

# Consensus Support Services Limited

## 78 Polwell Lane

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

78 Polwell Lane is registered to accommodate five people with learning disabilities; at the time of our inspection, there were five people living in the home. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on the 8 and 9 January 2018 and was unannounced. We had previously inspected this service in November 2015, at that inspection the service was rated 'Good'. We found that at this inspection the service had remained 'Good' but that there were areas where we saw continued improvement which we have rated as 'Outstanding.'

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

The service was committed to providing good care, which put people at the heart of everything. The registered manager led and inspired the staff to deliver person-centred care, which had achieved consistently good outcomes for people.

There was a very effective system of quality assurance led by the provider and registered manager that ensured people consistently received good care and support. People receiving care from 78 Polwell Lane had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community.

Staff continuously ensured that people lived as fulfilled and enriched lives as possible. They respected people's individuality and enabled people to express their wishes and make choices for themselves. Positive therapeutic relationships had been developed and staff were proud of the support that they had provided to people and the positive outcomes they had observed.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People experienced caring relationships with staff and good interaction was evident.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments, which gave detailed instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty. People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support.

Staff demonstrated the provider's values of offering person centred care that respected people as individuals in all of their interactions with people. People's relatives and the professionals involved in people's care consistently told us that the service provided good care to people.

People could be assured that they would be supported by sufficient numbers of staff. Records showed that people received their care in the way they needed to maintain their safety.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People's needs were assessed and individual care plans were developed to support and enhance people's life experiences.

Staff understood people and were able to respond to people's individual communication needs ensuring that they had access to pursue their interests and experience new activities.

People were valued and empowered to raise concerns or make complaints.

### Is the service well-led?

Good ●

The service remains good.

# 78 Polwell Lane

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 8 and 9 January 2018 and was undertaken 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 completed and returned the PIR in October 2017 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who had funded people to live there and also monitored the service.

During our inspection, we spent time observing the people living in the home to help us understand the experience of people who could not talk to us. We spoke to three support workers and the registered manager. We spoke to a relative who was visiting at the time of the inspection, contacted another relative who was happy to give us feedback about the service and we also spoke with a health professional.

We looked at the care records of two people to see whether they reflected the care given and three staff recruitment records. We 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, minutes of meetings with staff and people who lived in the home and arrangements for managing complaints.

## Is the service safe?

### Our findings

People could be assured that they were being cared for safely. Staff were motivated and strived to provide consistent safe care and support. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling or choking and appropriate controls had been put in place to reduce and manage these risks.

Relatives told us they had confidence in the service and that their loved ones were cared for safely. One relative told us when there had been an issue around safety; the registered manager had taken appropriate action to reduce the risk and ensured that the staff were fully aware of how safely to care for their relative. They said, "Safety of all the residents at all times does appear to be regarded as of paramount importance." We observed people living in the home looked calm and relaxed around staff.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager knew that if any safeguarding issues arose that they would have to complete the relevant notification for the Local Authority and Care Quality Commission (CQC). There had been no safeguarding concerns raised within the last 12 months. The registered manager discussed safeguarding with staff at each staff meeting to maintain awareness amongst staff.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the day of the inspection, people were responded to in a timely way. Staff were visible and people were not left unattended.

Medicines were safely managed. Staff had received training and their competencies were tested annually. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines within appropriate periods; we observed staff explaining the medicine people were to take.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The home had a five star food hygiene rating.

The provider had ensured that environmental risk assessments were in place. There were effective systems in place to monitor the health and safety of people, which included regular fire tests, and maintenance checks of equipment and the building. Accidents and Incidents were monitored and action taken to address any identified concerns.

Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again. For example, door guards had been fitted to prevent people from trapping their fingers as they grabbed a door, this ensured people's safety but maintained people's independence.

## Is the service effective?

### Our findings

People's needs were assessed prior to them moving into Polwell Lane to ensure that the service was able to meet their care and support needs. Particular attention was also paid to the compatibility of the people living in the home. At the time of the inspection the people had lived together for several years, the registered manager told us that if ever there was a vacancy everyone would be involved in any decision to fill the vacancy. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. To enable and empower people with different communication methods the service encouraged one person to use an electronic communication aide and had various pictures and photographs of objects, which people used to communicate their preferences. The staff knew how people communicated. For example, one member of staff said, "[Name of person] chooses their own clothes by pushing away the options they are given until they decide which top they want to wear." We heard staff asking people what they wanted to do; for example if they wanted to play a game of skittles.

