

Consensus (2013) Limited

# Consensus (2013) Limited- 55 Headlands

## Inspection report

55 Headlands  
Kettering  
Northamptonshire  
NN15 7EU

Tel: 01536417195  
Website: [www.consensussupport.com](http://www.consensussupport.com)

Date of inspection visit:  
12 October 2021  
13 October 2021

Date of publication:  
06 December 2021

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Consensus (2013) Limited- 55 Headlands provides care and support to people living with learning disabilities, autism and complex needs, including Prader-Willi Syndrome. People lived in their own accommodation either in a flat within a complex, a house with shared communal areas or a flat or bungalow in the community. At the time of our inspection there were 12 people receiving support with personal care.

### People's experience of using this service

Staff were very caring and knowledgeable about how best to communicate with people and to advocate for them to ensure their views were heard. There was a strong culture within the service of treating people with dignity and respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

The registered manager demonstrated an excellent understanding of the importance of effective governance processes. There was a robust monitoring system in place to check the quality of the service and to ensure people were able to express their views. Wherever possible people using the service were involved in completing these quality monitoring checks.

There was strong leadership which put people first and set high expectations for staff. They were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

Staff had been highly inventive and proactive supporting people throughout the pandemic to stay safe. Staff had used games, easy read information such as posters and booklets and used social stories to help people understand more about COVID-19 and why restrictions had been in place.

There were comprehensive systems in place to make sure the service was safe. People were empowered to take positive risks, to ensure they had greater choice and control of their lives. The positive risk-taking approach showed staff respected people's right for independence and their right to take risks.

People were fully involved and supported to recruit staff and were able to choose the staff who they wanted to care for them. This ensured that successful applicants had the right values and skills to match the values that were at the heart of the service.

Training was developed around each individual to ensure staff had an excellent understanding of people's needs and how to meet them. People's health and well-being were paramount. Staff liaised with health and social care professionals to ensure excellent outcomes for people and had used innovative ways to help people overcome their anxieties about visiting health professionals such as a dentist.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had a very detailed assessment of their needs that was completed by using different communication aids before they used the service. They were actively involved in their assessment so they could make choices about the support they needed and wanted. There were comprehensive transition plans in place to ensure people experienced a positive experience when they started to receive care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People were supported to have choice and control of their lives. The model of care maximised people's choice inclusion and independence.

Right care: People received truly person-centred care that was bespoke to them and based around their individual needs, dreams and aspirations.

Right culture: The registered manager and staff promoted a very positive, transparent and open culture. There was a strong culture within the service of treating people with dignity and respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for the service under the previous provider was Outstanding, rating published on 19/12/2019.

Why we inspected:

This was a planned inspection following a new registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Consensus (2013) Limited- 55 Headlands

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

#### Inspection team

Our inspection was conducted by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Consensus (2013) Limited- 55 Headland provides care and support to people living in two supported living settings and provides an outreach service to people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

As part of the inspection we spoke with six people using the service and five relatives. We had discussions with the registered manager and seven care and support staff.

We reviewed a range of records. This included three people's care records, their risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at key policies and procedures, staff training information and governance information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People and relatives told us that people were able to choose who cared for them and they received one to one staffing. A relative said, "[Family member] has the same staff who they interviewed. They know each well and are like friends."
- People were fully involved in the staff interview process and this was achieved by supporting them to sit on the interview panel. Staff used a 'Matching Tool' which identified staff skills and interests, so people had an informed choice about who they wished to support them. People were supported to draw up a list of questions they wanted to ask in relation to the qualities they looked for in new staff.
- Following an interview, staff listened and recorded people's feedback. People were involved in the discussions following interviews and were part of the decision making. Completed feedback forms were in pictorial format to help support people with the interview process.
- For people who were unable to sit on an interview panel, a second interview was always arranged where staff observed how the candidate interacted with people and noted their response. This inclusive approach played an important part in ensuring excellent relationships between people and staff.
- Staff rotas demonstrated that there were sufficient numbers of staff to support people as needed and to meet fully meet their needs.

