Consensus Support Services Limited

Whiteheather

Inspection report

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Date of inspection visit:
12 July 2017

Date of publication:
13 February 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 12 July 2017 and was unannounced.

Whiteheather provides accommodation and personal care and support for up to five people who predominantly have physical disabilities and may have mental health needs. At the time of our inspection there were five people who lived in the service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people, however there were insufficient numbers of care staff available to meet people's care needs at all times. People received their medication as prescribed and on time. The provider also had a robust recruitment process in place to protect people from the risk of avoidable harm.

People's health needs were managed by staff with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People's privacy and dignity was respected at all times.

People where they were able and their relatives were involved in making decisions about their care and support. Care plans accurately reflected people's care and support requirements and people's healthcare needs were well managed. Staff interacted with people in a caring, respectful and professional manner, and responded well to people's care and support needs.

People were encouraged to take part in interests and hobbies that they enjoyed. They were supported to keep in contact with family and develop new friendships so that they could enjoy social activities outside the service. The registered manager and staff provided people with opportunities to express their views and there were systems in place to manage concerns and complaints.

There was an open culture and the management team demonstrated good leadership skills. Staff were clear about their roles and they were able to express their views. The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were sought and feedback was used to make improvements and develop the service

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were not always sufficient numbers of staff on duty at all times to meet people's planned needs.

Care plans contained clear guidance for staff on how to minimise any identified risks for people

There were robust systems in place for the management of people's medicines.

Is the service effective?

Good

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge.

Staff had up to date training, supervision and opportunities for professional development.

People were cared for staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

Is the service caring?

Good

The service was caring.

Staff were kind and considerate in their interactions with people.

People's privacy and dignity were respected.

Staff knew and understood people's preferred communication and behaviour styles.

Is the service responsive?

Good

The service was responsive.

Staff understood people's interests and supported them to take part in activities that were meaningful to them. People were encouraged to build and maintain links with the local community.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Staff had a good understanding of how people communicated and used this knowledge to take their views and preferences into account when providing care and support.

Is the service well-led?

Good

The service was well led

The registered manager supported staff at all times and was a presence in the service.

There was a clearly defined management structure in place which was understood by the staff team. Staff were well supported and clear about their roles

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Whiteheather

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.

The inspection took place on 12th July 2017 and was unannounced.

The inspection team consisted of one inspector which visited the service on the day of inspection. An Expert by Experience made calls to relatives the day after the inspection. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before our inspection we reviewed the information we held about the service, which included the 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 also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people briefly who lived in the service, three care staff members, the regional manager and the registered manager. Three relatives were contacted after the inspection by the expert by experience.

We looked at three people's care records, four staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints. We looked around the premises and also observed care practices.

Requires Improvement

Our findings

Whilst there were systems in place to monitor and manage the staffing levels of the service. These did not always ensure people received the support they needed and to keep them safe. Staff we spoke with told us there were not always enough staff to ensure people received good quality care. For example, on the day of inspection one person required two-to-one support when accessing the local community. The person was unable to attend a sensory appointment as a member of staff had gone home unwell and had not been replaced as we were told there were no other staff available.. This meant that if two staff had gone out the rest of the service users would have insufficient support within the service. The registered manager told us that she would also cover the floor however was pregnant at the time of our inspection and therefore could not help directly with any incidents where people may display challenging behaviours should they occur. One staff member stated, "This has happened more than once, it's not the first time." Another staff member told us, "When there are four staff it's comfortable." And, "It's not always easy, we do try to manage but it can be hard at times."

There were also occasions we observed in the lounge area where one staff member was left alone with three service users which did not adhere to peoples planned staffing requirements and whereby the staff member was already supporting the most dependent person in the service who was receiving one to one care. One relative who had concerns around staffing for their relative told us, "[Relative] is at risk from falling and has balance problems, but the staff are aware of this, [relative] is not 1-1 anymore." Another relative told us, "The staff seem to turn over a lot, they've got the regular ones but the younger ones seem to trial it out and then leave." They went on to say that over the last few months there had been, "Not so many young ones at the moment, things are a bit steadier, however sometimes the young ones come back." Additionally the deputy manager for the service was on annual leave and the registered manager stated that they felt the service would benefit from a full time manager and this was being addressed as they were only in the service two to three days a week as they oversaw a sister home for the company as registered manager also. We reviewed the last four weeks rotas and whilst they showed sufficient staff had been rostered this did not concur with what staff had told us.

