

Consensus Support Services Limited

22 De Parys Avenue

Inspection report

22 De Parys Avenue
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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

22 De Parys Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service can accommodate up to seven people living with a learning disability or autistic spectrum disorder. The accommodation is arranged over three floors with accessible outside space. At the time of this inspection there were five men living at the service.

At our last inspection we rated the service 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 ongoing 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.

Why the service is still rated good:

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely.

There were enough staff, with the right training and support, to meet people's needs and help them to stay safe. The provider carried out checks on new staff to make sure they were suitable and safe to work at the service. Staff provided care and support in a kind and compassionate way.

Systems were in place to ensure people received their medicines in a safe way and people were protected by the prevention and control of infection.

The service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards.

People were supported to eat and drink enough. They were actively involved in choosing what they ate and helped to prepare meals for each other.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The building provided people with sufficient accessible space, including a garden, to meet their needs. The service operated 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.

The service acted in line with legislation and guidance regarding seeking people's consent. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy, dignity, and independence was respected and promoted. They received personalised care and were given opportunities to participate in activities, both in and out of the service.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

Arrangements were in place to ensure people at the end of their life had a comfortable, dignified and pain free death, if the need arose.

There was strong leadership at the service which promoted a positive culture that was person centred and open. Since the last inspection a new registered manager had come into post. Everyone spoke very highly of them, and the changes they had made, which had resulted in some positive outcomes for people living at the service.

Arrangements were in place to involve people in developing the service and seek their feedback.

Systems were in place to monitor the quality of service provision and to drive continuous improvement.

Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

Further information is in the detailed findings below.

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

22 De Parys 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 was 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 comprehensive inspection was unannounced and was carried out on 10 October 2018 by two inspectors.

Before the inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were reported.

During the inspection we used different methods to help us understand the experiences of people living at the service. We spoke with everyone living at the service and observed the care and support being provided during key points of the day, including meal times. We also spoke with a relative, the registered manager and four members of care staff.

We then looked at various records, including records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

The provider continued to have systems in place to safeguard people from abuse. People told us they felt safe and we observed they were comfortable and confident in the presence of staff. Information had been provided to guide staff on what to do in the event of potential abuse taking place, and records showed that the home had followed local safeguarding processes when needed.

Staff described the processes used to manage identifiable risks such as seizures, choking and financial abuse. It was clear from speaking with people that they were involved in making decisions about the best way to keep them safe, without restricting their freedom, choices and control. This information had also been recorded in their care records, providing clear guidance for staff on each person's agreed risk management approach.

The staff team had adopted a proactive approach to manage behaviours that might be challenging to others. Two external professionals had complimented the service and recognised the progress that people had made as a result. One professional had written: 'Staff display an impressive level of reflection on what may be causing [name of person]'s difficulties'. There was additional evidence that this approach had significantly reduced the number of incidents at the home over the last year, as well as the use of PRN (as required) medicines.

The premises and equipment was still managed in a way that ensured the safety of people, staff and visitors. We saw that checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.

Sufficient numbers of staff were planned in order to keep people safe and meet their needs, and we observed this to be the case during the inspection. The registered manager told us that there were no staff vacancies at the current time and that agency staff were not used, which ensured a more consistent approach for people living at the service.

Safe recruitment practices were being followed; to ensure new staff were suitable to work with people using the service and to make sure all required checks were carried out. The registered manager was able to show us that the provider was in the process of implementing a new system which would strengthen the existing processes.

People continued to receive their medicines when they needed them and in a safe way. One staff member told us, "We always use two staff to make sure that we don't make mistakes." A pharmacist from the local Complex Care Team had audited the medicine management systems at the service earlier in the year and had recorded that these were: 'Excellent and robust'.

Clear records were being maintained to record when medicines were administered to people and regular audits were taking place to ensure adequate stock levels were being maintained and to highlight potential errors in a timely way. The registered manager told us they were a STOMP (Stopping Over-Medication of

People) advocate. We saw that people had their medicines reviewed on a regular basis, to ensure they were still right for them and to promote their safety and wellbeing. One person had recently had a long-term medicine reduced as a result.

Staff demonstrated a good understanding of their roles and responsibilities regarding infection control and hygiene. A cleaning schedule was in place and we observed the service to be clean and tidy, with no offensive odours detected. Records also showed that staff responsible for preparing and handling food had completed food hygiene training.

Lessons were learned and improvements made when things went wrong. Records showed that the provider regularly monitored incidents and accidents to identify potential themes and patterns of concern, to drive improvement at the service. We noted there had been a decrease in both accidents and incidents because positive action had been taken when incidents had happened, to improve the safety and well-being of people and staff.

Is the service effective?

Our findings

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance - in order to meet their individual assessed needs. Records showed that the provider had developed several initiatives including a best practice group and a person-centred champion group, to support the staff team to keep up to date with changes in legislation and good practice.