### Assessing risk, safety monitoring and management

- Staff had a 'can-do' attitude and said nothing was impossible. They had supported and worked with one person over 16 months to overcome their anxieties which had left them housebound. The staff had put in place a risk reduction plan to look at the least restrictive way to support the person. This proved to be successful and the person was able to leave their home and move to new accommodation.
- People were supported to complete health and safety audits of their homes. These had been developed with people and we saw the audits were in easy read and pictorial formats. This gave people a greater understanding of the safety measures in place to keep them safe.
- People were enabled to take positive risks so they could have control over their lives, for example, people were supported to try new experiences such as using public transport and accessing the community.
- One person who usually had two staff members for support when going out was supported to go out with just one staff member. A small team of staff were chosen who knew the person well and all had received training specific to the individual. This proved to be successful and meant the person was able to go out more often which led to a reduction in their expressions of emotional distress.
- Risk assessments addressed people's diverse needs. For example, people's specific needs around their learning disability, expressions of emotional distress and mental health needs. They were completed in a way that allowed people as much freedom as possible and promoted independence.

### Preventing and controlling infection

- People had been kept safe from the spread of infection, particularly during the pandemic because staff had introduced inventive ways to support people overcome their anxieties. For example, some people had been very anxious when staff started to wear masks. Staff developed systems such as playing games, 'who's behind the mask' and showing them their face first at a distance before staff put the mask on to reduce anxiety.
- People had been supported to understand the importance of hand washing and some people had received training from the Infection Control nurse. Staff had used easy read and pictorial posters and booklets and social stories to help support people throughout the pandemic.
- People were involved in identifying and managing risks to infection and hygiene. They had developed cleaning and food safety audits with staff and took responsibility for maintaining good food and hygiene standards. This empowered people to take control of their environment and understand their responsibilities to keep themselves and others around them safe from infection.
- Staff told us, and records confirmed they had completed training in infection control and COVID-19. There were COVID-19 champions who kept staff up to date with latest best practice guidance and training.

### Systems and processes to safeguard people from the risk of abuse

- People had developed positive and trusting relationships with people which made them feel safe. One person told us, "I do feel safe because the staff are there when I have nightmares and they make me feel safe at night."
- Staff demonstrated they were highly skilled at recognising when people felt unsafe and were comfortable and confident when challenging and reporting unsafe practice. They knew from people's behaviour if they were not comfortable with staff or their surroundings. One staff member informed us, "I know the signs to look for if someone was being harmed. I would not hesitate to report anything I thought was wrong."
- People were empowered to keep themselves safe. Easy read guides around safeguarding and bullying were given to people and staff spent time with them, using various communication aides such as symbols, objects and pictures to help people understand and take control of their safety.
- Staff were proactive and continually looked at how they could improve people's safety. For example, staff had supported people to register with the Northamptonshire 'Keep Safe Card' project. The card can be shown whenever the holder feels lost, bullied, worried about their safety or in need of assistance in any way.

### Using medicines safely

- When people needed their medicines to be administered by staff, this was done safely in line with their individual needs and preferences.
- Staff received training in the safe handling of medicines and maintained a detailed record of any medicines they administered. Senior staff audited these records regularly, following up any issues as required.

