

# Consensus Community Support Limited

# Consensus Community Support Limited- East Hill Place

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Consensus Community Supported Living is a domiciliary care agency providing personal care to 12 people in their own homes at the time of the inspection. Some of whom lived in flats in a 'supported living' environment. It provides a service to adults who have a learning disability or autistic spectrum disorder and younger adults. Consensus Community Supported Living is a specialist service supporting people who live with Prader-Willi Syndrome. Prader-Willi syndrome is a rare genetic condition that causes a wide range of physical symptoms, learning difficulties and behavioural problems. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were not sufficiently protected against the risk of avoidable harm because potential risks to people's health, safety and welfare were not managed safely all the time.

Despite this, people were happy being supported by Consensus Community Support Limited and told us they felt safe. There were enough staff to meet people's needs on the day of inspection.

The provider had not fully considered the Equalities Act 2010. We have made a recommendation about this.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People could not be assured that safe recruitment practices had been followed. We made a recommendation about this.

People were supported by staff who were kind and caring. People had access to a range of activities and were supported to maintain links with the community and people who were important to them.

Staff felt valued and listened to and told us they liked working at Consensus Community Support Limited.

End of life care plans were not always in place. We have made a recommendation about this.

The provider lacked effective governance systems to effectively monitor the service and drive the necessary improvement. At times, there was a lack of detailed records regarding medicines, recruitment and complaints management.

The provider demonstrated a willingness to make improvements and during the inspection began reviewing some of their systems and processes to ensure the service started to make improvements.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, lack of choice and control and limited independence. For example, people did not always have choice in the amount of drinks they could have or at what times they could have hot or cold drinks. However, menus were developed by staff with input from people who lived at the supported living settings.

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 this service was Good (published 23 February 2017).

Why we inspected

The inspection was prompted in part due to concerns received about risk management, failure to report safeguarding incidents and management of the Mental Capacity Act (MCA). A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has acted to mitigate some of the risks and is working with the local authority to continue to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Consensus Community Support Limited – East Hill Place on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Consensus Community Support Limited- East Hill Place

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

Two inspectors carried out the inspection.

### Service and service type

This service provides care and support to people living in flats in 'supported living' settings and 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.

On day one of the inspection the service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager left their post before the inspection concluded.

### Notice of inspection

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

Inspection activity started on 22 July 2019 and ended on 26 July 2019. We visited the office location on 22 and 23 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed any information about the service that we had received from external agencies. 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-

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including carers, two community support managers and the registered manager who was still in post on day one of the inspection.

We reviewed a range of records. This included six people's care records and three people's medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies. We spoke with two professionals who have contact with people who use the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- We received concerns about safety monitoring and management of a person being supported by this service. The concerns related to a person being secluded in their garden, on one occasion for approximately three hours. This was following them being at a heightened state of anxiety and presenting behaviours that challenged others. During this time the person did not have access to fluids. Documents and the community supported living manager confirmed that this had occurred. The care plan and risk assessment did not detail sufficiently how to manage this situation. There was not enough guidance for staff on what to do to support this person appropriately when their anxiety reached this level. There was a risk that this person was not protected from abuse and avoidable harm.

The failure to protect service users from abuse and improper treatment was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Immediate action was taken to prevent recurrence. The provider is also working with the local authority to ensure robust plans are put in place to manage any further situations safely and effectively.

- Risks to people were not always managed safely, and improvements were needed to ensure people remained safe. For example, support plans, risk assessments and health action plans did not contain enough detail to support people safely.
- One person's 'about me' document, 'How you can support me if I become anxious or upset.' stated, 'I may have a behaviour support plan you need to look at, look at my risk assessment number [ ].' However, 'Needs to be Completed' had been written where the number should have been. This meant that staff did not have access to all the relevant information they needed to support this person. Staff told us they read support plans and risk assessments to guide them how to support people which meant that people were at risk because staff did not have access to all the relevant information they needed to support this person.
- One person's support plan said, 'If I become anxious or upset use hand calming technique.' However, there was no description of the technique although staff were able to describe it. There was a risk that agency or unfamiliar staff would not know what to do in this situation.
- There was not enough information to guide staff members when delivering support to people, including how to reduce identified risks. This meant that the risks to the health and safety of people had not been assessed or mitigated. One person's individual risk assessment described their behaviour when they are unhappy, for example, 'shouting and screaming at members of the public or closing down and not communicating with staff.' There was no information in the 'Assessment of Additional Action Required'

