

Consensus Support Services Limited

2 Windsor Avenue

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

2 Windsor Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 2 Windsor Avenue is registered to accommodate five people with learning disabilities; at the time of our inspection there were five people living in the home.

The care 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.

At the last inspection in March 2016 this service was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff followed the procedures for safeguarding people from the risks of harm or abuse. Risk management plans were in place to safeguard people's personal safety and manage known environmental risks.

Staffing arrangements met people's individual support needs. The recruitment procedures ensured only suitable staff were employed to work at the service. Medicines were appropriately managed and staff followed infection control procedures to reduce the risks of spreading infection or illness.

Staff had comprehensive induction training and on-going refresher training that was based on following current best practice. Staff supervision and appraisal systems ensured staff had regular opportunities to discuss and evaluate their learning and development needs and their work performance.

Staff supported people to follow a nutritious, varied and balanced diet. The staff supported people to access health appointments as required so that people's continuing healthcare needs were met.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA) and ensured they gained people's consent before providing personal care. People were encouraged to be involved in decisions about their care and support and information was provided for people in line with the requirements of the Accessible Information Standard (AIS).

People had their privacy, dignity and confidentiality maintained at all times. People experienced positive relationships with staff and received care that respected their diversity as staff supported people to maintain relationships with family and friends and make new friends. The care people received from staff was kind, caring and compassionate.

The provider operated an open and transparent culture. Quality assurance processes checked all aspects of the service. Events such as safeguarding matters, accidents and incidents had been reported to the CQC and other relevant agencies as required. Complaints brought to the provider's attention had been dealt with in accordance with the complaints procedure.

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?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

2 Windsor Avenue

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.

The inspection took place on 26 March 2018 and was unannounced. The inspection was undertaken by one inspector.

The provider had informed us through the appropriate procedures that the registered manager was currently absent from work and a temporary manager was overseeing the day-to-day running of the service.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service.

Before our inspection, we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with four people using the service and two relatives. We spoke with four care staff, the temporary manager and the area manager. We contacted health and social care professionals to gain their views of the service.

We also spent time looking at records, including four care records, medication administration procedures, staff training plans, compliments and complaints and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe living in the home, one person said, "I feel safe, and the people and staff I live with make me feel safe, I am safe and happy." One relative told us, "I can't speak for [relative] but I am confident that [person] is safe and looked after well, I call in often and the staff are really good."

Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with moving and handling and choking risks. One person's relative said, "The staff know what they are doing, they are able to move [person] safely from their wheelchair; it is all very safe and I feel reassured." Where risks had been identified appropriate controls had been put in place to reduce and manage the risk.

Recruitment processes protected people from being cared for by unsuitable staff and there were enough staff employed by the service to cover all the care required. The service ensured that staff absence did not affect the people they were caring for. For example, staff told us that due to sickness and annual leave there had been some identified gaps on the rota; however staff completed extra shifts or worked extended hours to ensure that people's support needs could still be safely met.

Medicines were safely managed. Staff had received training and their competencies were tested regularly. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines at the times they were prescribed.

Any incidents that occurred were discussed and action plans put in place to ensure similar incidents did not happen again. For example, when an error had occurred in relation to storage and transporting of medicines, procedures were revised and a new system was implemented to ensure the incident would not reoccur. Staff were able to tell us about the new system that had been implemented and that it had been effective.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place. Staff were trained in infection control, hand sanitising units were present around the service, and staff had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating from the local authority, which means that they were found to have very good hygiene standards.

Is the service effective?

Our findings

People's support needs were effectively assessed to identify the support they required. Everyone had been living at the home for a number of years and there had been no new admissions since our last inspection. Care plans clearly identified people's support needs and they were regularly updated when people's needs changed. One relative told us, "I have been fully involved in [person's] care planning right from the start and if there are any changes it is always discussed with me." Reviews of people's care and support needs took place on a regular basis to ensure they were happy with the care provided and that the service was still meeting their needs.

People received care from staff that had the skills and knowledge to provide the right care for people using the service. Staff received induction training based on current best practice and on-going training in areas such as, health and safety, moving and handling, infection control, equality and diversity and safeguarding.

Systems were in place to provide staff with on-going supervision and support. Staff told us, and records showed they had regular one to one supervision meetings and general team meetings. These meetings gave staff the opportunity to discuss individual learning and development needs and the general needs of the service.

People were supported to have a healthy balanced diet that met their preferences and cultural needs. Staff supported people to choose what they wanted to eat and drink, to shop for groceries, prepare snacks, packed lunches and cook meals. One person told us, "I always help with doing some cooking and I really like baking cakes." Staff supported people to eat and drink sufficient amounts and made appropriate referrals to health care professionals if there was concerns of poor food or fluid intake. People that were at risk of malnutrition had their food and fluids monitored and we saw that these were accurate and up to date.

The registered manager and staff were committed to ensuring people received on-going support to meet their physical and mental health needs. People were supported to attend routine health screening and specialist appointments. When people were not able to consent to health prevention care for example influenza vaccines, we saw that best interest meetings had taken place with the person and their relatives. People had been supported to complete hospital passports and Accident and Emergency grab sheets to provide guidance to healthcare professionals in the event that people required medical treatment.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us, and records showed they received training on the MCA and DoLS legislation. The registered manager, temporary manager and staff understood and worked within the principles of the MCA legislation.

