

Consensus Community Support Limited

Consensus Community Support Limited- 55 Headlands

Inspection report






55 Headlands
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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This announced inspection took place on 14 March 2017. This service supports people with their personal care needs in a supported living environment. At the time of our inspection there were 25 people receiving support from Consensus Community Supported Limited – 55 Headlands.

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

The service demonstrated an excellent commitment to providing outstanding care which was embedded into the practices of the staff and the registered manager. The service put people's views at the forefront of the service and designed the service around their needs. People were given every opportunity to be involved in the running of the service and to provide their opinions and feedback about what they wanted.

People were safe using the service. Staffing requirements were assessed in an innovative and dynamic way following consultations with people that used the service. The rotas reflected the support people required to maintain the choices they had made, and as a result the staffing arrangements were flexible to meet those needs.

People played a significant role in supporting the management to recruit the staff that were most suitable to provide the care and support people required. This included people interviewing staff and having trials with them to ensure potential new staff members had the right values and ethos to provide the standard of care people required.

The provider took a thorough approach to protect people from harm. They empowered people who used the service to understand and recognise if their care was not at an acceptable standard and that they could feel safe to report this. Staff were supported to understand safeguarding in a wider context, particularly with regards to institutional safeguarding and staff were confident they would report any matters of concern.

Staff received training that had been personalised to meet the needs of the people that used the service and the management team identified and utilised the strengths of the staffing team. A specialist group of staff were used by the service to help support people with behaviours that could harm themselves or others. They provided advice and guidance to staff within the service to give them new skills and strategies to keep people safe.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People's nutritional needs were assessed and regularly monitored. People took as much control over their nutrition as they were able and staff supported people to learn and understand the importance of this.

People were treated with care, compassion and great kindness. Staff had an empowering and empathetic attitude to support people's personal development, and each person was supported in a way that was individual to them.

The registered manager recognised the importance and value of good advocacy and went above and beyond expectations to encourage people to speak openly and honestly. The service recruited internal advocates to help support people who used the service, and also used an external advocacy service to offer people an independent person to help them make decisions. People were encouraged to identify and value their own support networks in order to improve their independence but showed a caring approach if people were in distress. People's diversity and individuality was celebrated and people were encouraged and able to share private or vulnerable matters with an open and empathetic staff group.

Comprehensive assessments were made before people began using the service, and existing people who used the service were invited to meet new people to consider if the service was right for them. People's care packages were completely person centred and designed around each person's individual needs, styles, preferences and values. The format of each person's care plan was designed by each individual and this helped to break down barriers with new staff or people as people were keen to share what they had created.

People made great progress whilst they used the service and people were encouraged to discover and achieve their short term, medium term and long term goals or dreams. People reacted with pride and disbelief at some of the goals they had achieved and the staff and management were also very proud at what people had achieved.

Without exception, there was a person centred approach to everything the service offered and how it was run. People's choices were at the forefront of the service and people were encouraged to be involved and have a say about matters that could have an impact on them.

The service employed Experts by Experience to capture a true perspective of what it was like to receive the care and support from the Consensus team and this was truly valued by the service. There were robust quality assurance systems in place to ensure the service was providing good quality care and where minor improvements had been identified these had been acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was very safe.

Staffing requirements were assessed in an innovative and dynamic way following consultation with the people that used the service.

A robust approach to preventing people from harm was embedded into the service and people, staff and the management team were clear on their expectations and roles to report any concerns.

People were fully involved in the recruitment procedures to ensure staff with the appropriate ethos and values were selected.

Is the service effective?

Good 

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated a detailed understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised support. Staff received personalised training which ensured they had the skills and knowledge to support each individual that used the service.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Outstanding 

The service was very caring.

People were treated with care, compassion and great kindness.

There was a positive emphasis on advocacy support and people were encouraged in a number of ways to speak openly and honestly.

People's diversity and individuality were celebrated and strengthened.

Is the service responsive?

Outstanding 

The service was very responsive.

Comprehensive assessments were made before people began to use the service and existing people that used the service were involved in the process to ensure the service could meet their needs.

People were supported to create and individualise their own person centred care plan which truly reflected them as a person and the support they required.

People were supported to achieve their goals and dreams and made great progress with the service.

Is the service well-led?

Outstanding 

The service was very well-led.