section and there was minimal information how to mitigate this risk or to guide staff what to do if it should occur. Another person's plan stated, 'May show behaviours towards staff I don't like.' However, there is no description of what these behaviours might be or how staff should support the person.

- People's Personal Emergency Evacuation Plans did not have a day time and night time evacuation plan and did not always contain enough information to guide staff on how to evacuate people safely.

- A community support manager said, "You have picked up some significant worrying concerns, but it is a lot better than it was."

The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to concerns picked up during the inspection and told us they were working with the local authority to make improvements. Since our inspection the provider has put into place an action plan to ensure that all risks are assessed and safely managed going forward. They shared this with CQC and the local authority.

#### Using medicines safely

- Medicines were not managed safely or effectively. We found some people's Medication Administration Record (MAR) charts contained gaps which meant there was no record that these people had their medicines as prescribed. These errors had not been identified or acted on to protect people and ensure the safe management of their medicines. This meant these people could have become unwell because they hadn't received their medicines as prescribed.

- We found MAR charts provided by the pharmacy contained several medications that had been discontinued. Rather than arranging with the pharmacy to remove these discontinued medicines from the MAR chart, community service managers had hand written the medication onto blank MAR charts. However, in doing so had added a medicine which was not prescribed for two people. This meant that people were at risk of being given medicine that hadn't been assessed as being suitable for them.

- There was no homely remedy documentation in place. The providers 'Safe Storage and Management of Medication Policy' stated, 'Each individual's GP should be asked to confirm, in writing, which homely remedies each individual can have' and, 'Any Homely Remedies given must be recorded on a separate sheet solely for that purpose and/or on the MAR sheet, specifying time, dosage and reason for giving.' This had not been done, meaning there were no safeguards to ensure that people received medicines that were suitable for them and did not affect other medicines they were taking.

- People were prescribed PRN medicines for pain relief. PRN medicine is medication that is administered as needed instead of on a regular basis. One person was prescribed pain relief medicine on an as needed basis. However, the maximum dose allowed had been written incorrectly. The PRN protocol and the MAR chart both stated it could be given four times a day instead of three times a day. There was a potential that this person could be administered an overdose and was at risk of significant side effects.

- On four occasions we found a double dose of PRN medicine had been administered to one person. This meant that this person had received an overdose of this medicine and was at risk of potentially dangerous side effects. We asked the provider to report this incident immediately to the local authority safeguarding team which was done, a community support manager amended the paperwork at the time of the inspection.

- Whilst medication audits took place they were ineffective and failed to identify concerns we picked up during inspection. Medication Administration Records (MAR) for five people's weekly medication stock check forms were last completed in May 2019. The stock checks did not identify any errors, not all sections of the



stock checks were consistently completed. The management team lacked oversight which meant they were not able to identify errors and put plans in place to reduce the recurrence.

The failure to ensure the proper and safe management of medicines was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider was responsive to our concerns and took immediate action during and after the inspection to ensure their medication administration process was more robust. The provider spoke to the GP and the pharmacist and reverted to using the pharmacy MAR charts. They reviewed their procedures in line with their medicines policy and implemented the 'homely remedies procedure' to ensure people were supported to be safe and to reduce the risk of further errors occurring.