In light of this we recommend the service reviews how they are able to demonstrate how staffing levels were reviewed in line with specific assessment tools to ensure there are sufficient staff available for people. This with specific reference to staffing numbers being calculated overall according to the number of people who used the service rather than against individual needs

The four staff records we looked at showed appropriate recruitment and selection processes had been

carried out to make sure suitable staff were employed to care for people. Appropriate checks were undertaken before staff commenced work. These included obtaining written references, satisfactory Disclosure and Barring Service certificates (DBS) and evidence of their identity. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were processes in place to maintain standards of cleanliness and hygiene in the home. A cleaning schedule was completed to ensure that all areas of the service were appropriately cleaned. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. We observed staff wearing personal protective equipment and during discussions, staff were knowledgeable about their role in the prevention and control of infection. Bedrooms and communal areas were clean and tidy. Relatives told us they were happy with the standard of cleanliness in the home. One relative told us, "Yes it's safe there, there's never any clutter, so long as they watch [relative], their slippers get very floppy and they prefer to wear slippers."

People who were able told us they felt safe living at Whiteheather. Their comments included "I like being here, they look after me." There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse had taken place or people were not receiving a safe service. Staff informed us they had received training in the safeguarding of people from abuse and records we reviewed confirmed this. Staff were able to describe the different types of abuse and what reporting procedures they would follow should they suspect or be informed of abuse. Staff knew about the whistleblowing procedures, and were confident the registered manager would respond appropriately if they were informed about a safeguarding concern or poor care practices. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and the care Quality Commission (CQC).

Care plans evidenced that risks to people's safety were assessed and guidance was put in place for staff to follow to minimise the risk of the person being harmed. Risk assessments included guidance for staff that detailed the preventative actions to be taken to lessen the risks identified to people for areas such as falls, people who could become distressed and anxious, poor skin integrity, malnutrition and the safe moving and handling of people. For example, risk assessments for people who could be anxious and distressed were linked to behaviour plans that guided staff on what they needed to know and do to safely support the person. One relative told us, "Mostly [Relative] is content but can be really challenging." And went on to describe some behaviours they displayed., When asked what happens when their relative is doing this and they said, "Generally the staff are pretty good and they speak to [relative] to encourage them to go to their room"

Systems were in place for supporting people to manage their money safely. Care plans recorded the support people required to manage their finances. Regular checks of the management of people's monies were carried out to reduce the risk of financial abuse.

Staff took appropriate action following accidents and incidents. These were recorded, investigated and reported to the Care Quality Commission when required. We found action was taken to minimise the risk of them occurring again.

Medicines were stored, managed appropriately and administered to people safely. The registered manager explained regular checks of medicines were carried out and improvements made when needed. Senior staff were responsible for the administering of people's medicines and had received training to ensure people's

medicines were administered, stored and disposed of correctly. Staff had received an assessment of their competency at regular intervals to ensure they administered medicines to people safely. The storage temperature of medicines was monitored and recorded daily and within acceptable levels.

There were systems in place to support people to administer their own medicines should they wish to however no one in the service did this. There was a record in the medicines file for each person which detailed individual requirements and instructions for staff on how people should take their medicines. Medicine Administration Records (MAR) showed people received their prescribed medicines when they should. We observed medicines being administered and this was done with due care and attention. For example, one person was given their tablets in their mouth and then assisted with their drink to ensure they took them.

Good

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One relative told us, "They're brilliant and they make a good team at the moment, just what [relative] needs."

Staff told us they were supported with regular supervision, which included guidance on things they were doing well. It also focused on development in their role and any further training that would benefit them. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. The management team supported staff in their professional development to promote and continually improve their support of people.

People were cared for by staff that were well trained to deliver their duties. The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people's needs. Training was well managed and updates for established staff were provided when they were due. One staff member told us, "We do have a lot of training and also in specialist areas so that we can provide additional support in meeting people's needs. " We reviewed training records and saw that staff had received training in a variety of different subjects relevant to the needs of the people whom they provided care and support to. Staff had a good understanding of the issues which affected people. Staff were able to demonstrate to us through discussion, how they supported people in the areas they had completed training in such as moving and handling, pressure sore prevention and care, health and safety and nutrition and communication problems. Staff received appropriate training which included equality and diversity. New staff undertook the care certificate which included training and understanding all aspects of delivering person centred care and support. Staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's capacity to make day-to-day decisions was taken into consideration when supporting them and people's freedom was protected. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The registered manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and DoLS legislation and new guidance, to ensure that any restrictions on people's activities were lawful and the least restrictive options were considered. Records and discussions with staff showed they had received training in MCA and DoLS and they understood their responsibilities. Person centred support plans were developed with each person which involved consultation and consent had been addressed with all interested parties who were acting in the individual's best interest. We observed staff asking people for their consent prior to undertaking tasks such as personal care and ensuring people who were non verbal understood what they were doing. For example one person who was taken back to their room was asked whether the staff member could enter the room prior to opening the door as it was seen as the person's own personal space.