### Learning lessons when things go wrong

- The provider had instilled robust processes that ensured accidents and incidents were thoroughly investigated and audited. There was opportunity to learn lessons when things went wrong, and the registered manager held team meetings and individual supervision for reflective practice.
- The provider was quick to ensure a review of incidents with the involvement of other healthcare professionals if their advice was needed. Where amendments to care plans or risk assessments were needed, these were addressed quickly to reduce the risk to people's safety. This meant people's ongoing safety was regularly reviewed, to reduce the impact on them or others.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service significantly improved people's quality of life and self-esteem through exceptional care and best practice approaches. People were assessed in a very person centred and sensitive way to reduce any anxieties and to make sure the person felt empowered and listened to. This was due to communicating well and working in partnership with all those involved in the person's care and support network.
- The assessment tool was comprehensive and considered people's culture, past experiences, physical, psychological and social needs. People were matched with staff who had the necessary skills and values to support them.
- Some people lived in accommodation shared with others. The assessment process made sure they were compatible to live together by undertaking compatibility exercises. This was to ensure people got to know each other and there were positive interactions between people sharing the accommodation.
- So that each person's move into the service was a positive experience, the provider completed a transition tool which considered the specific training staff would need to support the person moving into the service, support from healthcare professionals, any resources needed and a schedule for the moving day.
- There was also a post transition and contingency plan which included a six-week review, on-going support from health care professionals and initially an increase in staff to help the person settle into their new home. Altogether, this demonstrated a robust and very comprehensive assessment process to ensure people's needs were holistically assessed so people experienced exceptional outcomes.

Staff support: induction, training, skills and experience

- People took part in the recruitment of staff and were able influence the outcome. Relatives praised how keyworkers were matched with their family members ensuring they had the right skills, personality and gender to support them in developing trusting and caring relationships. One relative described their family member's key worker as, "Amazing" and "More like a friend".
- Staff training had been developed and delivered around each person, that included families and carers. One staff member said, "We have workshops and training around different people so we can get to know why they behave the way they do and what is the best way we can support them." A relative commented, "It's on the job training. My [family member's] needs are specific to them."
- Every member of staff we spoke with without exception praised the provider's robust approach to the training and up-skilling of staff. They told us that training was adapted to meet their different learning needs to ensure excellent quality of care could be provided consistently.
- A culture of developing staff to reach their potential had been established. Staff felt invested in, given the opportunities for self-development available to them. New staff were required to complete a comprehensive induction and did not work alone until assessed as competent in practice. Staff told us there was an

excellent buddy system that ensured new staff had full support from a consistent and experienced member of staff.

- There was an appraisal system in place for staff that ensured the continuing development of staff skills and knowledge and competencies. The registered manager informed us that the core values of the provider were instilled during the induction process and included and reminded in all corporate training.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff played an essential role in helping people to live healthier lives. For example, we saw detailed plans in place to support one person with a future health condition and saw they had been fully involved in the whole process.
- There was outstanding collaborative working with external health professionals, and this had not suffered during the pandemic. Staff had liaised with healthcare professionals and used inventive techniques to support people who were anxious about having the COVID-19 vaccine. They educated them about the benefits using different communication tools. They simulated giving an injection into a person's arm with an empty syringe that had no needle daily, over several weeks. This lessened people's anxiety and they agreed to have the vaccine.
- The provider was involved in the national project STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines) which aims to stop the overuse of these medicines. This had impacted on one person whose medicines had been reduced.
- One staff member had built up a very trusting relationship and good understanding of a person's particular health needs who they were key worker to. We saw they had attended hospital appointments with them on their day off or had changed their days off so they could make sure they attended, which lessened the person's anxieties.

Supporting people to eat and drink enough to maintain a balanced diet

- People were fully involved and supported to plan, prepare and cook their own meals, whilst promoting healthy eating. One person told us, "We can choose and buy our own food." A staff member commented, "We try to educate people about healthy eating using easy read posters and booklets."
- The service recognised the importance of good nutrition and were exceptionally creative at supporting people to eat and drink well. People had monthly meetings with a key worker and during these discussions they talked about their menus and the support they needed to budget, shop, prepare and cook their meals. They discussed what was working well and was not and used a traffic light system for the person to rate the meals they liked and disliked.
- Staff had supported one person with their specific religious and cultural dietary needs and supported them to eat culturally appropriate foods. Religious festivals were recognised and celebrated with people with culturally appropriate foods.
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Staff were trained in the principles of the MCA and gave examples of how they encouraged people to be fully involved in decisions made about all aspects of their care. Where people were unable to direct their own care, staff told us that best interest meetings were held, and we saw these recorded in people's files.
- The service was skilled in how it obtained people's consent and people's ability to make informed decisions had been thoroughly assessed. Each person had a decision-making profile that described how they wanted information and choices presented to them and the best and worst times for them to make a decision. They then drew up a decision-making agreement which detailed how the person was to be involved.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care