There was a person centred approach embedded into every aspect of the service.

People were given a number of opportunities to provide their feedback about the service and the management team made every effort to identify innovative ways to capture this.

Comprehensive quality assurance systems which involved people, staff and the management team.

Consensus Community Support 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 March 2017 and was announced. We gave the provider short notice of our inspection so they could provide people who used the service with the opportunity to meet with us and to ensure we could gain access to the documentation that was maintained by the service. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and healthcare professionals who provide additional support to some of the people that use this service.

During our inspection we spoke with six people who used the service, four members of staff and the registered manager.

We looked at care plan documentation relating to three people, and two staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they always felt safe using the service because they trusted the staff and the management, and they never let them down. One person told us, "The staff come if I need them. They're always there." Another person said, "The staff treat me well. They're very nice." Staff were able to build up relationships with people which enabled them to have a very good understanding of each person and their capabilities. Staff were aware when people required additional support to keep themselves safe, and when they were able to manage their personal care independently or with minimal support.

Staffing requirements were assessed in an innovative and dynamic way following a consultation with the people that used the service. People were empowered to make their own decisions about what they would like to do and the provider adjusted their staffing requirements to meet those needs. For example, people were able to request specific members of staff to support them, or request members of staff within their own criteria. This could be because they had built up a relationship with particular members of staff, or because the staff member had skills they required such as driving, or because they shared common interests such as fishing or clothes shopping. People's preferences for staff were respected wherever possible and people told us they were very happy with the staffing arrangements. Staffing was flexible to meet people's needs however the staff also had a clear understanding of their role and what was required of them. One member of staff confirmed, "No two days are ever the same. People are supported to do whatever it is they want to do. They can change their minds or do something different if they want to. We are completely led by them." The registered manager used a matching tool to identify people's needs and requests, and match them with staffing skills and abilities.

People who used the service played a significant role in supporting the management to recruit the staff that they wanted to support them. People using the service were encouraged and involved in the recruitment process, supporting the management to interview potential candidates and spending time with potential candidates to ensure they had the correct values and ethos to meet people's needs. The registered manager completed checks on each potential new member of staff's identity, right to work in the UK, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions. The provider completed detailed risk assessments which considered a person's background if there were any doubts about their suitability to work in care.

People using the service were empowered to understand the importance of receiving safe care, and were fully supported to recognise when this may fall below the required standards, and that they could feel safe to report this. Each person had an easy read guide to safeguarding, and what action they could take if they felt they had any concerns. The registered manager emphasised regularly to people that they could talk openly and honestly, particularly if they ever had any worries or were unhappy about anything. Care staff attended training in safeguarding and were confident about their responsibilities to report any areas of concern. One member of staff told us, "We all have safeguarding training and we know if we have any concerns we must report them. The training was really good. It's not just the obvious stuff to think about like physical or financial abuse but subtle or institutional abuse that's harder to recognise. We are alive to what could cause harm to people and if there are any concerns we're encouraged to raise them."

The registered manager had a thorough understanding of their safeguarding responsibilities and made appropriate reports to the appropriate authorities when required. This ensured that any allegation was investigated thoroughly and lessons were learnt to ensure people were kept safe. For example, following one incident in which a communal door had been locked, the registered manager dealt with this incident efficiently and spent time with the team to consider their own practices to ensure there were no similar occurrences or unintentional errors.

The service had a dynamic approach to supporting people to take positive risks. One person explained the progress they had made towards gaining their own independence, and how this had been gradually improved. They had made immense progress to understanding how they could keep themselves safe whilst in the community. They explained that there were a number of considerations to ensure they were safe whilst maintaining their independence and said, "Now if I go out I always make sure I take my phone with me." Risks to people had been fully considered and assessed. Staff were vigilant to provide care and support in a way that kept people safe but were mindful of the importance of developing people's independence. Each person had individualised risk assessments which facilitated people to increase their independence and take appropriate risks in their day to day living, for example whilst using their kitchen and helping with their food and drink preparation.

People were supported in a person centred manner to have their medicines in a way that was appropriate for them. For example some people were supported to take significant control of their medication which included ordering, collecting, dispensing and storing their medicines with minimal intervention from staff. One person said, "I always have my tablets and we fill in the MAR sheet (Medication Administration Record) together (with staff) so everyone can see I have taken them." People were able to choose which pharmacy they preferred and were able to be involved in deciding when they wished to collect them. Staff supported people to understand their medicines and how to take them safely in order to grow their own independence and ability to manage this with minimal staff support.