People were able to choose where they spent their time, such as in their own room or in communal areas and they could move freely around the home. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been requested.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and The British Institute for Learning Disabilities (BILD) best practice guidance and training. Specialist training had been identified to support people's individual need. For example where people had percutaneous endoscopic gastroscopy (PEG) assisted feeding, staff had specific training to manage their care. Relatives told us the staff were well trained. One relative said, "[Name of registered manager] insists that everyone in the home is treated as an individual. Communication with our loved one is not easy but all the staff seem to be able to communicate with them and understand them. We consider [Name of person] needs are being met as much as possible."

All new staff undertook a thorough induction programme; staff were encouraged to gain relevant qualifications. We saw from staff training records that training such as manual handling, infection control and safeguarding were regularly refreshed. Staff received regular supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were

well supported and encouraged to do more training. One member of staff said, "[Registered manager] mentored me when I started, there was a lot to learn, we are very well supported."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietitian and speech and language therapist had been made when required and advice followed. There was a choice of meals each day and an alternative was available should anyone not wish to have what had been planned. A pictorial menu was in place to help people make a choice.

People had regular access to healthcare professionals and staff sought support from health professionals when needed. A health professional told us that the staff were proactive in seeking advice and making suggestions, which could enhance the health and well-being of people.

Polwell lane was a modern detached house, which had been modified to meet people's individual needs. The registered manager ensured that the environment was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms; people were involved in choosing the colour scheme in their room and had been supported to go out and choose the furniture and furnishings. Each room reflected the individual's personality and was equipped to meet their needs. For example, someone with a visual impairment had textured artwork in their room so they could feel and touch the art.



## Is the service caring?

### Our findings

People were well cared for and supported. Staff showed great empathy and compassion towards the people they cared for and supported. We saw positive interactions between people and staff. The general atmosphere was welcoming, calm and friendly and people looked happy and relaxed.

Relatives told us how happy and pleased they were with the service. One relative said, "We know this is now [Name of relative] home. It was a stroke of good fortune that this service came along. [Name of registered manager] knows [relative] better than we do now." Another relative said, "It is a very good service; it's a small family unit. I am very happy with it."

People's individuality was respected. Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for, their cultural and spiritual needs. There was information which explained what was most important to people and what would be their perfect week. We saw that the staff had taken into account the information when they were supporting and helping people to make choices for themselves. For example, in one person's care plan it stated that the person liked to go out for walks and enjoy the fresh air. We saw that the person was supported to go out for a walk.

The staff all spoke of people with fondness and had got to know people well. They had spent time gaining the knowledge and understanding as to how people communicated and expressed their wishes. One member of staff said, "I know from [Name of person] expressions and behaviour what they want; it was not easy at first, [registered manager] and staff all helped me. For example with [Name of person] if they tense up it could be a sign that they are getting too hot so we need to try and cool them down."

The staff ensured people felt valued and included in decisions. For example, there were regular house meetings, the staff had developed a pictorial agenda, and minutes, which ensured everyone, could take part and express their views and opinions.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The registered manager had a good understanding of when people may need additional independent support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. An advocate was meeting with one person at the time of the inspection.

Families and friends were welcomed at any time and encouraged to take part in activities with their loved one both in the home and outside. One relative said, "[Name of relative] has a good lifestyle. I can just ring and see whether they are available and want to go out with me shopping."

People were empowered to be as fully involved in decisions about their care and life. Examples included, one person had a 'buddy' who took them to church each week, which ensured that they could express their spiritual needs. Another person had been supported to attend a concert of their favourite band. Another

person had been supported to travel abroad for the first time.

Staff continually ensured that people's privacy and dignity was respected and maintained. We saw that whenever anyone needed support with their personal care they were assisted to their room, door closed so that their care was undertaken in the privacy of their own room. At meal times, if people needed any form of clothes protection this was used and then removed once the person had finished their meal. Information about people was kept upstairs in a cabinet, which meant that the ground floor of the house was made as homely as possible. Staff were fully aware of the need to keep people's confidentiality and did not speak about people in front of other people.

The staff were sensitive to each individual's needs. They knew when a person needed time and space to themselves, and had ensured that people had specialised equipment in their rooms to help them relax. For example in one person's room there was a soft padded cube, which the person could sit in and relax safely.

We saw that the staff team was focussed and reliable. The registered manager was committed to ensuring that they had the right staff with the right approach and understanding to meet people's individual needs. People had an identified keyworker who had the responsibility to ensure the person had everything they needed, their care plans were kept up to date and they liaised with families when needed. This further facilitated people and staff to develop caring relationships together. Staff readily volunteered to cover extra shifts if needed to ensure that people knew the staff that supported them.

There was a real focus on treating people as individuals, ensuring they expressed themselves as an individual and protecting their human rights.