#### Staffing and recruitment

- Recruitment procedures needed improvement to ensure people were protected from the employment of unsuitable staff.
- Interview records were not fully completed for all staff members. Some staff had not provided a full employment history and there was no evidence that this had been followed up at interview. This meant that people could not be assured that appropriate checks had taken place.
- Two staff members had no evidence of a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions each year by processing and issuing DBS checks which identify any concerns with potential employees. The provider was unable to demonstrate that these staff had DBS checks. There was a potential that people were at risk of the recruitment of unsuitable staff. We discussed our concerns with the community support manager of the supported living service where most of these staff were employed. They told us that all the documents should be there. We were told by another community support manager that the staff files had recently been audited by the provider and were deemed to be ok. This meant that people could not be assured that the recruitment process was robust and there was the potential that people could be at risk of the unsafe recruitment of staff.

We recommend the provider considers current guidance on safe recruitment of staff and acts to update their practice accordingly.

The provider responded immediately during and after the inspection. They confirmed that recruitment practices have been reviewed and efforts were being made to improve the process. Following our inspection, the provider was able to demonstrate the DBS checks had been in place, the records had been misplaced. This was immediately rectified.

- Relatives told us they thought there were enough staff however, some relatives' comments included, "I do have concerns about the high turnover of staff," and, "The only concern is the management, they keep changing and getting different ones. [Person] doesn't like that change." We observed that staff were busy, supporting people as requested. We looked at the staff rota which was difficult to understand with a significant amount of changes. We were unable to establish if there were always enough staff. The local authority is working with the Provider to review the rotas and to ensure people are receiving the appropriate levels of support. A community support manager told us, "We provide everyone with their contracted hours." The provider told us they are inputting technology to improve the way their rota was managed.

#### Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. A community support manager told us, "Head office analyse incidents for trends. Positive behaviour strategies and risk assessments are looked into

and changed to meet the requirements."

- However, we found risk assessments and care plans were not always reviewed following incidents. For example, a person had been secluded in the garden during an incident on two occasions, the care plan and risk assessment did not detail sufficiently how to manage any future similar incidents. This meant that people were at risk of staff being unaware of how to support them appropriately in a similar situation.

#### Preventing and controlling infection

- People told us care workers practiced good infection control measures and records showed staff had been suitably trained. A member of staff told us, "We have gloves, aprons and shoe protectors. Haven't run out since I've been here. The night staff are quite good and tend to write a list before we run out."

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

- We received concerns that the provider had failed to report significant events to The Commission. We saw documentation of two incidents which had been reported to the local safeguarding authority however, the provider had failed to notify CQC. This meant that we were not always aware of significant events taking place and were unable to take any follow up action.
- People told us they felt safe living at the service. One person told us, "Yes I do [feel safe], it's alright here." Another person gave us the 'thumbs up' sign when asked if they felt safe.
- Most staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. Two staff were waiting to renew their safeguarding training. Staff told us they felt confident that the community support managers would take any concerns seriously.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- We received concerns that the provider was not always carrying out mental capacity assessments in line with the MCA.
- We found that the provider was not working within the principles of the MCA. For example, one person's care plan stated they should only have their tablet computer for half an hour, however there was no documented reason for this. There was no capacity or best interest paperwork in relation to this decision. A community service manager said that this had been worded incorrectly and they could have it longer. They said, "We try and restrict it for half an hour because it used to be restricted at [Previous home]." There was no recorded rationale as to why this restriction was still considered to be appropriate. This meant that reasoning and guidelines for staff were not clear and this person may have their table computer inappropriately removed.
- Another person had a support plan in place which stated, 'I have made an agreement with staff that I will not have my five-pound daily allowance until I have had a shower.' We spoke to a community support manager about this. They told us this person had agreed to this however, we spoke to the person and they did not appear to understand. There was no mental capacity assessment or best interest paperwork surrounding what appeared to be a punitive action for not having a shower.
- Restrictions had been put in place for people in relation to leaving the home, accessing kitchens, their medicines, their diet and their finances. Where people lacked capacity to make these decisions, there was not always evidence that mental capacity assessments or best interest decisions had taken place. This meant the provider had not followed the principles of the MCA and people's rights were compromised.
- One person had a mobile telephone. This had been taken away from them because staff thought they

were not using it appropriately. There was no evidence of a mental capacity assessment or best interest paperwork in relation to this. This meant the person was not supported in line with the principles of the MCA. A community support manager told us that this was the current process and that they would look into completing a mental capacity assessment and holding a best interest meeting with this person.

