

Consensus Support Services Limited

48 The Grove

Inspection report

48 The Grove
Isleworth
Middlesex
TW7 4JF

Tel: 02087589158

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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

This inspection took place on 3 and 4 February 2016. The visit on 3 February was unannounced and we told the registered manager we would return on 4 February to complete the inspection.

The last inspection of the service took place in October 2013 when we found no breaches of the regulations.

48 The Grove is a care home for up to eight people with a learning disability. When we visited, five men and three women were using the service and all had lived there for at least eight years. People using the service had a range of complex needs and some were not able to communicate their needs verbally. Consensus Support Services Limited provides support and accommodation for individuals with learning disability, autism and complex needs,

The service had 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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always respond appropriately to possible safeguarding concerns.

You can see what action we told the provider to take at the back of the full version of the report.

There were enough staff to meet people's support needs and the provider carried out pre-employment checks to make sure new staff were suitable to work in the service.

People received the medicines they needed safely.

Support staff had the skills and knowledge they needed to support people using the service.

The provider took action to identify and manage possible risks to people using the service.

People had access to the health care services they needed.

People and their relatives told us people were well cared for in the service.

Staff treated people with kindness and patience.

Staff offered people choices about aspects of their daily lives.

The provider and support staff had assessed and recorded people's individual care and support needs.

There was an appropriate complaints procedure and the provider also produced this in an accessible format.

Support staff were aware of the provider's goals and values and they told us the provider's training and support systems were "very good."

The provider had systems in place to gather the views of people using the service and others.

The registered manager and provider carried out a range of checks and audits to monitor 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?

The service was not always safe.

The provider did not always respond appropriately to possible safeguarding concerns.

The provider took action to identify and manage possible risks to people using the service.

There were enough staff to meet people's support needs and the provider carried out pre-employment checks to make sure new staff were suitable to work in the service.

People received the medicines they needed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the skills and knowledge they needed to support people using the service.

People had access to the health care services they needed.

Good ●

Is the service caring?

The service was caring.

People and their relatives told us people were well cared for in the service.

Staff treated people with kindness and patience.

Staff offered people choices about aspects of their daily lives.

Good ●

Is the service responsive?

The service was responsive.

The provider and support staff had assessed and recorded people's individual care and support needs.

Good ●

There was an appropriate complaints procedure and the provider also produced this in an accessible format.

Is the service well-led?

The service was well led.

Support staff were aware of the provider's goals and values and they told us the provider's training and support systems were "very good."

The provider had systems in place to gather the views of people using the service and others.

The registered manager and provider carried out a range of checks and audits to monitor the service.

Good ●

48 The Grove

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 3 and 4 February 2016. The visit on 3 February was unannounced and we told the registered manager we would return on 4 February to complete the inspection.

The inspection team comprised one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications the provider sent us about significant incidents affecting people using the service.

During the inspection we met six of the eight people using the service, spoke with the registered manager and six support staff and reviewed care records. These included the support plans for two people using the service, recruitment files for two members of staff, medicines records for five people and records of audits and checks carried out by support staff, the registered manager and provider.

Following the inspection we spoke with, or received comments from, the relatives of two people using the service.

Is the service safe?

Our findings

Support staff used body maps to record any injuries to people using the service. We saw one body map where a support worker had recorded a "big, blue / purple bruise on upper right arm." We checked the person's daily care notes and found no explanation of how the injury was caused. There was no incident form completed and no evidence the provider had reported the incident to the local authority's safeguarding team as a possible safeguarding concern. We discussed this with the registered manager who told us there should have been additional reports to support the body map. They agreed the incident should have been reported to the local authority and they made sure they did this during the inspection.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives told us people were safe in the service. Their comments included, "I feel very safe" and "We've never had any concerns about [family member's name], we know they are safe there."

The provider had policies and procedures for safeguarding people using the service which included a whistle blowing procedure and we saw they reviewed and updated these regularly. The provider had trained staff in these areas and the training records we saw confirmed this. Staff had the information they needed to recognise the types of abuse that could occur in a care home and they understood the importance of reporting concerns without delay and helping to prevent abuse occurring. All of the support staff we spoke with knew what to do if they suspected someone was being abused or at risk of abuse. Their comments included, "I would tell the manager straight away if I had any concerns," "I would report any concerns immediately and if I thought nothing was being done, I'd go to the area manager or use the whistle blowing procedures" and "I'd tell someone and make sure they did something to make sure the person was safe." However, staff did not always follow the procedures for identifying and reporting possible abuse.

The provider carried out checks to make sure staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. All staff had completed an application form detailing their employment history.