## Is the service responsive?

### Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. There was information about what was most important to people, their strengths and weaknesses and their hobbies and interests. For example, we read in one plan how important it was for the person to be supported to have their teeth cleaned regularly to experience the flavour of the toothpaste; the person was unable to eat and was assisted with feeding via a PEG ; we observed staff supported the person to clean their teeth and experience the flavour and texture of the toothpaste. The staff knew how important it was to this person.

The detailed plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. People were enabled and empowered to be involved in their care plans; staff ensured that review meetings were geared around the person's individual communication method. For example using symbols and pictures to support the person to express their views and any concerns they may have. Families were also involved. One relative said, "I feel fully involved with [Name of relative] care; [Name of registered manager] keeps me informed and we speak often." The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's needs.

People were supported and encouraged to follow their interests. The registered manager and staff also focussed on trying to enhance people's life experiences further and supported people to try new experiences, such as chair yoga, music therapy, sailing and travelling abroad for holidays to experience the different cultures. We saw that one person had chosen to go to Malta. The registered manager told us how important it was to motivate and stimulate people and ensure they got as many opportunities, which could enrich their lives. We saw many photographs of people taking part in activities, which helped remind them of the things they had done and share their experiences with their families and friends.

One person enjoyed playing in a ball pool, but when the pool they went to closed down there was no other suitable facility available to them. The registered manager agreed with the person's family for them to have a summerhouse built in the grounds of Polwell lane big enough to house their own soft play ball pool. We saw pictures of the person using the pool, which they looked to be enjoying. Their relative told us, "The summer house has been good for [Name of relative]. They seem to enjoy their time there, which we appreciate because they are easily bored. We were consulted about the project at the outset and agreed that it seemed a good thing to have."

The staff were very proactive in coming up with ideas for people to try new experiences. They were innovative in the way they communicated their ideas to people. For example, when it had been suggested that chair yoga might be good, photographs had been taken to show people. The staff had also worked with a Speech and Language Therapist to develop a person's communication aid to enable them to express their views and ideas more.

People not only took part in activities outside the home such as visiting local country parks, garden centres and having meals out at local pubs and cafes, they had also been given opportunities to experience and

take part in activities within the home. For example, when it was Christmas a couple of people who liked cooking had taken part in 'stir it on Sunday'; this was an event, which involved people making a Christmas cake. Other activities included 'Owls to be hold' when someone brought in various owls for people to hold and learn about and Jeepers Creepers, when reptiles were brought in for people to handle. The registered manager explained that it was discussed with people at the House meeting whether they wanted any activities brought into the home for them all to experience together and everyone had felt it was a good idea. The people were valued and the registered manager ensured that they were consistently involved with decisions about what went on in the home. They said, "The staff may suggest things but if no one really wants to do it we don't do it; everything we do should be focussed on the needs and wishes of the individual."

The registered manager recognised when a gym facility closed there was nothing in the area people could access for physical exercise. They decided to look for a suitable building, which could be accessed by everyone and was in the process of equipping it. Both the people in the home and other people in the local area, whom access to facilities could be difficult, would benefit from it.

A health professional told us that they could see a marked improvement in one person whom they had known for several years. They were pleased to see that the person had been given many opportunities to try new experiences, something the person had often been reluctant to do. They explained how proactive the staff were in working with them to help the person develop their ability to use their electronic aid to assist in communication. They said, "It was through the hard work and determination of key staff at Powell lane that [Name of person] not only began using the aid again but also purchased a new device. The staff are very willing to engage with my work with [Name of person] and are extremely proactive, coming to me with ideas and requests for help when needed." We saw the person using the aid, which enabled them to be more in control of their daily life.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. The staff told us that it was often people's change in behaviour, which indicated if people were unhappy. Relatives told us if they were unhappy about the service or had any concerns they would not hesitate to speak to the registered manager. The house meetings were photographed so that people could be reminded of the things that they had discussed and decisions made.

There had been no complaints raised about the service in the last 12 months. The registered manager told us that if any complaints were made they would look to see what could be learned from them.

The service was sensitive towards the needs of people in relation to end of life care. There was a support plan in place called, 'When I die'. The registered manager recognised with the complexity of people's needs and the communication and capacity of people that at the appropriate time, they would involve families and relevant health professionals and advocates to support the person to express their wishes and ensure decisions were made in their best interests. The community team for learning disabilities (CTPLD) would support them with putting together a detailed bespoke end of life plan.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, the registered manager had looked at each person's individual methods of communication and had used pictures and objects for people to see and hold which enabled them to understand the

information they were being presented with.

## Is the service well-led?

### Our findings

A registered manager who inspired their staff and led by example managed 78 Polwell Lane. The registered manager knew the people well. They often worked alongside staff to ensure they maintained their knowledge of the people they supported and ensured staff were working consistently and effectively with people.