Is the service effective?

Our findings

People received support from staff that had received personalised training which enabled them to understand the specific needs of the people they were supporting. Staff received a good induction and were required to complete mandatory training which included safeguarding and first aid. The service had innovative and creative ways of training staff to ensure they had accurate and specific guidance about how best to support each person. One member of staff said, "I feel the training is really good, it's very focussed on the people that we support so we can really understand how best to give them the assistance they need."

The registered manager identified the skills and strengths of the staffing team and utilised these for the benefit of people that used the service. For example one member of staff had recently supported people to understand how to use their computers and the internet safely. Another person who used the service told us that they had a genuine interest in health and safety matters and they had been supported to access the provider's staff training to further develop their own strengths and interests.

The provider employed a team which specialised in understanding people's behavioural needs. This team became involved as soon as a new person was accepted into the service and they identified any training needs for staff or equipment that may further support people and their independence. Each person's support was individualised and tailored to meet their needs, and if staff lacked the skills or knowledge to provide strong and competent care for one individual they were enabled to learn about this.

Staff had the guidance and support when they needed it. Staff were confident in the management team and were satisfied with the level of support and supervision they received. One member of staff told us, "We have supervisions every six weeks but we see the manager regularly and they are also available if ever you need them." Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role. The registered manager also completed care shifts to ensure they maintained relationships with people who used the service and could gain an insight into their needs. Staff gave positive comments about this approach from the manager and felt it was also helpful for their own development.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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.

The management team and staff were fully aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. One member of staff told us that the more experienced members of staff had received training to complete mental capacity assessments, however all

staff showed a great understanding of the process. We saw that detailed capacity assessments had been completed with detailed guidance for staff to support people to make choices where they were able to. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and where they were unable to, decisions were made in their best interests. Staff were fully aware of the restrictions that were in place for some people and understood their role to comply with these requirements and provide safe care for people.

People's nutritional needs were assessed and regularly monitored. People had different dietary requirements which were handled sensitively and with input and control from the people they affected. For example, one person had decided they wished to lose weight to help improve their health and staff supported them to understand how they could do this. Another person was unable to tolerate specific foods and staff worked with them to help make choices which would prevent flare ups of discomfort by avoiding the foods that caused them digestion problems. One person explained that they went to a support group to help them control their weight but the staff helped them to develop their understanding when they went shopping, and with their meal preparations.

When people required the support of nutritional professionals, help was sought from those professionals. For example, referrals to dietitians or speech and language therapists were made when necessary.

Staff used innovative ways to ensure people had healthy and balanced meals. People were able to decide on what meals they would like and information about people's meals were represented in ways that people could understand, such as food guides. This helped people to see the foods they could or couldn't eat, and provided ideas for people about what foods could be replaced with. Staff made simple changes to help people eat better, for example by making carrot chips or sweet potato chips instead of potato based chips.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person explained they did not enjoy visiting the doctors but staff had worked with them to be honest about when they were feeling unwell and they worked together to ensure they got the healthcare support they needed, when they needed it. Another person told us they were very independent in managing their own healthcare and usually required little support from staff to maintain this.

Staff were knowledgeable about people's health needs and staff were vigilant to people's changing health needs, particularly when people were unable or reluctant to communicate their needs. Due to the strong relationships staff had built with people who used the service, they were able to identify signs and non-verbal communication methods that people were not feeling themselves and were able to support people to get the help they required.

Is the service caring?

Our findings

Overwhelmingly, people were treated with care, compassion and great kindness. People consistently commented on the exceptionally caring approach the staff at the service provided. One person said, "We all have a strong bond with the staff. They're very nice." Another person loved the support the staff gave them and said, "They [the staff] have got to know me really well."

Staff had an empowering and empathetic attitude to support people and their personal development. Staff had a detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. The attitude and motivation of staff to see people flourish was shared by a team approach which genuinely put people at the heart of everything they did. This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the staff, and it was evident from care records that this attitude and the efforts staff went to was maintained at all times. For example, staff explained that there were occasions when they did not rush to intervene when people were having minor disagreements amongst themselves. Staff told us that people were learning to resolve difficulties independently which also helped to develop their understanding of other people's viewpoint and feelings. Staff often commented that their role was "more than just a job" and this was evident in the warmth, endearment and commitment staff showed to people who used the service.

