Consensa Care Limited

Consensa Care Ltd - Third Avenue

Inspection report

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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?	Requires Improvement

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

At the previous inspection of this service in December 2013 we found a breach with regulations because the service did not have effective systems in place to monitor and assess the quality of care provided. We found this breach to be met during the course of this inspection. This inspection was unannounced.

The service is divided into two separate houses next to each other. One home is for up to four adults with mental

Summary of findings

health needs and associated brain injuries. People in that home require minimal staff support and are able to access the community independently. The other home is for up to seven adults with learning disabilities, and specialises in providing support to people with challenging behaviours and/or autism. At the time of our visit this home had three vacancies.

People told us they were happy with the care and support provided. We found that systems were in place to help keep people safe. For example, staff had a good understanding of issues related to safeguarding vulnerable adults. Where people had behaviour that challenges clear guidelines were in place and we saw staff following these guidelines. However, we did have concerns that the shift patterns that staff worked potentially put people at risk as staff reported they felt very tired sometimes at work. If staff are too tired to carry out their required duties then this could potentially affect the quality and safety of care provided to people.

We found that the home was responsive to people's needs and people were able to make choices over their daily lives. Where there was a need for a Deprivation of Liberty Safeguard (DoLS) authorisation it had been implemented appropriately. People who were subject to a DoLS authorisation were supported by staff to access the community in line with their assessed needs and stated wishes. DoLS is law protecting people where the state has decided their liberty needs to be deprived in their own best interests.

Staff had a good understanding of their roles and responsibilities and we observed staff interacting with people in a respectful and caring manner. Staff told us they had undertaken various training courses such as first aid and the safe administration of medication. However, the service had highlighted the need for more specialist training for example about working with people with autism.

Although the service had a registered manager in place that individual had no responsibility for the day to day running of the home. They were in day to day control of the service in the past, but for more than a year they have worked as the manager of another location that is operated by the same provider. The service does have a manager in place that is in day to day charge of the home, but they are not registered with the Care Quality Commission. This is the person we are referring to throughout this report when we refer to the 'manager'. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff and people that used the service told us they found the manager to be approachable and accessible and we observed an open and relaxed atmosphere in the home. Quality assurance systems were in place which included seeking the views of people that used the service. It was however noted that not all health and safety checks had been carried out thoroughly.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from the risk of abuse. This was because staff had a good understanding of their responsibility with regard to safeguarding vulnerable adults and of the need to report any allegations of abuse.

Clear guidelines were in place for supporting people with challenging behaviour and we saw that staff understood and implemented these guidelines during the course of our inspection. This promoted the health, safety and wellbeing of people who used the service and others.

Is the service effective?

Good

The service was effective. Staff undertook training to support them to carry out their jobs, for example training about safeguarding vulnerable adults and first aid.

Where people were subject to Deprivation of Liberty Safeguards we saw that the home had followed the appropriate procedures for this and that they were working within the Mental Capacity Act 2005 Codes of Practice.

People had access to health care professionals including GP's, psychiatrists and speech and language therapists which meant health care needs were been met.

People were able to make choices about what they ate and they told us they had sufficient amounts to eat and drink.

Is the service caring?

Good

The service was caring. People told us that most of the staff treated them in a caring manner and we observed staff interacting with people in a respectful and sensitive manner.

Care plans included detailed information about how to meet people's assessed and individual needs and staff had a good understanding of those needs.

People were supported to make choices and to communicate. The service used advocacy services where appropriate to help people make choices over their lives.

Is the service responsive?

Good

The service was responsive. Care plans had been reviewed monthly to reflect people's needs as they changed over time.

Staff were observed to respond to people's needs during the course of our visit.

Summary of findings

People were supported to access community facilities.

The home had a complaints procedure in place and we found the manager responded appropriately when a complaint was raised with her during the course of our inspection.

Is the service well-led?

The service was not well-led. The service has a manager in place but they are not registered with the Care Quality Commission. There was a registered manager in place but they did not work at this service.

We found that the home had an open and inclusive atmosphere and observed that the manager was readily available to staff and people that used the service.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people who used the service. However, we found that not all monitoring checks were up to date.