Staff continued to have the right skills and knowledge to support and care for people. One staff member told us, "The induction was perfect. They showed me every corner of the service." Training records were being maintained to enable the management team to review completed staff training and to see when updates or refresher training was due. We saw from this that staff training was kept up to date. We observed staff using their training effectively in the way they provided care and support throughout the course of the inspection.

Other records showed that staff meetings were being held, as well as individual staff supervision; providing the staff team with additional support to carry out their roles and responsibilities. One staff member told us, "Staff meetings are really good and very useful."

People were still supported to eat and drink enough to maintain a balanced diet. Staff told us that no one currently had any complex needs in terms of eating and drinking, but they were knowledgeable about who was at risk of choking and provided chopped food; to minimise the risk. Support plans contained detailed information about each person's nutritional needs.

People living at the service were involved in menu planning and took it in turns to cook for each other. We observed lunch and tea and saw that meals were freshly prepared with healthy options promoted for anyone wanting to watch their weight. People were seen to eat well and one person even told us they had gone back for seconds!

The registered manager confirmed that the service had developed positive working relationships with external services and organisations to deliver effective care, support and treatment for people living at the service. Each person had their own support plan which contained information about their healthcare needs, and demonstrated that they had regular access to an extensive range of healthcare professionals, who supported them in monitoring and managing long and short-term health conditions.

People's needs were being met by the adaptation, design and decoration of the premises. We saw that they had access to sufficient communal and individual space within the building, as well as a garden. Everyone living at the service was independently mobile, as such it had not yet been necessary to make any modifications to the property to aid with people's mobility. However, consideration had been given to one person who found stairs more difficult, so they had a ground floor bedroom.

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 MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found that systems were in place to assess peoples' capacity to make decisions about their care, and DoLS applications had also been completed where appropriate. Staff were knowledgeable about how to support people to make their own decisions, in accordance with legislation and guidance. One staff member told us, "[Name of person] has a DoLS in place (to restrict them from going out without staff support), but this does not mean we restrict him in the house, we support him outside the house."

Is the service caring?

Our findings

Staff continued to treat people with kindness and compassion. One person told us, "Staff are good here. They know how to help me when I need it." We observed some very positive engagement between staff and people, and there was a real sense of respect and inclusion for people living at the service. It was clear that people felt at ease with the staff and they were comfortable expressing their wishes in a confident manner. This created a happy and relaxed atmosphere with people and staff interacting in a harmonious way.

Staff used various ways to communicate with people and enhance their communication with others, to promote their choice and involvement. One person told us, "I use Makaton and the staff do too." Makaton is designed to support spoken language using signs and symbols. We saw that another person had a 'communication passport'. A communication passport is a simple and practical guide to understanding and supporting a person's individual method of communication. Another person was carrying a note in their pocket, which staff had written, to enable them to communicate information that was important to them with others. The person reacted positively when we read the note out loud, indicating that this method of communication worked for them. It was clear from the calm atmosphere that people felt relaxed and that staff understood their communication needs well.

Staff encouraged people to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as when they got up or what they wanted to eat. One staff member told us, "[Name of person] can't make big choices, but we support him to choose his clothes or what he wants to eat by giving him two choices." We saw this happening.

People's privacy and dignity was respected and upheld. A staff member talked about a form used to capture people's feedback about the service which had been adapted for one person. They explained that the original form had been developed in an easy to understand format, which the person had not required. To promote the person's dignity, they had changed the form to reflect their communication needs and understanding.

Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring that their right to confidentiality was upheld. Records we saw reminded staff about the organisation's responsibilities in terms of GDPR (general data protection regulation). GDPR is a legal framework that aims to protect people's personal information.

People were encouraged to retain their independence and control as far as possible. We observed staff supporting people in a patient and supportive manner, helping them to complete tasks for themselves as far as possible. At lunch time for example, we observed a staff member providing clear instructions to one person, enabling them to prepare their own meal at a pace that suited them.

People were supported to maintain important relationships with those close to them. One person told us, "I get to see my mum, my brother and my friend." During the inspection one person went out with their family

for lunch. Staff told us they valued the relationships that they had developed with people's families who provided additional support, where appropriate, in terms of advocating for people. We were shown folders that had been prepared for people's relatives, which provided photographic evidence of activities undertaken by their family member and demonstrated the progress they had made.

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. Comprehensive assessments had been undertaken before people came to live at the service, to establish their individual needs and help staff in developing support plans that reflected how people wanted to receive their care and support. Support plans that we saw were detailed and personalised, taking into account people's life history, day to day preferences and religious beliefs. Additional records evidenced the care and support people received on a daily basis.

Support was being provided in a way that enabled people to develop and build on their independent living skills. Records showed that staff regularly spent time with people, to check they were happy with the support they received and to plan goals for the future, to enhance their quality of life. One person was working towards becoming more independent, and had been supported to apply for a job.