A failure to provide care and treatment of people without the consent of the relevant person was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Prior to being supported, an assessment of needs involving the person and any other relevant people was undertaken. This ensured the provider could meet the person's needs.
- However, this information was not then updated once the person had moved into the supported living service. For example, one person had been in the service for just over three months, a large amount of information in their support plans was out of date and not relevant. A community service manager told us it had been written prior to them moving in and had not yet been updated because they did not have enough staff in post, they told us that now they have a full staff team this would be done. This meant that the staff were at risk of working with information that was out of date and people may be at risk of harm.
- Despite this when we spoke to staff they demonstrated that they had good knowledge of people and their support needs.

Staff support: induction, training, skills and experience

- Relatives views were mixed, whilst some relatives thought staff were well trained, one relative told us they would like their relatives, "basic needs to be met a bit better."
- Staff had access to a range of training however, we viewed the training matrix and saw that Medication Systems Training had not been completed by eight staff members, 12 people had not completed Positive Behaviour Support and Recording and Documentation. This meant that not all staff were trained to carry out their role effectively.
- Training that was completed by all staff included Fire Safety, Food Hygiene, GDPR Awareness and Equality and Diversity. The mandatory training overall percentage was at 82%.
- We spoke to a community support manager about this and they told us that staff were booked onto most of the training that required completing. Documents confirmed this.

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

- People were supported to have enough to eat and drink and to maintain their nutrition and hydration needs. Support plans documented people's preferences for food and drink with a weekly menu in place. Due to their medical conditions the amount of food that people could eat was restricted.
- People were offered choices when planning and preparing their meals and staff encouraged people to seek alternative healthy options wherever possible. People were supported by staff with their meal planning, purchasing and preparation and ensured they were offered a wide range of food including nutritionally balanced meals. Staff supported people to aim for a healthy, balanced diet.

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

- Staff worked with external professionals to ensure people had access to health services and had their health needs met. However, some external professionals told us that the provider was not always responsive to their input and there had been delays actioning some suggestions. This meant that people were not receiving support in line with the most up to date advice from professionals in a timely manner.
- People did not always have access to healthcare services. One person's care plan stated 'I am not

registered at a dentist anymore because I do not want to go. This may need to be looked at in the future.' However, there was no detail about how and when this would be looked at. The community service manager told us, "I will need to do this, it is on my agenda I hold my hands up to that because I didn't have key workers, that is their responsibility I have it as an agenda item to discuss at the meeting."

- There was no evidence of optician appointments in another person's file. The community support manager said, "That is something the team leaders should be doing." The community support manager went on to explain that there had been no team leaders in place and this is why it had not been done.
- Health action plans were not always fully completed and one person's 'Men's health check' form was left blank. This meant that there was a lack of guidance for staff on how to support people in the most appropriate way.
- Records confirmed regular access to GP's, district nurses and a wide range of other professionals.
- Handovers between staff took place to ensure they were kept up to date about people's needs.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People said they were satisfied with the support they received from their care workers. One person told us, "I quite like it here. Not a forever place, you know, where I see myself always but alright for now," another person told us they liked their home and got on well with staff. Despite these positive comments we found concerns with the management of medicines, risk and governance which meant that people were not always treated well and supported according to their needs.
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was no documented evidence in the care planning process or initial assessment to indicate that people had been asked about their protected characteristics other than religion and marital status. Despite this we saw evidence that people were supported to manage sexual relationships where this had been identified. The service arranged for a sexual health clinician to discuss safe sex with the people involved.
- Managers and staff told us they treated all people equally and did not discriminate against anyone.