Requires Improvement

Consensa Care Ltd - Third Avenue

Detailed findings

Background to this inspection

This inspection was carried out by one inspector. Before the site visit we looked at information submitted to us by the provider which included notifications of any significant events, details of safeguarding allegations and reviewed the findings of our previous inspection which took place over two days on the 6 and 13 December 2013. The provider also submitted to us a Provider Information Return. This is information we have asked the provider to submit to us about how well the service was meeting the needs of people and areas they have identified as in need of improvement. We also received information about the service from relevant health and social care professionals. This included local social services, a GP service and a service that provided advocacy services to people that lived at the home.

During the course of the inspection we spoke with four people who used the service, four staff including the manager and three support workers and we spoke with the area manager by telephone. We observed care practices in the home and reviewed various records which included three care plans, minutes of staff and residents meetings, staff training records, shift handover records, menu plans and health and safety records.

Is the service safe?

Our findings

Staff told us they had undertaken training about safeguarding adults and they demonstrated a good understanding of their roles and responsibility with regard to safeguarding. They told us they would report any allegations of abuse to their manager and knew who they could whistle blow to if they felt the provider did not act appropriately. Records showed that all but the two most recently recruited staff members had undertaken training about safeguarding adults and that the issue of how to deal with safeguarding allegations was discussed at team meetings.

People we spoke with said they felt safe with the staff that worked with them. However, one person told us they had been hit by another person that used the service. We discussed this with the manager who confirmed the incident had occurred. We found that a referral had been made to the local authority safeguarding adult's team and that a notification was sent to the Care Quality Commission. Guidelines were in place about managing the challenging behaviour of the relevant person. We found that staff had undertaken training about using breakaway techniques when working with this person. We observed staff supporting them in a way that promoted both their and the person's safety when people's behaviour challenged the service. We observed that staff did not restrain the person and the manager told us the service did not use restraint to manage people's behaviour.

Risk assessments were in place which included information about how to manage and reduce the risks people faced. For example, risks associated with accessing the community and health care issues such as epilepsy. Staff had a good understanding of the risks people faced and of how to manage those risks.

Care staff had concerns about the shift patterns they were expected to work. They told us they worked four consecutive 12 hour days then had the next four days off. They said that by the fourth day they often felt very tired, particularly when supporting people who exhibited challenging behaviours. We discussed this with the manager who told us they had identified this as an issue of concern and they were consulting with staff and the organisation with a view to changing the shift patterns for staff.

The service had enough staff to meet people's needs. People's staffing needs had been assessed individually. During our inspection we found that the assessed staffing levels were being met, including for those people who required one to one support. Staff told us they believed staffing levels were sufficient to meet people's needs. We observed that staff were able to respond to people in a prompt manner during the course of our inspection.

Is the service effective?

Our findings

Staff told us they received regular training to support them to do their job. Staff told us they had undertaken training about the safe administration of medication, first aid, breakaway techniques, fire safety, infection control, and DoLS. Two staff told us that they believed training in the use of Makaton would help them to communicate more effectively with one person who used the service. Makaton is a type of sign language developed for use with people with learning disabilities. The manager was able to demonstrate that they had requested that the provider arrange this training. This showed the service responded to staffs requests for training. We saw the service had systems in place to identify any gaps in people's training and highlight when staff were next due to undertake a particular training course.

Information provided to us by the service before our inspection highlighted a lack of training in specialist areas and this had been identified as a priority for improvement within the home. Training records we saw confirmed this. For example, only six of the nineteen care staff employed at the home had undertaken training about autism and only five care staff had undertaken training about learning disability awareness. The manager told us it was planned that all care staff would undertake relevant specialist training by the end of September 2014.