- Staff were excellent at exploring different ways to communicate with people so they could express their needs and preferences effectively. For example, one person had developed their own sign language which staff had learnt and understood. This was used to explore their wishes in relation to their personal and family support.
- People and their families were active partners in their care. Staff always empowered people to have a voice and to realise their potential. People's individual preferences and needs were always reflected in how care was delivered. For example, people were fully involved in the care planning and risk assessment process and staff actively sought their feedback on the quality of care provided.
- There were several people using the service supporting peers to speak up across the organisation, as part of an internal advocacy service for people. This ensured people had access to independent support if they felt they were not being heard and that their rights were respected.
- People were encouraged and supported to make their own decisions about their care and lifestyles. There were numerous forums where people were supported to express their views and be involved in decisions about their care and the service. For example, there were monthly key worker meetings, regular provider forum meetings, reviews of people's care involving people's circle of support and satisfaction surveys and questionnaires in easy read and pictorial formats.
- One person attended a provider forum where the 'keep safe card' and online safety were discussed. This had helped the person to think about keeping safe in the community and also sharing information online. Another person attended an event that involved a two-night stay over and they had met new people and formed new friendship groups.
- People who shared accommodation had developed their own rules for how they respected each other's views and space within the accommodation. We saw one set of 'Golden rules' which included 'respect each other' and 'respect people's privacy'. One person told us it was good to have them in place because it made them feel safe. For example, having the rules reinforced had stopped one person going into other people's rooms which made them feel safe and more comfortable.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong ethos for the development of positive and caring relationships, and this was evident in how staff communicated with people. It reflected the providers values and was embedded in staff practice. One person said, {Name of staff member} looks after me well. They are my best friend. We have a laugh." A relative commented, "[Family member] is in the best place they can be. The staff know [family member] very well and they have come on in leaps and bounds."

- The friendship between staff and people was evident and we observed positive and warm relationships between people and staff. One person who was with their key worker told us they had a holiday booked at a particular themed world which was something they really liked, and they would be going on the holiday together. They talked about the things they would do once there and there was a lot of laughing and exchange of banter between the two.
- One staff member had built up a very trusting relationship and good understanding of a person's particular health needs who they were key worker to. We saw they had attended hospital appointments with them on their day off or had changed their days off so they could make sure they attended, which lessened the person's anxieties.
- Staff were matched with people's interests and personalities and a matching tool was drawn up with people so they could communicate what they wanted in a staff member to care for them and this was taken into account during the interview process. For example, one person had chosen staff that enjoyed shopping and cooking and they told us about the different shopping experiences they had enjoyed.
- Staff were motivated and showed empathy towards people. For example, one member of staff had noticed how anxious people were becoming at the beginning of the COVID-19 pandemic when staff first started to wear PPE. The staff member decided to make a poster called 'How staff keep me safe'. This included photographs of the staff member wearing different PPE and why and when they needed to wear it to help overcome people's anxieties.
- There was a strong person-centred approach from staff to enable people to work towards their goals and aspirations. For example, there were person centred planning (PCP) champions whose role was to arrange PCP reviews for individuals and help them achieve their goals and dreams. For example, one person raised in their PCP review that they wanted a car as they felt overwhelmed using public transport. The PCP champion was able to help them achieve this and meant the person was enabled to access the community more and visit their family more often.