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

- People were not always involved in decisions about their care where they lacked capacity. People who had capacity were involved in making some decisions about their care. Social stories were used to support people to have a better understanding. A social story is a short description of a situation, event or activity, which include specific information about what to expect in that situation and why.
- Relatives told us that people were supported to express their views and make decisions about their care. One relative said, "They do get choices, but I believe [person's] hours have been cut, that has affected them being able to do as much as they like to do ..." another relative told us the community support manager introduced choices to their relative which they were very pleased about. A care worker told us, "I involve them [people] in decision making as much as possible and respect their boundaries, give them space when they want it."
- A community support manager told us, "People can feedback in key working sessions, every day the individuals are talking to staff about everything, that is collated and put in their files and their care plans. Where people had a named key worker they were involved in sessions to discuss how things were going, for example, 'Personal care, housework, finances, health and activities. Documents did not demonstrate that everyday conversations were documented in people's files."

Respecting and promoting people's privacy, dignity and independence

- People were not always supported with respect and dignity. For example, one person had a support plan

in place that said they had a personal allowance every week and that they could buy what they wanted with the money. However, the next sentence in the support plan stated, 'I will need to be monitored if I start buying similar products...' This meant that there was a risk that the person could not choose how to spend their money.

- We have reported in the Safe and Effective domains of this report when people's privacy, dignity and independence has not been supported. For example, withholding a person's money until they had had a shower, secluding a person in the garden, removing one person's mobile phone and limiting the time another person spent on their tablet computer without establishing mental capacity and recording best interest discussions.
- Relatives feedback was mixed, some told us people were given privacy and were treated with dignity. Their comments included, "They leave him alone if he wants them to, he asks them to leave the room when he is on the phone," "I know when she gets up they leave her to it," and, "As far as I know [person] showers with supervision but just given prompts." However, another relative told us, "[Person] is left unbathed and without a hair wash sometimes and left in pyjamas and not always changed promptly when in their flat. [Person] can be quite unkempt." We spoke to a community support manager about this and they told us that sometimes people refuse their support, but they make every effort to encourage them.
- A staff member told us, "I involve them [people] in all decision making, if they don't want to do something they don't have to, encouraging and empowering them to make their own decisions and respect them and not become too reliant on me."
- We saw people were supported to maintain independence, for example, we observed people being encouraged to visit their flat and put away their shopping. Some documented demonstrated people were supported people to maintain a clean and tidy environment with verbal prompts and encouragement.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Improvement was required to ensure personalised care was planned to meet people's needs and preferences. Where people had capacity to consent, care was planned with them to meet their needs. However, where people did not have capacity to consent to aspects of their care, staff made decisions for them without taking all necessary steps to ensure that people had as much input and choice as possible. Where people did have preferences, records were not always accurate and detailed to ensure that these preferences were met.
- One person's hospital passport was completed in July 2016 and had no indication that it had been reviewed. This detailed that this person had their medication mixed in yoghurt but no detail about how this is to be done or if consent had been gained. Their support file, 'All about me' information details that this person liked to take medication mixed in with yoghurt and that this must be done in front of them, so they were aware. We discussed this with a community service manager who told us that it is not covert medication and was done in front of the person. This is supported by information recorded elsewhere in the file but not recorded on the hospital passport. This meant if this was shared with the hospital it would not be clear it was not covert medication. Covert medication is when medicines are administered in a disguised format. For example, the medicines could be hidden in food, drink or through a feeding tube without the knowledge or consent of the person receiving them.
- We saw a note in the communication book which read, 'I have taken the brown sauce from [persons] cupboard. [Person] bought it on Saturday but it contains nearly 90g of sugar. It is in our cupboard in staff room. [Staff]' This meant staff had not respected a person's choice and removed their personal property and placed it somewhere where staff may use it. There was no record of this being discussed with the person, so they could understand any reasoning behind and agree to the staff decision. We spoke to a community support manager about this and they said they would investigate this and address it with staff.
- Some support plans contained contradictory information. For example, where changes had occurred this had not been amended in all support plans and risk assessments. One person's care plan stated, 'no contact with dad', in another area it stated, 'contact with dad via email.' Another support plan detailed that a person cannot go to the local town on their own because they fear crossing roads however, the community support manager told us that this person now goes out on their own.