Staff told us that at times when other people were in the house they were not always able to provide the same sustained level of support. The manager told us they were aware that this was an issue that needed to be addressed and that they were in negotiations with the commissioning local authority. We found that three people were subject to a Deprivation of Liberty Standards (DoLS) authorisation at the time of our visit and an application had been made for another person to be subject to DoLS. They were awaiting the outcome of this application. We saw that due process had been followed with regard to the DoLS applications and authorisations. Staff we spoke with were knowledgeable about how to support people where they lacked capacity to make decisions for themselves. We spoke with a social worker who told us they had been impressed with the work the service did to support a person to undergo a medical surgery procedure when they lacked capacity to give informed consent to the procedure. This showed the service was seeking to provide safe care to people when they lacked the capacity to make choices about their own health, safety and wellbeing and that they were working within the Mental Capacity Act 2005 Codes of Practice.

Three people showed us their bedrooms. We saw that these had been decorated in line with people's personal tastes preferences and individual needs. Pictures had been painted directly onto people's bedroom walls where they had a history of throwing objects which meant decorations now supported people's safety as they could not be thrown. Care plans confirmed that the new decorations reflected people's personal tastes and likes. The service had also recently developed a sensory room people were using during the course of our inspection.

Records showed that people had access to health care professionals, including GP's psychologists, psychiatrists, dentists and speech and language therapists. People told us the home provided them with support in this area. One person told us, "Care staff organise that for me. The lady (care staff) took me to the doctor." A social worker told us the service had ben pro-active in seeking to meet the health care needs of a person who needed to have a medical procedure but lacked the capacity to give consent to it. A GP service told us they had no concerns about the service and believed that the home was meeting people's health care needs. For example, they told us the home had provided them with information they requested about a person who experienced weight loss.

We found that people were protected against the risks associated with poor nutrition or dehydration. Staff told us that all the people that used the service were able to eat independently without any staff support and we observed this to be the case. People were supported to choose their own food with the use of communication aids such as picture cards. People told us they were provided with sufficient amounts to eat and drink. One person said, "I get meals every day. The staff cook them for me." The home had a training kitchen which was used to support people to develop their cooking skills to help them become more independent.

Is the service caring?

Our findings

People told us that most of the staff treated them well. One person said of a member of staff, "I like him. He is a good fella." Another person nodded and smiled when asked if staff treated them well. However, one person said of one staff member in particular that they used insulting language to them. We discussed this with the manager who told us they would investigate this issue. After our inspection the service provided us with a report of their investigation which showed the person expressed satisfaction with the way they were treated by staff.

Throughout the course of our visit we observed that staff interacted with people in a polite and respectful manner. Staff were readily available to provide support to people as requested and we saw that staff prioritised spending time with people over other tasks they had to perform.

People were involved in planning their care and making choices over their daily lives. Care plans included information about people's individual communication needs which helped staff support people in a way that enabled them to make choices, for example, through the use of objects of reference and picture cards. The service also involved local independent advocacy services to help support people where they lacked capacity to make all choices for themselves. We spoke with an advocate who provided support to some of the people who used the service. They told us they believed the service was caring and responsive to people's needs. For example they told us people had been supported to make choices about where they went on holiday. People we spoke with confirmed this and told us they had very much enjoyed their recent holidays. One person showed us a photograph album with pictures of their holiday.

Staff told us that one person who used the service did not speak English as a first language. Staff said the person had limited use of English but that they could not communicate fully in that person's preferred language. We were told that when major decisions had to be made the home used staff who worked at other locations run by the same provider who shared the same first language as the person in question. Staff told us the person was able to make day to day decisions for themselves such as what to eat and if they wanted to go out of the home and that required only minimal staff support.

All people had their own bedrooms which promoted their privacy. We observed that where people wished to be left alone staff respected this. Staff told us how they promoted people's dignity and privacy. For example, by always knocking on doors before entering and encouraging people to manage as much of their own personal care as possible.

Is the service responsive?

Our findings

Care plans were in place for people which set out how to meet their assessed and individual needs. People we spoke with told us that staff discussed their care plans with them. One person said, “We have meetings, we talk about my care plan.”

Staff had a good understanding of the assessed and individual needs of people as outlined in their care plans, including people’s likes and dislikes. Staff were knowledgeable about people’s diverse needs, for example staff were able to explain how they supported people to access places of worship and to eat traditional foods related to people’s ethnic and cultural backgrounds and people were supported to maintain friendships with people from their shared ethnic background.

