Consensus Support Services Limited

The Heathers

Inspection report

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Date of inspection visit:
02 October 2018

Date of publication:
09 November 2018

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

Summary of findings

Overall summary

We inspected the service on 2 October 2018. The inspection was unannounced. The Heathers is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates 12 people.

On the day of our inspection 10 people were using the service.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection on 11 August 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of 'good' overall but there had been a deterioration in well led which was rated as 'requires improvement'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. People did not have any undue restrictions placed upon them. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. Staff identified when people required further support with eating and drinking and took appropriate action. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's

independence was promoted.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. Some care plans were not user friendly or up to date but staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure and action had been taken to learn and improve where this was possible.

The service was rated 'requires improvement for 'well led' at this inspection. The monitoring of service provision was not always effective because repeated shortfalls were not identified or resolved. There was an open and transparent and person-centred culture with adequate leadership. People were asked to share their feedback about the action was taken in response.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service has deteriorated to requires improvement because auditing systems were ineffective at highlighting and resolving all areas for improvement.	**Requires Improvement**

The Heathers

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 comprehensive inspection took place on 2 October 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with three people who used the service for their views about the service they received. We spoke with the registered manager, four care staff and a visiting podiatrist.

We looked at the care records of three people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures, complaints and meeting records.

Good

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse. Staff had received training in relation to this. Safeguarding investigations were carried out and lessons learned were shared with the staff team. Staff understood and told us about their responsibilities to protect people's safety. For example, staff understood how they could support people to maintain their skin integrity and prevent pressure ulcers.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, for some people, risk assessments were in place to help support people at risk of seizures. Where risk was identified staff knew what action they should take such as moving people's position and using specialist pressure relieving equipment. Staff knew how to support people with their behaviour, positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. We saw that staff were available when people wanted them and they responded to people's requests quickly. Staff were well organised, communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

People received their prescribed medicines safely. One person told us, "Staff look after my medication, they give it to me and keep it safe. I have pain killers, I ask staff and they bring it to me". We saw that staff gave people their medicine in a safe way. People had their medicine reviewed by the doctor. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way. These audits had identified staff were not always checking that fridge temperatures were within safe limits and no action had been taken about this. The registered manager confirmed they would take robust action to ensure this was prevented from happening again.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency, and each person had a personal emergency evacuation plan. The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff each day and checks were carried out.

Good

Is the service effective?

Our findings

People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met. People told us that staff 'treated them well and looked after them'. A visiting healthcare professional said about the staff, "They are knowledgeable and follow recommendations. This is one of the better homes I visit." The provider had created a best practice groups with the other services it managed, and this group met regularly to discuss practice and ensure it was in line with evidence based guidance. Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Staff had an induction period and were supported to understand each person's needs, and new staff were able to study for the Care Certificate. Additional training had been arranged about people's specific needs, for example, the management of epilepsy and conflict management.

People were supported to eat and drink enough and maintain a balanced diet. One person told us the quality of the cooking was 'good' and there was always a choice of menu. Risks to nutrition and hydration were assessed and people were offered the support they required. Staff closely monitored the amounts people ate and drank when risk was identified. Action was taken where this was required. The choice of food was varied, and there was fresh fruit available throughout the day for people to eat as they wished.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as speech and language therapists. Staff had received positive feedback from healthcare professionals about recognising changes to people's health and wellbeing.

The premises and environment met the needs of people who used the service and were accessible. There was redecoration underway at the time of our visit. One person told us they had asked for their room to be redecorated and this was in the process of being completed.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

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.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "Staff are very nice, they are good friends to me." "Staff knew about the people and things that were important to people. They knew about people's preferences and how to get the best out of people. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. Staff had supported one person following a family bereavement and had helped them through the grieving process. Relationships between staff and people were friendly and positive.

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. Communication was good and people were given information in accessible formats. When necessary, people had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights. Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. Regular 'keyworker' meeting were held with the person so that people could express their views.

People had their privacy, dignity and independence promoted. We saw that one person's mobility had improved and this gave them more independence. Staff were very proud of the progress that had been made. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, people's likes and dislikes were recorded and staff were knowledgeable about these. As people's needs changed this was reflected in their plan of care. For example, staff had received additional training to support a person's changing health needs and staff discussed the best way to assist them with emotional as well as physical needs. The registered manager told us they were in the process of reviewing all support plans to make sure that people's changing needs were properly recorded.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. One person told us how much they enjoyed going out. Another person was supported to attend their chosen place of worship. We saw that people were asked about their personal goals and were supported to achieve these. This included short term or long-term goals, for example, one person was being supported to go on a helicopter. Changes were made to suit the person who used the service. A review identified that one person preferred their shower at a different time of day and this was accommodated.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The complaints procedure was available in an 'easy read format'. Health action plan information was available in a picture format. There were photographs of staff to help people understand and identify people.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences or wishes and staff were knowledgeable about these. People's families had been involved in working with their loved one and the staff at the service to ensure people's wishes were supported.

Requires Improvement

Is the service well-led?

Our findings

The management team carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that auditing was not always effective. The audits in place had not identified or effectively resolved that some people's care plans, risk assessments or health records had not been reviewed regularly; and the medicine fridge temperatures had not been recorded as required and no action had been taken to resolve this. Some audits had been effective and were used to improve the quality of the service. Audits identified that improvements were required to fire drill procedures and these were implemented. The registered manager accepted that there had been shortfalls with the auditing systems and had committed to improving these. The registered manager believed that further improvements would be seen in people's care plan records when the new care plans had been introduced and established however further action was required to make immediate improvements.

There was a registered manager. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. People who used the service knew who the registered manager was and enjoyed talking to him. Staff provided feedback about the management team which suggested they found it difficult to approach them and that their views were not always listened to. As a result, a suggestion box had been introduced to assist staff who may not feel confident speaking out to share their views. Staff meetings were held, staff were asked for their feedback and if appropriate, this was acted upon.

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete. Surveys identified that people were not sure about complaints and safeguarding. In response to this people were provided with information about safeguarding and complaints in an accessible format.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.