A failure to maintain securely an accurate, complete and contemporaneous record in respect of each service users was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.



- Staff had a good understanding of what person-centred care meant and were observed talking to people in a person-centred way.
- Relatives told us they had been included in the care planning process.

#### Improving care quality in response to complaints or concerns

- Complaints were not always well documented, with robust investigations and a response to the complainant. One complaint that was recorded was from a named neighbour, this was responded to with a generic email to all neighbours and there was no evidence that the complainant was satisfied with the outcome.
- Complaints were not always documented in the complaints file. A community care coordinator told us they tend to just deal with them and not document them. They said they need to get better at recording complaints and would do this in future. This meant that complaints were not monitored and reviewed, and the provider could not make improvements in areas where they may be a trend. We spoke to the community support manager about this and they told us, "Complaints are not all documented, I have had so much to do. Things have moved on a long way since I started though."
- The providers complaints policy stated, 'All comments, complaints or suggestions will be listened to and immediately recorded... This should include both written and verbal feedback,' and, 'Should the comments, complaints or suggestions be resolved quickly, this should still be confirmed in writing along with the reasons if further investigation is required.' The policy was not being followed by the management team.
- Not all relatives were clear about how they would make a complaint if they needed to. One relative told us, "I assume I would speak to the manager of the facility to complain. I have not made a complaint." Another relative told us, "I don't know how to make one [complaint]." A third relative told us they had not made a formal complaint and said, "I am listened to, but nothing seems to change." There was a risk that complaints were not made to the appropriate people and therefore not managed according to the providers policy.
- People had access to an easy read version of the complaints policy.

The failure to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Receiving and Acting on Complaints.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection.
- A community support manager was aware that care plans could be further developed to ensure people's preferences for end of life care were reflected. They told us, "I would liaise with the family and hospital I presume, I haven't done it before some people do have end of life documents in their files."
- Another community support manager told us they were working with a care manager to support one person with writing their end of life plan.

We recommend the provides seeks guidance and best practice to explore people's preferences and choices in relation to end of life care.

#### 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 had access to information in a variety of ways. Consideration had been given to providing care plans in an accessible format and people were supported with the use of, 'social stories.'
- Other information was provided in an accessible format, for example, people had access to easy read complaints procedure, safeguarding guidance and tenancy agreements in their files.

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 had access to a range of activities. These included swimming, shopping, boxing and cinema.
- During the inspection, we observed people going out and people coming back shopping, they told us they had enjoyed it very much.
- People were encouraged to maintain links with the community and people who were important to them. One relative told us, "[Person] is very difficult to engage, in his last residence he did not leave for four years, within a week and a half of being with Consensus they went for a drive, to the dentist and to the shop."
- A community support manager told us people had been supported to complete a sponsored walk for charity. An activity which people told us they enjoyed.
- A police community support officer visited one of the supported living settings on a regular basis and talked about safety in community, crossing road, stranger danger shop lifting. We observed one of these meetings during the inspection however, meetings are not documented.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. However, CQC were not always notified of all significant events. We spoke to the community supported living managers who were not confident in knowing when significant events must be reported to CQC. It is an offence under the Health and Social Care Act 2009 not to notify CQC when a relevant incident, event or change has occurred. Following the inspection, the provider told us they had reviewed the procedure for reporting and would be providing additional training for relevant parties. We asked the provider to send the notifications to us retrospectively and they were sent during the inspection.

The failure to notify the Commission of significant incidents without delay was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009

The inspection report and rating from the last inspection was available at the service and on the provider's website, which is a legal requirement.