The provider took action to identify and manage possible risks to people using the service. People's care records included assessments of possible risks and guidance for support staff on how they should manage these. Risk assessments we saw covered the support people needed to access the community, daily living skills, fire safety, personal finances and managing medicines. Risk management plans included clear guidance for support staff on how to mitigate identified risks. The information for staff was clear and based on people's individual needs, communication and preferences. While the guidance emphasised the importance of promoting people's independence, staff also had the information and procedures they needed to keep people safe.

For example, support staff completed a detailed risk assessment before they supported people on holidays away from the service.

The provider ensured there were enough staff to meet people's care and support needs. We saw support staff worked well together and people did not have to wait for help or support. People were able to take part in activities they chose and there were enough staff to support them to do this. Staff rotas showed a minimum of five staff each morning and afternoon. During the night, one waking staff was on duty, with a second member of staff asleep in the home to provide support, if required.

Staff told us they felt there were enough staff to support people in the home and to access activities in the local community. They told us the manager also worked directly with people using the service when needed. Their comments included, "It's about team work. We work together to do the best for the people we work with" and "The team work really well together, new staff are supported until they know how best to work with each individual."

People received the medicines they needed in a safe way. The provider had a policy and procedures for managing people's medicines and they had reviewed and updated these regularly. Care records included information for staff on the reasons for, the dose and possible side effects of each medicine. There was also individual guidance on 'homely remedies' written and signed by the person's GP. Records showed support staff recorded the reason these medicines were used each time they administered them. Support staff we spoke with told us the provider had trained them to give people their medicines and we saw evidence of this training. We looked at a sample of the medicines held and the records relating to this. The records were accurate and medicines were appropriately stored.

The provider's health and safety checks and environmental risk assessments included checks of opening restrictors on windows above the ground floor. Records showed staff checked the opening restrictors monthly, with the last check on 27 January 2016.

Is the service effective?

Our findings

Support staff had the skills and knowledge they needed to support people using the service. They told us they were well supported and had the training and information they needed to care for and support people. One member of staff said, "The training is very good." A second member of staff told us, "The training is excellent. I've had all the training I need to support people living here." Training records showed new staff completed a planned induction to their work in the service, shadowing experienced members of staff and completing a range of training. Training for all staff included health and safety, safeguarding adults, first aid, food hygiene, manual handling and medicines administration. Support staff told us the provider recorded all training and reminded them when refresher training was due. Training records confirmed this.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager understood their responsibilities under the MCA and had sent applications to the local authorities responsible for funding people's care for authorisation to restrict people's liberty in order to keep them safe. We saw no examples of people being deprived of their liberty unlawfully.

People told us they enjoyed the food provided in the service. One person said, "The food's good, I like it all." Another person said, "Yes, I like the food." People using the service and staff were involved in planning the weekly menu for the home, shopping and preparing meals. During the inspection, we saw people enjoyed the food support staff prepared for them.

People had access to the health care services they needed. People's care records included information about their health care needs and who would support them with these. People told us the staff helped them stay healthy and they could see their GP whenever they needed. People's care records included evidence of regular consultation with health care professionals. Staff had also included information from these professionals in people's support plans. The manager told us they worked closely with GP's and specialist health services for people with a learning disability or mental health needs.

The provider also produced an annual Health Action Plan and Hospital Passport for each person using pictures and Plain English to make the information easier for people to understand. This meant people using the service and healthcare professionals working with them had the information they needed to meet their health care needs.

Is the service caring?

Our findings

People and their relatives told us people were well cared for in the service. One person said, "I'm happy here, it's good." A second person told us, "I like it here, I like my room." Relatives' comments included, "All the staff are very caring, they do a good job" and "[family member] is always well dressed and has everything they need."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day during our visit.

The manager and some of the support staff we spoke with had worked in the service for some time and knew people's care needs well. They were able to tell us about significant events and people in each person's life and their individual daily routines and preferences. People's care records also included this information in a 'Pen Portrait' for new staff.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and in communal areas when they wanted to be with other people. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed bedroom or bathroom doors if they supported people with their personal care and always knocked on the door and waited for people to invite them in.

Staff offered people choices about aspects of their daily lives throughout the inspection. We saw people made choices about what to eat and how and where they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person's request, we saw they explained the reasons why and agreed a time when they would be able to support the person. If people chose not to accept the support they were offered, we saw support staff respected this choice and offered the support later.

The provider produced information for people using the service in a format they could understand. We saw the provider's care planning and risk management forms included pictures and symbols to make the information easier for people to understand. Easy-read versions of the provider's complaints and safeguarding procedures were also available.