#### Respecting and promoting people's privacy, dignity and independence

- Respect and dignity were values upheld by all staff and embedded into their way of working. One person said, "The staff do treat me with respect, and I treat them with respect." A relative commented, "The staff do treat [family member] with dignity and patience. A lot of patience. They are brilliant."
- Two of the provider's values included being inclusive and supportive. We found a strong commitment to promoting independence and inclusion and the culture of the service encouraged learning and innovation.
- People were fully supported to maintain and develop their own 'circle of support', identifying people who supported their independence, to build social networks and have community involvement.
- One person was experiencing difficulties mobilising from the living room to the bathroom. Their circle of support worked together to discuss the matter and find a resolution. They supported the person to rearrange their living area and swapped the living room and bedroom around. This meant the person was able to access the bathroom more easily and this had improved their self-esteem and dignity.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs their diverse needs and cultures and their personal relationships.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they felt consulted and listened to. For example, people said they were able to choose the staff they wanted to provide their care and support. One person commented, "I like my carers. They listen to what I say and what I want. I do have a voice."
- People's care was planned with them and they were fully involved in developing their care and support plans. The assessment and care planning process ensured their identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests.
- Where people expressed concerns about visiting health professionals such as a dentist, staff had used social stories and easy read information to help overcome their fears. This had been successful for people who had been anxious about having blood tests, going to the dentist and visiting the hospital.
- Staff had been quick to notice that some people had become low in mood because they could not visit family during the pandemic. They had been proactive in educating people about the COVID-19 virus, with easy read and pictorial booklets and posters, social stories and assistive technology so they understood why the restrictions were in place to help them cope and improve their wellbeing.
- People's care plans were reviewed regularly. The registered manager told us, "We are always looking at how to improve, the carers role is so vital in reviewing and reporting any changes in people's needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of their assessment and their care plans fully described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- Relatives told us staff communicated well and effectively with their family member. For instance, some people were not able to vocalise and communicated by using sign language which was understood by the staff who supported them. One person had made up their own signs to communicate and staff we spoke with understood these. This enabled people to express their wishes without restrictions.
- The provider had made information available in a varied range of formats including easy read, pictorial, using symbols and photographs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported to follow their interests and take part in social activities. One person told us, "We can do lots of things we like." They told us they had a holiday booked at a particular themed world which was something they really liked. They then said they were off to do some train spotting which was one of their favourite things.
- Staff thought outside of the box to make sure people could attend activities they preferred. For example, one person enjoyed a particular singer who often performed at theatres. Instead of waiting for them to appear near to where the person lived, staff supported them to attend concerts all over the country at various different venues where the singer was performing.
- People were supported to develop and maintain relationships with people that mattered to them. One relative told us, "I can always visit when I like. They [staff] always make me feel welcome. During the pandemic it's been difficult, but the staff have gone out of their way to make sure we have regular contact."
- People were involved in their local communities and staff had supported and encouraged people to maintain those links and make new ones. People using the service had made cakes and put together a hamper for people using a drop in café for those suffering with their mental health. They also decided to give the refuse collectors gift bags for all their hard work throughout the pandemic.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable and confident to make a complaint. One person told us, "I would go to [name of [staff member]] if I wasn't happy." A relative told us, "I'd speak to the manager and I have the telephone numbers and know who to ring. There has been no need to make a complaint."
- There was a complaints procedure available in easy read or a pictorial version which was accessible to people using the service and was easy to use. People could also speak to and share their concerns and experiences with an advocate who used the service and had shared lived experiences.
- The registered manager told us they were regularly involved in the care of people they supported, and this allowed any potential concerns to be addressed before they developed into complaints. There were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The service has been proactive in looking at how they could meet people's end of life care needs as people grow older. Staff were completing end of life training and people were being supported by completing a 'when I die support plan' so that staff could meet their specific needs at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created, drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were very happy with the service and we saw that people achieved excellent and positive outcomes. One person said, "Its great here. I am doing new things." Another person told us, "It is a very good place to live. I have made a lot of progress and made new friends."
- The leadership, management and governance of the organisation was well embedded and assured the delivery of high-quality, person-centred care. Two of the provider's values included being inclusive and supportive. We found a strong commitment to promoting independence and inclusion and the culture of the service encouraged learning and innovation.
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible and staff completed Person-Centred Active Support (PCAS) training to support people's independence. Staff spoke very highly of the culture within the service and the wider organisation, drawing comparisons with others they had worked within and describing it as the best.
- People and staff commented that the registered manager and senior staff were visible and accessible and could be easily approached. One staff member told us, "The manager is always available. Even if she is on holiday, she will always respond if we have a problem." Another member of staff told us the registered manager was "the driving force behind what we do. She is an excellent role model, a good teacher and genuinely cares for us all."
- The provider had embedded six fundamental values in all roles within the organisation and all staff were expected to work with these values at the core of everything they did. These were discussed at staff meetings and staff supervisions. We found these values had been embedded into staff practice and demonstrated the provider's commitment to ensuring a focus on exceptional practice.
- The registered manager said that having staff with the right values and skills was essential and people using the service were involved in the recruitment process. This was to ensure potential staff matched the values that were at the heart of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The dynamic nature of the care provided required the management team to have excellent oversight of the service. They continuously monitored the service to drive continuous improvement, and people using the service were always involved. For example, people were supported to undertake quality monitoring checks of their accommodation, medication and safety audits.