The registered manager recognised the importance and value of good advocacy for people and valued people's opinions and feedback. People were supported in a number of ways to express their views and one of these included the use of advocacy services. The registered manager employed a person that used the service to complete work for them and undertake a number of projects. This person said, "I am the voice of the individuals. I have got to know everybody that uses the service and can help them to express their views. And I understand because I experience it as well." The service was encouraging and open to actively recruiting more internal advocates for people.

In addition to the internal advocate employed by the service, the registered manager also had links with an external independent advocacy service. The registered manager had arranged for advocacy staff to visit the service and provide a session about the services and support they could offer to people. People who used the service, and the staff that supported them were invited to these sessions so both groups could understand the benefits people may get from using this kind of service, and identifying when they may be necessary. The service demonstrated that people's views were important to them and went the extra mile to listen to them.

People were encouraged to identify and recognise their own support network. Each person created their own 'circle of support' which demonstrated who was important to them and who could help them when they may be need support. Staff consistently worked with people to identify how their independence could be developed and people were proud about the development they had been supported to achieve. People were supported to be inventive to create and display their circles of support so people could be reminded that they were not alone.

People were treated with dignity and respect. We saw that staff spoke to people sensitively and respected when people needed some space or time to reflect on their thoughts without interruption from staff. Staff were fully guided on the actions of people and did not rush people to respond, or take any action until the person was clearly ready to do so. Staff were able to demonstrate how they supported people to receive their personal care without compromise to their privacy or dignity, for example by ensuring that they only entered people's rooms with consent, and by ensuring curtains and doors were closed whilst they offered their assistance.

Staff showed genuine interest and concern in people's lives and their health and wellbeing. People valued their relationships with the staff team and there was a nurturing relationship between people and the staff. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and joked with people in a friendly and informal way which people enjoyed. People were supported to talk openly about their relationships and sexuality and supported people to deal with the emotions that were attached to these issues. For example, staff worked with people to understand that it was acceptable to feel the emotions they felt and that it was important to recognise how their emotions made them feel. Staff worked with people to ensure they were safe whilst they experienced emotional difficulties but supported them to develop and grow.

People felt listened to and were encouraged to express their views and to make their own choices, using methods that were appropriate for each individual. Staff used innovative methods for people to be able to do this. Each person's communication needs were supported in their own individual ways, with some people using props or objects to help communicate their needs, other people using picture boards and the 'now and next' method to communicate and understand, and other people requiring staff to be patient and truly listen to how people were expressing themselves. We observed that people were given choices in every aspect of their support, from where they wanted to be in the room, to the support they were given and how they wanted this to be provided. Staff showed such understanding of each person and did all they could to enable them to make their own decisions.

People were supported to maintain relationships with their families and friends and to create new relationships with people with common interests. One person said, "I can go and meet my family when I want. No problems. The staff help me to do what I want to do, when I want to do it." Another person told us, "I can visit home or have my family visit me. It's up to me." We saw that people were empowered and encouraged to decide who they would like to share their home with. When new people were considering using the service, people already using the service were able to interview them to ensure they would feel comfortable with them. The service focussed on ensuring people's individual needs were respected and people could trust those around them. As a result of this approach, people had been supported to create new friendships.

Is the service responsive?

Our findings

People had comprehensive assessments before they began to use the service to determine if the service could meet their needs and people were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences and aspirations. People met with staff and had several trial visits before a joint decision was made if the service was suitable for them.

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. People were fully involved in the care planning process and their voice was documented throughout their care plans. Each person had their own unique person centred plan which reflected their interests and likes and dislikes. For example, one person had a box full of lots of different objects and props and each item had a different meaning. One person had a pair of goggles to represent their interest in swimming, a pretend spider to represent their dislike and fear of spiders and a toy house to represent their dream of having their own home. People were supported to think about the steps they could take to develop their interests and dreams and were in control of the progress they made to achieve this.

