

Consensus Support Services Limited

Consensus Support Services Limited - Moor Lane

Inspection report

1 Moor Lane
Backwell
Bristol
BS48 3LL

Tel: 01275465560
Website: www.consensussupport.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Consensus Support is registered to provide accommodation and personal care for eight people with learning disabilities and complex needs. The service also has the facility to provide respite care. At the time of our visit there were eight people living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

People's rights were in the main being upheld in line with the Mental Capacity Act [MCA] 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We noted that when conducting capacity assessments the service adopted a blanket approach for each person's care requirements. One person's capacity assessment covered all aspects of their care such as personal care, finance, eating and drinking, medication and sleep system. Care plans are currently being reviewed by the registered manager to ensure that the arrangements for people's care or treatment evidence best interests decision-making in line with the MCA, based on decision-specific capacity assessments.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People told us they felt safe living at the service.

People received effective support from staff that had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. Staff received on-going training to enable them to fulfil the requirements of the role. Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager to discuss their work and development.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Records highlighted information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive. People and their representative's provided positive feedback about the service and the support received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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 comprehensive inspection took place on 1 October 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

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

On the day of the inspection we spoke with one person, five members of staff and the registered manager. Following our visit to the service we spoke with two relatives of people who used the respite facility. A number of people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the daily communication records, audits, supervision and training records.

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as assisting at mealtimes, medicine administration and taking people out. One person told us; "I feel safe and secure here."

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the registered manager. They told us they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Environmental checks had been undertaken regularly to help ensure the premises were safe. These included, fire safety, water and building maintenance.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as diet, personal care, swimming, moving and handling, use of vehicle and community access. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Where one person was at risk of choking their management plan included required controls that staff needed to follow. When speaking to staff they demonstrated a clear understanding of the control measures required. This ensured that person's risks were effectively managed.

People were receiving their medicines in line with their prescriptions. Medicine Administration Records (MARs) were used to record the administration of medicines. Of the sample that we viewed, we saw that these were completed accurately. Staff had received training in medication. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Stock checks of all medicines were undertaken and these had been clearly documented. Regular medicine audits were undertaken and actions were taken, where required. This included the recommendation by the external pharmacist audit to carry forward all medicines on the MARs. People's preferences of how they would like their medicines to be administered were documented.

Arrangements were in place for reporting and reviewing accidents and incidents. This included auditing all incidents to identify any particular trend or lessons to be learned. Accident and incident forms identified the nature of the incident, immediate actions taken and whether any further actions were required. An example of this included epilepsy management reviews, as required.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, gas, legionella and equipment checks. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Contingency plans were in place in case the service 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.

Is the service effective?

Our findings

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices, such as using pictorial indicators and being trained in understanding each person's non-verbal communication methods.

We noted that when conducting capacity assessments the service adopted a blanket approach for each person's care requirements. One person's capacity assessment covered all aspects of their care such as personal care, finance, eating and drinking, medication and sleep system. Care plans are currently being reviewed by the registered manager to ensure that the arrangements for people's care or treatment evidence best interests decision-making in line with the MCA, based on decision-specific capacity assessments.

People received effective support from staff that had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy awareness and positive behavioural support.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. People were provided with a menu choice and alternatives were provided, when requested. Where required people received assistance through a percutaneous endoscopic gastrostomy (PEG) tube. This provides a means of providing nutritional assistance when oral intake is not adequate. Appropriate professional advice had been sought regarding specific dietary requirements, such as a ketogenic diet. Staff demonstrated a detailed knowledge of each person's nutrition and hydration needs.

People were supported to maintain good health and had access to external health care professionals when

required. We saw people had received input from the GP, intensive support team, speech and language therapist, community nurse and occupational therapists.

Is the service caring?

Our findings

People and their representatives spoke very highly about the staff and the support they receive. Comments included; "I like living here. I'm happy. [Three staff member's names] help with my activities and they have been matched to me. I ask staff about ideas and how they can improve things for me"; "The staff are lovely, very nice"; and "They're brilliant and interact with him." At a recent respite relative's meeting it was documented that they could not find anything that wasn't working. The attendees all complimented the service for being welcoming and that the standard of care was very high.