People were supported to have maximum choice and control of their lives. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of

discrimination.

People needs were met by the adaptation, design and decoration of the premises. All bedrooms were spacious and doorways and corridors were wide enough for wheelchairs users. People who required the use of hoist had ceiling hoists fitted in the bedrooms. To support people with a visual impairment Yellow stripes had been painted on the corner of the walls to provide a contrast to help people negotiate doorways. One person told us, "The Yellow stripes really help me so I don't bang in to the walls all the time."

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People said they were happy with the care and support they received from staff. One person said, "I get on really well with the staff, they are great and we have fun and they help me clean out my fish." One member of staff said, "I am proud to work with these guys, they are all like my extended family."

It was evident from observations during the inspection that staff and people using the service knew each other well, had good relationships and were relaxed with each other. We observed staff treated people with warmth and kindness and included them in all conversations and decisions.

People were supported to express their views and be actively involved in making decisions. One person offered to show us around their bedroom, which had been decorated to their taste, and was personalised with objects that reflected their personality, hobbies and interests. People told us they could choose how they wanted to spend their time and staff said they supported people to pursue their individual lifestyles. Staff told us that the provider sought feedback from people using the service during regular key-worker sessions. We saw that these sessions were in easy read format for people and contained information about planned trips, meals, decoration of the home, goals and aspirations and any area of concerns.

Staff had received training in equality and diversity; staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. Visitors, such as relatives and people's friends, were encouraged and made welcome. One person told us how they were supported weekly to make telephone contact with a relative who they enjoyed speaking with. People were also supported to join day and evening social groups to participate in educational, recreational and leisure activities, giving the opportunity to meet new people and make new friendships.

People's dignity and privacy was promoted and protected. Information about people was only shared on a need to know basis. People's care files were kept secure and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Information was available for people on using independent advocacy services. Advocacy services can represent people, where they have no family member or friend to represent them. The provider knew how to support people to access the help of an independent advocate; however, at the time of the inspection, no people using the service were currently using the services of an independent advocate.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff knew people well, and were able to tell us in detail how they provided individualised care. The care plans contained detailed information on people's backgrounds, which helped staff to understand people's conditions and how they could help people to follow their hobbies and interests. People's care plans contained easy read documents and person centred plans had been developed for each individual.

Each person regularly met with a named member of staff (known as a keyworker) to discuss and review their individual goals and ambitions. The provider understood the need for people, their family, friends and other carers to be involved in making decisions about end of life care at a time that was appropriate for them. Those people and relatives that had consented to discussing end of life care had information in their care plans about their wishes and preferences.

Staff supported people to follow their chosen routines, hobbies and interests. One relative told us, "[Person] has a really active lifestyle; the staff are brilliant at finding lots of different opportunities." Educational and recreational opportunities were made available to people to take part in. People told us they attended work placement / day care, and enjoyed going to social events, discos, eating out, day trips, sailing and music concerts.

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. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard; staff knew the way that each person communicated and people had detailed communication plans in place. Literature was made available for people in 'easy read' picture formats.

A complaints policy was made available to people and their representatives and included an easy read format. People were encouraged to raise any concerns or complaints. People said they would speak directly with the registered manager or any other member of staff if they had any complaints or concerns. One relative told us, "I wouldn't hesitate to raise any concerns and I know the staff would deal with the issue straight away." We viewed the complaints records and saw that there had been a couple of low level concerns raised since the previous inspection and we saw that action had been taken immediately to rectify the concerns and revised procedures had been developed to limit the incidents reoccurring.

Is the service well-led?

Our findings

There was a registered manager in post and the provider had ensured that in the registered manager's absence, another registered manager from a different service operated by the provider was overseeing the day-to-day running of the service. 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 had a clear vision and was committed to delivering person centred care that respected people's diversity, personal and cultural needs. The registered manager was visible throughout the home and was committed to providing people with consistently high quality person centred care and support. The registered manager and temporary manager encouraged an open and transparent culture. Team meetings were used as an effective forum to reflect upon the care and support that people had received and to identify ways to support people differently to promote their independence.

The service had a positive and open culture that encouraged people using the service, relatives and staff to influence the development of the service. The provider regularly sought feedback from people, their relatives and staff through meetings, feedback forms and surveys. We viewed the most recent feedback and all comments were positive and included; "I love living at Winsor Avenue" and "We work great as a team and we have a manager that works with us" and "Really good manager."

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Records on people's care, staffing, and policies and procedures held within the office and electronic systems were organised and up to date.

The provider strived to look at ways to continuously improve the service. They worked in partnership with other services to improve the care and support people were provided with. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the home ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with and other elements of care needs.

Throughout this inspection from our conversations with staff, people and their relatives it was evident that there was a genuine emphasis on supporting people to be part of the local community.

The provider valued the staff team and there were various reward and benefit schemes available for staff. As a result from the last provider survey across all of its services the provider had developed a 'career ladder', which consisted of three different levels for providing staff with a clear pathway for progression. 'You said, we did' information had been published on results, outcomes and actions from the most recent staff survey which evidenced the providers commitment to engage with the staff and improve services.

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.