People were complimentary about the food. They told us they had enough to eat, their personal preferences were taken into account and there was a choice of options at meal times. Staff were able to describe people's likes and any specialist diets and how these were catered for. People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. One relative told us, "They give [relative] a really good diet, [Relative] likes toast with honey and bananas. [Relative] does eat independently, staff don't rush them and they can eat in their room if they want to."

Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. Care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. People were happy and interacted well with staff whilst enjoying their meal. We saw that where people had specialist diets, a balanced diet was followed and people had plenty of snacks and drinks offered throughout the day.

The service appropriately assessed people's nutritional status and used the Malnutrition Universal Screening Tool (MUST) to identify anyone who may need additional support with their diet such as high calorie drinks or specialist diets. People had been regularly weighed and where necessary referrals had been made to relevant health care professionals including speech and language therapists for issues around swallowing, or dietetic services for people with particular dietary requirements.

People's health care needs were met and monitored. Records showed people had access to a range of healthcare professionals including doctors, specialist healthcare teams, district nurses and dentists which ensured they received effective healthcare and treatment. Visits from health care professionals were recorded and any outcomes of these visits. We saw in one person's care records, due to them not being able to communicate verbally, they had written details of behaviours they were experiencing to be shared with the healthcare professionals. This ensured the person had a clear record of how they were feeling. People had hospital passports which contained information to support nursing staff should the person need to be admitted to hospital. This included medical history, preferred communication, likes and dislikes. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input.

We saw some areas of the home were damaged, for example the external decking area which was cordoned off and some internal decoration was required. We noted a decorator to be repainting one of the hall areas leading to the office. The downstairs bathroom was also scheduled to be refurbished as it smelt damp and the floor was lifting in places. These areas were known to the registered manager and a plan of repairs was in place. Whilst there were some areas of the home, which required repair, these had been appropriately risk assessed. The bedrooms and communal areas were spacious and we saw people were able to move around freely.

Good

Our findings

People where they were able, and relatives told us staff were supportive and caring. One person said, "Staff are very kind." The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. We saw some positive interactions between staff and people. One staff member knew that one person needed a specific seat at the table when eating. They ensured this was free before they brought the person to the table. They also knew what drinks the person preferred and they ensured this was provided. People were seen smiling and laughing with staff. Staff were seen to support people safely and effectively when they needed assistance with mobilising or transferring or when eating.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of their needs. They were able to tell us about each person's individual choices and preferences. People had developed meaningful relationships with staff and talked about activities they were involved in with the people they cared for. Staff supported people to maintain relationships with their family and friends and one relative told us, "[Relative] doesn't really do an awful lot, they do go out but [relative] prefers to stay in the van." When asked if staff respected his choice of staying in the van, they said they did.

We observed the care people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff addressed people by their preferred name, and chatted with them about every day and significant things in their lives. Staff were attentive to people's needs and were polite and courteous. People appeared relaxed and smiled at the care staff. People were involved where able in making choices about their care. People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included items such as ornaments and photographs. Staff told us that they encouraged people to be involved in the day to day running of the home and to develop their independence. For example we saw that people were supported by staff to keep their own rooms clean and tidy, go shopping for personal items and go out on drives and outings in the fresh air. One relative who visited regularly told us, "We took [relative], out last Sunday together to Clacton seafront, it was lovely by the sea"

Staff listened to people, showing empathy and understanding, giving them time to process information and waited for a response without rushing them. People were treated with dignity and respect. Our observations confirmed this when one person showed signs of anxiety and distress, and staff dealt with this in an efficient caring manner by moving them into a quieter area and away from other people. Staff spoke with people in a kind and caring manner and they respected people's choices. If someone was trying to communicate

something staff listened carefully until they understood what the person wanted.

We observed the service had a good, visible, culture which focused on providing people with care which was personalised to the individual. Staff were well motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. They also described and demonstrated how they supported people to maintain their dignity. We saw how staff respected one person's choice to spend time in the privacy of their own space, and how it impacted on their behaviour if that was not respected.