We saw staff recorded people's needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their personal care and this was respected and reflected in the staff rotas we saw.

Is the service responsive?

Our findings

People told us they received care and support that met their individual needs. They told us support staff understood their preferences and these were reflected in the support they received. One person said, "The staff know me and they help me." Another person said, "I can talk to the staff and tell them if I want help."

Relatives' comments included, "The staff keep us informed about anything that affects [family member's name]," "There could be more activities but we understand it can be difficult" and "The staff are very good, they always try and get people involved."

The provider and support staff had assessed and recorded people's individual care and support needs. The provider's care planning systems were centred on the individual. Plans were personalised and gave support staff clear guidance about how to meet people's identified needs. People's support plans covered all of their social and health care needs and support staff reviewed each area of the plan monthly. People's support files included a record of monthly meetings with their key worker where they talked about elements of the support plan, what was working and what needed to be changed. For example, one person's plan included information for support staff on introducing new foods to make the person's diet more varied and nutritious.

People's care records included information on how they spent their time during the day. Each record included a 'Perfect Week' example timetable that support staff told us they used to plan people's activities. The timetables showed activities in the service and the local community and outings that staff knew each person enjoyed. During our inspection, one person using the service went horse riding and other people accessed community activities with staff support.

Support staff completed daily care notes to record the care and support each person received each day. The daily records showed that people received support that was in line with their plan.

The manager and support staff told us they held monthly meetings with people using the service. The minutes of the meeting held in January 2016 showed support staff asked people about things they were happy with, things they were unhappy with, activities, menus and holiday plans. The provider used an easy read template to record the minutes of the meeting in a format that would be easier for some people to understand.

There was an appropriate complaints procedure and the provider also produced this in an accessible format. People told us they knew what to do if they had a complaint. One person said, "I'd speak to the [key worker's name] if I wanted to complain, but I've never needed to." A relative told us, "I've never made a complaint but I'm sure they would listen to me if I needed to."

Support staff also told us they were confident the provider and registered manager would address any concerns they raised. The complaints records showed the registered manager recorded all complaints, the action they took in response, the outcome and whether or not the person who made the complaint was

satisfied. The registered manager dealt with all of the recorded complaints in line with the provider's procedures.

Is the service well-led?

Our findings

The service had a manager who registered with the Care Quality Commission in 2012. People using the service told us they knew who the manager was and said they could talk with them at any time. One person said, "I know [manager's name] is the manager." A second person said, "[manager's name] is very good." A relative told us, "The manager and all the staff are very good, very approachable."

The provider's stated goal was "for people to see us as the best provider of personalised support for individuals with complex needs in the UK." Support staff were aware of the provider's goals and values and they told us the provider's training and support systems were "very good." Staff also told us they enjoyed working for the organisation. One member of staff said, "Consensus are a good organisation to work for. I've worked for others but they're the best." Other comments from support staff included, "Its heaven here! The people we support are great, the staff are very good and the manager is excellent, very hands on," "It's a very good place to work. The manager, staff team and training are all very good" and "I'm very happy here. I've stayed because I enjoy my work, it's a very good team and we work together well."

The provider had systems in place to gather the views of people using the service and others. The manager told us the provider had organised an annual survey to get the views of people's relatives in June 2015. Responses to the survey were all positive. The provider sent out staff feedback surveys and surveys for people using the service in March 2015. All of the responses received were positive.

The registered manager and provider carried out a range of checks and audits to monitor the service. The manager told us the provider's Operations Manager carried out monthly checks in the service. We saw reports written following visits in December 2015 and January 2016. Visits included checks of health and safety, care planning, risk management and finances, people's support plans and health action plans. The registered manager confirmed issues identified during the monitoring visits were addressed before the next visit. For example, issues identified in December 2015 included repairs to a fire door and an infection control audit and the registered manager confirmed these works were completed.

The provider also completed a financial audit in August 2015. The registered manager confirmed all recommendations had been implemented. For example, support staff had been reminded to obtain receipts for all expenditure involving people's money. The provider also carried out an internal quality and safety audit in January 2015 and as a result, some carpets had been replaced and new furniture ordered.

The registered manager and support staff carried out daily handovers that covered people's medicines and finances. They also completed monthly health and safety checks, with the last check completed in January 2016.

We saw the five-yearly electrical safety check was completed in June 2011, the annual gas safety check in June 2015 and fire safety checks, including tests of the fire alarms, firefighting equipment and emergency lighting were up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. Regulation 13 (3).