We observed that staff involved people in everyday tasks such as laying the table at meal times and washing dishes. The registered manager showed us that they were in the process of introducing new support plans. The new plans included detailed information, breaking down everyday tasks into achievable steps which staff could follow, enabling people to learn new skills more easily through a more consistent approach.

Staff continued to support people with following their interests and to participate in activities that were meaningful to them. One person told us, "I work on a farm three days a week, it's a long day but it keeps me busy. I enjoy it." Another person showed us they had an activity planner in their room. They explained they met with the registered manager weekly and discussed what they wanted to do, and what they needed to do for the following week. We also saw some feedback from a relative who had written to thank staff for their support in building up their family member's confidence, in terms of going out and accessing community facilities. This person went out for a walk to a local park during the inspection. Photographs showed people enjoying a variety of activities such as a trip to the sea side, a BBQ with family members and working hard to transform the back garden into a productive area providing a variety of fresh vegetables for everyone to enjoy.

Information had been developed to explain to people how to raise concerns or make a complaint. We saw that two complaints had been made by people using the service, about issues affecting them. We saw that staff had dealt with these effectively by listening to each person's concerns. Records had been maintained to record the actions taken in response, which included support and encouragement for people to develop their understanding of others and how best to live alongside each other in a positive way. This demonstrated that systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

Records showed that people had taken the time to compliment the service too. We read some cards from someone living at the service to thank staff for their care and support.

No one using the service had the need for, or was in receipt of, support with end of life care. However, the

registered manager explained that they had needed to provide this support in the past. Some people had specific plans in place setting out their preferences in the event of them becoming unwell. The registered manager confirmed that staff were in the process of discussing people's preferences with everyone living at the service, to support them at the end of their life to have a comfortable, dignified and pain free death, if required.

Is the service well-led?

Our findings

Since the last inspection there had been a change of 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. People and staff told us they felt positive about the way the service was managed and the support they received. One staff member said, "He is very good and approachable, he always gives you time if you need to talk."

The registered manager promoted a positive culture that was person-centred, open, inclusive and achieved good outcomes for people. Everyone told us the registered manager was good at their job and demonstrated positive leadership. A relative told us, "He listens and has turned the service around." A staff member added, "There has been brilliant progress here since the new manager started. I'm astounded by it. It's like the guys have had their potential unlocked." People and staff provided examples of people's achievements since the registered manager had come into post. One person told us they had received support to give up smoking, which was a real accomplishment for them. Another person had gone through an unsettled period when they had first moved in. With regular structured activities and a consistent approach from the staff team, the number of incidents at the service had decreased significantly and the person was now making positive plans for their future.

The registered manager was clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, systems were in place to ensure legally notifiable incidents and events were reported to us, the Care Quality Commission (CQC), and records showed that this was happening as required. We found the registered manager to be organised, open and knowledgeable about the service and the needs of the people living there. We noted they were very passionate when they spoke about their role and it was clear that they led by example; their focus on supporting people to have the best lives they could have.

The registered manager told us the organisation was well led and they had the right support, at provider level, to lead the service and inspire staff to provide a quality service. They told us that in addition to the best practice and person-centred champion groups being set up, the organisation had responded to recent staff surveys and introduced a career ladder system to recognise and support staff who go the extra mile and excel in their roles. In addition, we saw that the organisation had created 'quality checker' and 'expert by experience' roles for people who had first-hand experience of using services, to support internal quality monitoring processes. These roles aimed to develop services and empower people to live their lives with the same choices, rights and responsibilities as other people. We saw from records that someone living at this service had expressed an interest in one of these roles.

People, their relatives and staff were engaged and involved. The registered manager explained that they sought people's feedback in various ways such as satisfaction surveys, meetings and on an informal basis through day to day contact. We saw the results of the latest satisfaction surveys completed by people, relatives, staff and external stakeholders in June 2018. We noted that 100% of relatives had returned their

surveys and included positive feedback including: 'Much improved now that staff changes have taken place and with a new manager. The amount of activities is improving with new manager'. Other records showed that people were actively involved in making day to day decisions about how the service was run, including the process of recruiting new staff members.

The registered manager showed us additional quality monitoring systems that were in place to check the service was providing safe, good quality care. We saw evidence of regular and comprehensive audits taking place at both service and provider level. Where improvements were identified, clear action notes had been recorded and acted on. As a result, we saw the service was making changes to improve the service in a number of key areas such as staff recruitment checks, support plans and enhancing people's independent living skills. This showed that systems were in place to monitor the quality of service provision to drive continuous improvement.

The service worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. Staff provided examples of how this approach had resulted in some positive outcomes for people. One example was input from a psychologist to develop staff understanding and knowledge of one person's needs. This had equipped staff with the skills and confidence to support the person in a different way. Records showed this had significantly changed the way the person lived from day to day and had provided them with a realistic prospect of living more independently in the future.