Care plans had been reviewed monthly to reflect people’s needs as they changed overtime. At the beginning of each shift there was a staff handover. We sat in on the handover between the leaving night staff and newly arriving day staff. The night staff handed over any issues and gave information about how people had been during the night shift.

We saw during the course of our visit that the service was responsive to people’s needs. For example, the care plan for one person said they liked staff to support them to go for a walk every morning and we noted this was arranged. One person told staff they wanted to go out for the day in the van the service owned and this was subsequently arranged. We further noted from people’s activities timetable that they were routinely supported to access local community services such as shops, cafes and educational establishments. We heard a member of care staff speaking on the phone with a local college arranging possible courses for people. They told us people had visited the college so that they could choose which courses they wanted to attend.

The service had a complaints procedure in place. This was on display in the home in both written and pictorial format to make it easier for people to understand. The manager told us no complaints had been received since our last inspection. However, it was noted that the manager responded appropriately when we informed them of a complaint a person made to us about the way a member of staff had spoken to them.

Is the service well-led?

Our findings

There was no registered manager in day to day control of the service. They were in day to day control of the service in the past, but for more than a year they have worked as the manager of another location that is operated by the same provider. The service did have a manager in place that is in day to day charge of the home, but they were not registered with the Care Quality Commission. We discussed this issue with the area manager for the service by telephone during the course of the inspection and stressed the need for the person in day to day charge of the service to be registered with the Care Quality Commission.

When we arrived for our inspection there were no senior staff on duty. Staff were not able to tell us who was in charge of the home at that time. We discussed this with the manager who told us that usually there was a senior support worker on shift who was in charge but that there were no systems to identify who was in charge of the home when there was no senior working. The manager told us they would introduce a system to make clear who was in charge of the home at any given time.

We observed that the home encouraged an open and inclusive environment and atmosphere. For example, we saw that the manager was readily available to staff and people that used the service throughout the course of the inspection and that they provided direct support with care to people as part of their work. Staff we spoke with told us they found the manager to be approachable and that they felt able to discuss any issues or concern they had. Staff said they had regular supervision meetings with their manager in which they discussed their performance, training requirements and the needs of people that used the service.

The manager told us one of their priorities after they joined the service was to make improvements in staff performance. They said they had supported staff to improve where possible, and that some staff no longer worked at the service due to issues of poor performance. The manager told us they had recruited new staff to compensate for this and we saw evidence of this during our inspection.

At the previous inspection of this service in December 2013 we found the service was not compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the service did not have effective quality assurance and monitoring processes in place at that time. During this inspection we found that issues had been addressed.

Various audits and checks were in place to promote the health, safety and wellbeing of people who used the service and others. These included audits of medication records, fire safety systems and hot water temperatures. Most of these checks were up to date although we found that on occasions checks had not been completed fully. For example fridge and freezer temperatures had not being checked for the three days prior to our visit. This meant the service could not be sure that food stored in the fridge and freezer was kept at a safe temperature.

We found that records were maintained of accidents and incidents within the home. The manager said that they were able to learn from individual accidents and incidents. For example the manager told us a care plan had been updated in response to an incident of behaviour that challenged involving people who used the service. However, the manager expressed concerns that there was no overall analysis of patterns or results from accidents and incidents as a whole. They told us all accident and incident records were passed on to senior managers within the organisation but that they had not received any feedback from this. There were systems in place for seeking the views of staff and people that used the service. For example, the home had carried out a staff survey. We saw the results of this and found that recommendations from the survey had been implemented. For instance, staff now all had regular supervision and an annual appraisal. People told us they had meetings where they could discuss issues of importance to them. We saw minutes of these meetings that included discussions about activities, health and safety issues and how people wanted their care to be provided. In addition to this people had monthly meetings with their keyworker where they could discuss issues of importance to them. The manager told us these meetings helped to inform and update people's care plans. When senior managers carried out visits to the service for monitoring purposes these included talking with people that used the service to seek their views. This meant people were consulted over the running of the home and the support they received.