The registered manager mentored new staff so that they gained a good knowledge and understanding of the people's individual needs and ways of communicating. One relative said, "I can honestly say that the staff always seem to communicate with the people with empathy, focusing on the residents as individuals and not in any way as 'patients'. We know that this is one of the manager's ground rules, so it reflects well on the levels of training that the staff receive."

The people in the home had complex needs and varying levels of communication, it was clear from the way the registered manager spoke about and interacted with the people that they knew people very well. A relative commented that they felt the registered manager knew their relative better than them now.

The values and aims of the service were clear. All staff understood their roles and strived to provide the care and support people needed to live their lives to the full and as independently as they could. One member of staff said, "The staff team here are lovely and work well together; we are all here for the 'guys' [people who lived in the home]."

Person-centred care was at the heart of everything. People were treated as individuals and their human rights were protected. The registered manager gave clear direction to staff as to how people needed to be respected and treated. One member of staff said, "This is a great place to work; we look after people well and provide good care." A health professional also commented that the staff worked hard and that people had flourished whilst living in the home.

The provider and registered manager had a clear vision to respect individual choice and promote inclusion, rights and independence. We saw that people made choices in their everyday life and were involved in activities in the local community. People went shopping, enjoyed walks in local parks and joined in various social activities.

There was an open and transparent culture. People, staff and families were asked for their feedback through surveys and care reviews. The provider kept everyone informed about how the service was developing. The provider ensured that any learning from complaints or experiences was shared across the organisation. For example following a news press item about someone falling during a moving and handling procedure because of a badly fitted sling in another service, the provider had shared the information across the organisation. The registered manager had then used the information as part of the training in manual handling the staff received. The registered manager said, "We used this experience to stress the importance of accessing people's individual needs correctly."

Relatives and staff felt listened to and people were empowered to take as much control of their lives as possible. One member of staff said, "[Name of registered manager] door is always open, they are fair and encourage us to contribute our ideas at team meetings." One member of staff told us about a time when communication had not always been as good as it could be between staff, they discussed the issue as a team and now ensure at handover information is shared fully and tasks assigned to staff. We saw from staff meeting minutes that ideas were shared as to what experiences people could be offered to enhance their lives.

The registered manager continuously looked at ways to improve the service and enhance the lives of people. We saw that the environment the people lived in was well maintained and that people were involved in the choosing of the décor and furnishings in their rooms; there was a great pride shown in ensuring that the home remained well maintained and as homely as possible.

There were policies and procedures in place in relation to Equalities and Diversity, 'Whistleblowing' and Safeguarding, which all the staff had access to. The provider understood their responsibilities in relation to supporting a diverse staff team. They ensured that staff and people were treated equally to ensure they had the same chances as each other. For example, when a new member of staff had been recruited and English was not their first language, a mentor was identified to support them with the reading of policies to ensure they could understand them. Additional support with training on the computer and undertaking of the care certificate was also provided which enhanced the person's learning and confidence and gave them the opportunity to develop.

The provider ensured that the staff were kept up to date with what was going on across the organisation and enabled staff to feedback their suggestions, ideas and concerns. Staff received a monthly newsletter 'In Focus' which informed staff about issues that may have been raised, trends around accidents and incidents and how the organisation was compliant in relation to standards set. There was an internal website with information about best practice.

The provider invested in their staff and provided a working environment for staff which gave them opportunities to develop their skills and understanding to help them to progress within the organisation. For example there was a 'stepping stones' program which recognised staff in the organisation who have the potential to become leaders and 'career ladder' opportunities for staff. For example, staff who had excelled in certain areas or expressed an interest to lead in certain areas such as person centred planning were supported and developed to become person centred planning champions (PCPC). This role involved meeting with other PCPC across the organisation, sharing good practice and bringing the idea's back to individual teams to continually support people to have more enhanced life outcomes.

There were quality assurance systems in place and a programme of audits, which were undertaken by both the registered manager, and other members of staff. In addition, the provider monitored the service through audits and monthly visits to the home and unannounced annual visits. Continuous improvement plans were collated and shared with staff and there was a constant emphasis on improving people's life experiences.

We saw that 'Quality Checkers' (people with lived experiences) had spent time at the service to review whether it was meeting the needs of the people and ensured that people had choices and as much control of their lives as possible. They concluded they did. Commissioners from the Local Authority and Clinical Commissioners gave positive feedback about the service; people's life experiences had been enhanced by the proactive and inclusive approach the registered manager.

The provider ensured that the service kept up to date with the current best practices and innovative ways to

support people. The registered manager attended local provider forums and partnership boards to keep abreast of any changes in local authorities and new initiatives. Any relevant information was shared with staff. Attendance at such forums also provided the opportunity to network with other professionals and share information.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.