People also had detailed care plans that staff could follow and understand. The people who used the service had been heavily involved in deciding how they liked their care, and what support they required and this was evident from each completely individualised person centred care plan each person had. The care plans gave a comprehensive outline of the care and support people required but were flexible to meet people's changing and individual needs. For example, they explained how people may like to receive help with their personal care in the mornings but were flexible to show that people may change their mind or prefer to do things differently at any given time.

People were supported to identify their short term, medium term and long term goals and dreams and there were clear plans in place to help people achieve this. For example one person joined the service and was unaware and unable to prepare any meals for themselves. With the support and guidance from the staff at the service, they had been supported to cook a Christmas dinner for themselves and five friends. The person was extremely proud of the progress they had made and what they had been able to achieve. Another person had a dream of seeing one of their favourite music groups perform in a concert. The staff had supported the person to be prepared for when the tickets were released and to think through and plan how they would travel to the venue. The staff had made this special by supporting the person to stay overnight in a hotel and having a mini break at the same time. This person was extremely excited and proud that they were able to achieve one of their dreams.

People's goals had been incorporated into individual care plans and staff were able to demonstrate how they supported people to work towards them. For example, obtaining voluntary or paid employment, or developing life skills around handling money. People had made great progress whilst receiving support from the service. One healthcare professional explained that the people they worked with "Had settled well and their behaviours had reduced significantly." We saw that other people had been supported to improve their health, improve their relationships with others and overcome fears and phobias they had. For example, one

person was extremely frightened of dogs and the staff worked with the person to gradually overcome this and the person was in the process of working towards a goal of having their own pet. They said, "I never thought I would get anywhere near a dog never mind touching one!" They were incredibly proud at the progress they had made and explained what a big step it would be if they achieved their goal to have their own pet. The staff showed pride and enthusiasm for people's progress and were not afraid to take on big challenges to help people achieve their goals.

People consistently commented on the positive impact the service had made on their lives and how they had changed for the better. One person said, "I was in a bad place before I came here. It's much better now. They [the staff] really help me." The service was not afraid to accept people with complex needs into the service, but recognised the devastating impact a failed placement could have for people. The registered manager spent a great deal of time and energy, involving people who used the service to ensure that they would be able to meet their needs and have a positive impact on their lives. The registered manager confirmed that they were prepared to take on a challenge but that the circumstances had to be right to make sure it could be a success.

People's care plans were reviewed regularly, or as people's support needs changed. The service was extremely responsive and amended the support people were given when required. This could fluctuate on a daily, weekly or long term basis and staff showed fantastic flexibility to respond to people's current needs. One member of staff said, "It really is all about the people we support and what they want or need. No two days are ever the same and we're always thinking of the bigger picture – the progress in their lives." Each person had an identified member of staff that worked as their key worker. This member of staff (keyworker) was able to build up a trusting relationship with this member of staff and they were responsible for ensuring that people were given opportunities to work towards their goals.

Staff celebrated people's diversity and individuality. They supported people to understand and develop their own values and be honest about what was important to them. For example, one person was supported to visit places that were important to them from their childhood as people important to them had died and this had helped to make connections and revisit old memories. Another person was supported to embrace their own sexuality and attend events and places where they could build relationships with people with shared interests. Staff were supportive and encouraging which enabled people to have honest conversations about some of their private or vulnerable matters.

People said they had no complaints about the service. People told us they felt confident to raise any concerns with the registered manager, or other staff members. One person told us, "If I had a complaint I'd talk to the manager. The staff always remind me not to bottle things up." One member of staff had completed a project to identify if people understood the complaints procedure and knew what to do if they were unhappy with their care. This had been very positive with people having a good understanding of what they could do. There were easy read guides available for people to help them understand and the registered manager showed an open and transparent approach around complaints, encouraging people to let a member of staff or themselves know if they were unhappy with any aspect of their care.

Is the service well-led?

Our findings

Without exception there was a person centred approach to everything the service offered and how the service was run. The culture and direction of the service put people and their choices at the forefront of the service and people were able to have a say about matters that could have an impact on them and the support they received. The registered manager understood and valued the contributions people made and took these into account when making decisions, for example when recruiting new staff or considering accepting new people into the service.

