.

- People were supported to access healthcare when needed including support to attend appointments. One relative told us, "[Staff] have been very proactive...they took him to the GP and A&E."
- Health action plans were in place for people which recorded all health care appointments and any follow up actions. People also had communication passports to be used if they were admitted to hospital in order to help hospital staff understand their preferences and support needs.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was being provided within the principles of the MCA. The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support.
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One relative told us, "[Staff] most definitely give [person] choice and let him make the decisions he can make."
- People's care plans and systems were designed to ensure people's right to make decisions about their care was promoted and respected. For example, mental capacity assessments had been completed where necessary to determine whether people could consent to receiving a vaccine for COVID-19. When people were assessed as not having mental capacity then best interest decisions were recorded in accordance with the MCA.

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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People received good care from staff who knew them well. Staff told us they were supported to get to know people by the longer-term staff. People had developed positive relationships with staff over time as they were mostly supported by the same staff on a regular basis. A relative told us, "[Person] has been so happy here. They have been brilliant."
- We observed staff communicating with people respectfully. Time was given for people to respond using their individual communication methods. Staff and people demonstrated a genuine regard for each other. A member of staff told us "This afternoon I am working with one individual. He has some things on his mind, and I have had time to listen."
- Equality and diversity were promoted at the service and people were supported to feel positive about themselves.

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

- People and relatives confirmed they had been involved in decisions about the care provided. This included what people needed help with and how they liked care to be carried out. One relative explained how staff had asked for their input about their family member's support needs. They told us, "[Staff] took it all on board and things went in the right direction."
- People's care plans included a 'decision making profile' which outlined how best to present choices to people in order to empower them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People received caring support from staff who maintained their privacy and dignity. Staff were discreet and respectful in how they spoke with and supported people. For example, we saw that staff knocked on people's doors before entering their flats and discussed people's support with them privately.
- People were supported to be as independent as possible and to learn new skills. One person had been supported to prepare their own breakfast since moving into the service which was something they had not done before.
- Staff recognised the importance of building people's trust to enable them to support them. One support worker told us, "I know the things they like to do, and you can use this to encourage an activity or get them to have a chat with you about themselves."
- People's rights to privacy and confidentiality were respected. Staff made sure that people's care records were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person-centred care. Care staff understood people's needs and how best to support them to achieve good outcomes. One relative told us, "[Staff] have been marvellous... They are very good, very professional.
- Care plans were person centred, and captured people's personal histories and specific wishes in relation to the care they received. A member of staff told us; "We have support plans for each individual, that has details on how people want to be supported and also how to work with them."
- People received responsive care from staff that were able to adapt their support and be flexible in their approach. For example, staff knew how to provide reassurance to help prevent people becoming anxious or distressed.
- There was no one receiving end of life care at the time of inspection however people's care plans contained details of their end of life care preferences.

Meeting people's communication needs

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

- Staff had the knowledge and skills to support people's communication effectively. We observed staff following the guidance around communication in line with people's care plans. One member of staff told us, "People have the right to make their own choices. We use their preferred form of communication to [enable] this." Another member of staff said. "With [person] he is non-verbal but can tell you what he wants, if you say would you like toast or cereal, he will show you."
- Care plans included detailed information about how to effectively communicate with people. This included how objects of reference or pictures could be used.
- Systems were in place to ensure information was provided to people in an accessible format. This included were in a written format or easy read format and staff would explain to people verbally or using other communication methods if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were given opportunities to take part in activities which were meaningful to them. One relative told us "They have taken him on several trips [including] several things he hadn't done before."

- People had the opportunity to meet regularly with staff to discuss what activities they would like to do in the future and to plan how these could be supported. A member of told us; "[People] have activity planners that have been drawn up with them. [Person] loves bowling, he does this every week."
- People were supported to maintain their relationships with family members. Arrangements were in place for some people to visit and stay with their families. These arrangements were well coordinated and had a positive impact on people's wellbeing.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedures in place provided guidance on actions they would take if a complaint was received. This included timescales for responding. The complaints procedure was readily available in different formats to meet people's needs, including a pictorial version.
- Relatives said they were aware of the complaints procedure and they knew how to make a complaint.
- We reviewed complaints and compliments records. These included detailed responses and lessons learnt with action points to make changes where needed. For example, we saw that a complaint from neighbours about noise coming from the service had been dealt with sensitively and promptly with several actions taken to help resolve the issue.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People and staff were involved in developing the service. Systems and processes remained in place to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service.
- There was a positive culture within the staff team. One member of staff told us, "We have an amazing team, everyone is supporting each other." Another member of staff said, "Everyone is really supportive."
- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the management team, and that the culture was an open one.

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

- The management team took a hands-on approach and were integral to the effective running of the service on a day to day basis. A member of staff told us, "They're really approachable and supportive." Another member of staff said; "The support is definitely there" "We are always able to call management if needed"
- We received positive comments regarding the management team from people using the service and their relatives. One relative told us, "The management structure seems to be quite good. They are quite hot on what they should do."
- People's records had been reviewed appropriately to ensure they accurately reflected people's care needs. Regular audits were being carried out at the service covering areas such as infection prevention and control, health and safety and medication. Actions arising from these were recorded and completed.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People and relatives told us they could

Speak with staff if there was anything they wished to discuss or change about the service they received.

- Staff were encouraged to contribute their ideas about what the service did well and what they could do better. This was through regular contact with the management team, which included individual and team meetings. One member of staff told us, "We have staff meetings, you can go in and say I have had a thought about [how to make an improvement]... Anyone can have an idea to help with the running of the service."
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the positive impact the service had on individuals and they were looking to explore with people how they could support them to enhance their lives further.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged an open and honest approach within the service and were continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- The provider had a positive behaviour intervention team who worked alongside the service to help improve people's care. Accidents and incidents were recorded and analysed to look for evidence of trends and where improvements could be made.
- There were regular opportunities for staff to reflect on learning in order to improve people's care. Any incidents or accidents were reviewed, and learning outcomes shared with the team.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected. A relative told us, "[Person] was ill recently... The staff here were brilliant. They were making sure he had calls with the doctor. His face was swollen, they took him to the GP. They were on it, [it was] really, really good."