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

- The provider had not ensured that there were effective systems in place to monitor and assess the quality of the service or to drive improvements. Whilst there were audits in place in relation to health and safety, medication, infection control, fire safety and training. They were not robust or effective. There were no action plans to demonstrate what had been identified and what action was going to be taken to improve the service.
- The provider had not identified all the areas of concern that were found during the inspection. This included risk management, the application of the MCA and maintaining accurate records in relation to medicines, recruitment and complaints management. We have reported on this in more detail in the Safe, Effective and Responsive domains of this report. Care plan and risk assessment audits were not in place. Some were reviewed quarterly however did not pick up on the concerns noted during the inspection.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the

service and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they had reviewed the medicine administration process and made amendments to ensure medicines were administered safely. They had also reviewed and changed the support plan for the person who had experienced heightened anxiety to ensure they were safely supported during these periods. This was completed with support from the local authority.

- Whilst we acknowledge the community service managers responded and acted during and after our inspection to rectify some of the shortfalls found, the current arrangements for monitoring the quality of the service needed to be reviewed and embedded. This is to address concerns and evidence continuous improvement.
- The staffing structure that was in place was not always clear. The staff rota was confusing and difficult to follow. This meant it was difficult for the provider to check if people had received the correct amount of support.
- Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal.
- Following the inspection, the provider submitted a service improvement plan which covered concerns picked up during the inspection.

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

- Good outcomes were not always achieved for people. For example, following incidents, support plans were not always reviewed and updated which meant there was a risk that people were not always supported in line with their needs. We have been informed following the inspection that all care plans and risk assessments are being reviewed.
- People's relatives had mixed views when asked if people received personalised care, one relative told us, "[Staff] need to make more use of the [communication] system it has fallen by the wayside over the past few years." They told us the staff and manager listen but do not always act.
- Our observations indicated that people were treated equally, with compassion during the inspection.
- Staff felt supported by the community support managers. One member of staff said the manager is supportive, "100%, open door."

Continuous learning and improving care

- The provider failed to improve care and demonstrate continuous learning. We noted several areas for development such as record keeping, MCA and best interest, audit processes and risk management most of which the provider did not have good oversight of.
- Incidents did not always prompt learning to improve care. For example, there was a lack of communication between care workers and the management team which resulted in accidents and incidents not always being reported in a timely manner. There were no actions identified due to the lack of audits which meant improvements could not be made.
- Daily care records, support plans and risk assessments were not audited by the registered manager or community support managers therefore they were unable to offer guidance to staff on improved ways of working.
- A community service manager told us they came into a shocking service with a bad reputation. They told us people have been negative about the service and said, "There is still a lot that I have got to improve on." They did say that they had made a large amount of improvement since they started in post.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff received supervision from community support managers and have monthly team meetings. Care workers told us they felt supported and had the opportunity for supervision and appraisal.
- The community support managers told us of some examples of how they had worked with other agencies to meet people's needs. For example, one said, "There is a local care home who brings in animals and they make us aware so people that love animals can go over and pet them. They have supported with meals for one gentleman who was on a specialised diet, they are really good. They invited another person to their barbeque"
- Surveys to gain feedback about the service had been sent out to people however, this year's results had not yet been returned. A community support manager told us, "They go off and get analysed and we get back an overall statistic." They told us when the results are received this is shared with the team and there would be an action plan from this.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The failure to notify the Commission of significant incidents without delay was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  A failure to provide care and treatment of people without the consent of the relevant person was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.  Failure to always carry out mental capacity assessments and best interest meetings where required Failure to follow the principles of the MCA prior to removing people's personal property

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  Lack of detailed and robust care plans and risk

assessments.  
Insufficient detail in Personal Emergency Evacuation Plans (PEEPS)  
Lack of documented information to guide staff how to manage risks

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The failure to protect service users from abuse and improper treatment was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Seclusion of a person without appropriate care plans, risk assessments, MCA and best interest decision. No access to fluids during this time.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The failure to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Receiving and Acting on Complaints.</p> <p>The failure to document all complaints received The failure to document action taken following a complaint The failure to document the outcome of complaints The failure to respond to the complainant following their policy guidelines The failure to document complainants responses to complaints</p>
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

A failure to maintain securely an accurate, complete and contemporaneous record in respect of each service users was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

Failure to review care plans and risk assessments

Failure to identify inconsistencies in care plans

Failure to update care plans and risk assessments following significant events

Failure to have effective governance systems in place