- The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. The registered manager and staff team were clear about their roles, and there was a strong framework to monitor quality performance, risks and regulatory requirements.
- Staff felt empowered to lead within their own areas of the service and initiate new ways of working. Staff described supervision and appraisal as regular and supportive, with staff praising the high level of support they received from their line managers.
- Staff were motivated and proud of the service. All the staff we spoke with said they had great job satisfaction and were supported to develop their skills, giving them lead roles and empowering them to drive improvements and new initiatives.
- The organisation recognised success within the service and people's and staff's achievements were celebrated.

#### Continuous learning and improving care:

- The provider used a robust system to record and analyse accidents and incidents. Any accidents or incidents were entered onto an electronic system that flagged which serious, untoward incidents required escalation and external reporting. There was also a risk profile report where accidents and incidents were recorded, and the providers quality team and the registered manager reviewed them.
- Actions plans were put in place if areas for improvement had been identified and these were discussed in staff meetings and supervisions to ensure lessons were learnt.
- Information from the quality checks, complaints, feedback and care plan reviews were used to inform changes and improvements to the quality of care people received.
- The provider demonstrated a progressive and positive approach to learning and development and ensured staff had access to any specialist training they needed. For example, staff received training and workshops specific to each individual person's needs.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. Investigating incidents thoroughly and sharing and learning from any failings.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority CQC if they felt they were not being listened to or their concerns not acted upon.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback about the service was actively encouraged in a number of ways, for example, there were regular reviews of people's care and people in their circle of support were invited to give feedback for improvement.
- Innovative ways had been used to regularly seek feedback from people, which took into account their individual communication methods. Easy read questionnaires were used, staff supported people with picture cards and other communication aides which enabled people to express themselves.
- There was a team of Quality Checkers who were employed by the provider and acted as advocates for people using the service. The team of Quality Checkers were all people who lived within one of the Consensus services and understood the issues faced by people living with a learning disability. They undertook regular quality audits of all the Consensus services. As part of this process they spoke with people to find out what their views on the services were and what changes could be made for improvement.
- People had monthly key worker meetings so that staff could monitor their wellbeing, celebrate their achievements and find out what was working well and what was not.

- Annual satisfaction surveys were sent out to people, relatives and professionals who worked with the service. The results were analysed and used to drive improvements. For example, changes to activities and changes to peoples accommodation such as redecoration.
- Staff surveys and regular staff meetings were also organised to ensure staff were included and felt listened to. A staff member told us, "We do get asked our views, they [meaning the registered manager and provider] are interested in our views and ideas."

#### Working in partnership with others

- We saw numerous examples of innovative collaborations between the service and other agencies. For example, the management had worked in collaboration with the Speech and Language Team (SALT), the Community Team for People with Learning Disabilities, Psychology, Occupation Therapists, Behavioural Practitioner and Paramedics when they supported one person to move to new accommodation.
- Partnerships had been developed with health and social care professionals, along with community links such as local shops, a local drop in café for people with mental health needs, local churches and leisure centres.