People were encouraged to maintain relationships with friends and family. However, where this was not possible we were told that advocacy support services were available. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Our findings

People received personalised care which was responsive to their needs. One staff member told us, "I like to do things for people they way they like it done. Some people here have routines and it's important to stick to those." People's care plans were individual, detailed and provided guidance and information in line with risk assessments and people's healthcare and individual needs. The care plan for one person who had communication difficulties identified the support they needed so as to communicate effectively with staff and others. This referred specifically to the use of short simple sentences by staff due to the person's level of understanding.

Care plans were in place which gave staff guidance on how people wished to receive support with their personal care, mobility, nutritional needs and activities. People had been involved where able in the planning of their care and where they were able they or a relative had signed to say they agreed with the content of the care plan. Care records showed people's individual needs were regularly reviewed and any changes to health and care needs were updated and responded to.

Whilst people's needs varied and some people's moods could fluctuate on a daily basis each person had an individualised activity support plan. One staff member told us. "We do what we can and in the summer can do a lot more but because of the high levels of need some people may change their mind." One person required a structured timetable of activities and the service endeavoured to meet that person's need. On the day of inspection three people went out for a drive in the service's vehicle to a popular picnic site they liked for something to eat, and one staff member was seen supporting someone who enjoyed puzzles to complete them. Another person enjoyed listening to music and staff engaged people in relevant conversation when engaged with them. One person smiled and nodded to acknowledge their delight with the company of the staff member who clearly knew the person very well and what they liked to do.

There was a procedure in place which outlined how the provider would respond to complaints. There were notice boards around the home which displayed information for people on how to make a complaint and how to get in touch with external services. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. Relatives told us they knew what to do if they were unhappy with any aspects of care their relative was receiving. They said they felt comfortable speaking with the registered manager or a member of staff. For example, one relative who had a concern over one-to-one support for their relative had an urgent review arranged as a result to address the issue. One person told us "I talk to [staff member] I am ok." A staff member said of the registered manager "She will stop and have a chat when she is walking through. She will sort things out."

Good

Our findings

A registered manager was employed by the service who also managed a sister service for the provider. They were present throughout our inspection. They were supported by the regional manager who was also present on the day of inspection. The registered manager knew when to notify CQC about specific events. These notifications inform CQC of incidents happening in the service. CQC had received appropriate notifications from the service.

The registered manager spoke positively about wanting to provide a high standard of care to people and noted that the management of two services was not what this service required. She said it needed a full time registered manager to ensure the staff received the management support they deserved. They had clear values about the way care and support should be provided and the service people should receive. We were told on the day of inspection that the provider was actively recruiting for a new manager for the service.

Care staff spoke positively about the management team and felt they could seek guidance and support as necessary but also acknowledged that whilst they felt the present registered manager did a good job they could not be in the service all the time. One staff member said "I love working here we have a good team and I think we all get on well." Another staff member said, "The manager is approachable. Any problems I have will always get resolved". Another staff member told us "I like working here, The teamwork is good."
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The registered manager used a variety of methods to learn about good practice and new ideas. They told us they liked to keep up to date with what was happening in the local area. They attended any training required of their role and kept up to date with refresher training for those courses already completed.

The quality of the service provided was appropriately monitored and improvements identified and actioned when required. The quality of the service was monitored by audits which were regularly carried out by the registered manager and senior management team. These audits included observing that all staff were consistently adhering to good practice and following guidance in place to ensure people received the correct care. Formal audits undertaken throughout the year included infection control, the management of safe medicines, finance and health and safety. Whenever necessary, action plans were put in place to address the improvements needed which were signed off when actions were completed.

People's records were organised, up to date and had been reviewed on a regular basis. Records relating to staff recruitment and training were well organised and up to date. They reflected the training and supervision staff had received and identified development opportunities for staff. Records were securely

stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff with what was expected of best practice were in place.

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. These were reviewed monthly to identify if there were any trends or patterns. They recorded what was in place currently to minimise the risk and also learned from mistakes by ensuring robust procedures were put in place to prevent re-occurrence. For example, one person had recently had a behaviour management strategy plan updated. The support required from staff was also reviewed and updated.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

People were invited to share their views of the service. 'Residents' meetings were not held regularly due to people not having family and the distance some relatives lived from the service. People where able were encouraged make suggestions to improve the service and these were acted upon. Surveys were used but the majority of people who used the service were unable to complete them without assistance. One relative told us, "The communication is very good, they always let us know everything."