The provider had undertaken a recruitment drive to recruit people that used the service to become Experts by Experience. The Experts by Experience provided meaningful insight from a service user perspective about how the service was run and if there were any improvements that could be made. One of the Experts by Experience had been asked to visit a number of other services across the country to share the value they had added to this service. The provider had supported the person to maximise their role and gain full benefit by providing them with a personal assistant to help them manage their paperwork and administrative tasks. The person said, "It's quite good having a PA (personal assistant) to help me keep organised. It helps save me time too because I don't do this full time."

There were a number of opportunities available for people to provide their feedback about the service and these were used to drive improvement. This included suggestion boxes, meetings, surveys and opportunities for people to spend time with the manager. People who used the service had been supported to arrange regular meetings to discuss any ideas or concerns. One person chaired this meeting and the registered manager was made aware of what had been discussed. People also had access to a suggestion box so they could provide ideas without having to attend a meeting if they did not want to. People were largely very positive about the service however as a result of people's ideas and feedback a number of different activities had been organised which included swimming and a cinema trip, and curtains had been bought for one of the rooms.

Staff and people's relatives were also able to offer feedback about the service through surveys, which were highly positive and did not leave much room for improvement. One relative commented, "All of the staff are very dedicated and knowledgeable to the care of the residents and work very hard to meet their needs; and they enable them to live a very varied and happy life." Staff also felt they could give honest feedback and they would be listened to. One member of staff said, "There's never anything big to feedback, but we did talk about getting a sofa and this was done quickly."

One of the Experts by Experience had also completed a research project to understand if people understood their care plans, and understood how they could raise a complaint. The Expert spent time with people in their homes and also encouraged people to complete a questionnaire. They were supported to meet with the provider and present their findings, which were extremely positive. They said, "I met with the Managing Directors and showed them the results which were very good. They seemed very interested and asked me to go on tour to the other Consensus services to show them what I've been doing and how I've done it. I think it's really good they have Experts by Experience."

The staff were certain that the service was well led and they felt confident and sure of the management systems in place. One member of staff said, "I feel like we all work with the manager to make sure everybody gets the best support. People have their say, we are able to have our say and the manager listens to us all. The whole service is very person centred orientated. It's brilliant." Staff confirmed that there was a no blame culture at the service and the management were always keen to learn if any improvements could be made. One staff member said, "We are a strong staff team and it is a positive environment with a true client focus. If you achieve, it is celebrated. If you don't, we look to learn. There is always a drive to try new things and be better."

The provider recognised the value of retaining good staff and was making progress to build on this. Staff received letters of recognition when they had completed a good piece of work, for example one member of staff was commended for helping one person display their person centred plan in the creative way that they wanted it to be so it could be on display. Staff also received an award for employee of the month when staff had gone the extra mile and made an outstanding contribution. One example we saw was a member of staff that had worked extra hours to help one person buy all the meaningful presents that they wanted to buy. Staff told us they gave a strong commitment to the people they supported regardless of the incentives by the provider; but it was nice to receive thanks and gratitude when they had worked well.

Comprehensive quality assurance systems were in place which involved management, members of staff and people who used the service. All parties understood the importance of these systems and the role they had to play to completing them with integrity. One person explained, "I do a medication audit with some support from the staff. If there were any issues we know we have to write it down so we can try and find out what happened." Each audit was reviewed by senior staff and was ultimately reviewed for action by the registered manager. One senior member of staff told us, "They [the registered manager] is tough! If we've got any actions to sort out we know we've got to do it or they'll be questions next time." The registered manager was keen to drive improvements and enable people to progress as they wished. The audits ensured that this happened and that the service provided excellent care for people as per their individualised needs.

People who used the service reacted very well to the registered manager. They were familiar with them and the registered manager had a good understanding of people's needs. The registered manager encouraged people to be honest and open and people valued this approach. One person said, "We know [the registered manager] really well and we're looking forward to going to her birthday party." Staff had confidence in the management support and confirmed that the service was run with the involvement and support of the people that used the service. One member of staff said, "I do feel like they really listen to us, and take on board what is said; even the small stuff they sort things out quickly."

The service had great links within the local community and arranged events that local people could join in. For example, the provider hosted a regular disco that was focussed on meeting people who used the service and their needs, but it was also open and available for people within the community to attend. One person told us how much they enjoyed these events and that it was a good opportunity to meet up with their friends. They said, "It's lots of fun and I can see all my friends." Staff told us they supported people to attend and also enjoyed the opportunity to see people having a good time together. They also found them beneficial for seeing other staff members.