People were supported by a small committed team. Enabling relationships had been established between staff and the people they supported. People completed a questionnaire and were matched with a key working team that suited the person's personality, needs and objectives. One key worker stated what is important to the person in their plan; "We know that [person's name] isn't able to verbally communicate his thoughts and desires but can through actions and body language. It is vital that through this as a team we enable him to have a happy and abundant life." Another member of staff explained their key working duties; "We have key working meetings, discuss activities, what's going well and evaluate things. The staff are devoted to the service users. The staff do not see barriers."

Staff demonstrated they had a good understanding of people's individual needs and understood people's preferences. One member of staff provided examples of how people preferred to be supported and told us they encouraged people to be independent, as far as possible. One member of staff told us; "[Person's name] is non-verbal and understands basic Makaton. If he wants a drink he uses gestures and objects. He has a coffee machine and we're teaching him to use this equipment. When he wants to go out he will hand you his bag."

People were supported with activities, food and a lifestyle that respected their choices and preferences. People kept their own personal belongings where they wished to and had their rooms furnished to their own individual taste. One person had a ball pit and sensory equipment installed in their room. Staff respected people's privacy. People were able to have time alone and their personal space was respected. Our observations showed that good relationships had been established between staff and the people they provided care for. Staff spoke about people in a meaningful way and took an active interest in what people were doing. Staff offered support to people with their plans throughout the day.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by staff who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared happy living in the service and they received the support they required. One member of staff told us; "We're very person-centred and try and get people involved."

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, the person's health, staff support required, activities and future goals. Staff responded to any issues identified by the person by amending plans of care, updating chosen goals and support required.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support. One member of staff told us; "If you have an idea they 100% put it in place. My ideas of new activities have been agreed. We have textured visual activities and they're purposeful to the individual."

The service had received a recent compliment from a health professional. They stated that the service "is a lovely home where everyone appears very happy. The support plans and daily notes were well written. They are clear and concise so people would be able to walk in and know exactly what to do."

People undertook activities personal to them. Activities included gardening group, swimming, clubbing, music therapy, bowling, watching the local football team, going to the pub and cafes. One person told us about their love of gardening and helped with the herb garden, weeding and painting a fence. Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

Staff enabled people's independence as far as possible. One person told us; "I go out on public transport. I go to the garage and post office. I know the staff there. I spend a lot of my time relaxing in my room. I speak to Mum a lot and we go out every week. I help with the cooking and make a lasagne from scratch."

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

The provider had systems in place to receive and monitor any complaints that were made. Some people

were not able to complain without assistance and they would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to ascertain if people were unhappy. One member of staff told us; "[Person's name] is non-verbal. When he gives a side look you know he's not happy." During the period August 2016 – August 2017 the service had received six formal complaints. The concerns were investigated and actions were taken to resolve the complaint, if substantiated.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service made appropriate notifications to the Commission.

Staff described the registered manager as supportive and they were well-respected. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Regular team meetings were held to discuss operational issues and people's needs. One member of staff told us; "Everyone is communicative with each other. I have a lot of respect for [registered manager's name]. If I had a problem I can approach her and she's completely approachable, supportive and understanding." Staff felt they were listened to. The provider also had a staff focus group which included staff representatives from each of their services. It offered an opportunity to staff to share their views and experiences on issues such as training, communication and overtime initiatives.

Communication books were in place for the staff team. We saw that staff detailed the necessary information such as changes in support plans and people's chosen activity requests for the next day. This meant that staff had all the appropriate information at staff handover.

People and their relatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. The feedback given in a recent questionnaire was very positive overall. Comments included; "excellent, supportive, caring keyworkers" and "She seems to be very happy and safe there, enjoys interaction with staff and other service users." One relative told us; "The registered manager is accommodating and very nice. I'm satisfied with the level of service. They're very truthful. They update me with things I need to be aware of."

To ensure continuous improvement the registered manager conducted regular compliance reports. They held reviewed issues such as; health and safety, maintenance, infection control, notifications, medicines and hospital admissions. The observations identified compliant practice and areas where improvements were required, such as the need to complete cleaning schedules when tasks had been completed