Consensus Support Services Limited

89a Hampton Road East

Inspection report

89a Hampton Road East
Feltham
Middlesex
TW13 6JB

Tel: 02087830044
Website: www.caringhomes.org

Date of inspection visit:
27 October 2016
03 November 2016

Date of publication:
28 November 2016

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

This inspection took place on 27 October and 03 November 2016. The visit on 27 October was unannounced and we arranged with the provider that we would return on 03 November to complete the inspection. The last inspection of the service was in February 2014 when the service was meeting all of the standards we inspected.

89a Hampton Road East is a care home for up to seven people with a learning disability. When we inspected, six people were using the service. The service had a registered manager who also managed another of the provider's locations situated next door to 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 provider had systems in place to support people safely and staff working in the service understood and implemented these. There were enough staff to support people safely and the provider carried out checks on new staff to make sure they were suitable to work in the service.

People's care records showed they had been involved in planning their own care and support and had consented to this.

Staff had the training, support and information they needed to care for people.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty of Liberty Safeguards. Where restrictions were in place to keep people safe, this was done lawfully.

People received the support they needed to meet their healthcare needs. People received the medicines they needed safely.

People were supported by kind, respectful and polite staff. Support staff offered people choices about aspects of their daily lives and respected people's privacy.

The provider, registered manager and support staff assessed and recorded people's individual care needs and based their support plans on these assessments. The provider's care planning systems were centred on the individual. People's support plans were personalised and gave support staff clear guidance about how to meet people's identified needs.

People using the service, their relatives and other people were asked for their views on the service.

The registered manager had a good knowledge of all of the people who lived at the service including changes in their needs, their preferences and social history.

There was a welcoming and friendly atmosphere at the service.

The provider and registered manager undertook a range of audits and checks to monitor quality in the service and identify where they could make improvements.

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 was safe.

The provider had systems in place to support people safely and staff working in the service understood and implemented these.

There were enough staff to support people safely and the provider carried out checks on new staff to make sure they were suitable to work in the service.

People received the medicines they needed safely.

Is the service effective?

Good

The service was effective.

People's care records showed they had been involved in planning their own care and support and had consented to this.

Staff had the training, support and information they needed to care for people.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty of Liberty Safeguards. Where restrictions were in place to keep people safe, this was done lawfully.

People received the support they needed to meet their healthcare needs.

Is the service caring?

Good

The service was caring.

People were supported by kind, respectful and polite staff.

Support staff offered people choices about aspects of their daily lives.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

The provider, registered manager and support staff assessed and recorded people's individual care needs and based their support plans on these assessments.

The provider's care planning systems were centred on the individual.

People's support plans were personalised and gave support staff clear guidance about how to meet people's identified needs.

People using the service, their relatives and other people were asked for their views on the service.

The provider recorded and investigated any complaints.

Is the service well-led?

Good

The service was well led.

The registered manager had a good knowledge of all of the people who lived at the service including changes in their needs, their preferences and social history.

There was a welcoming and friendly atmosphere at the service.

The provider and registered manager undertook a range of audits and checks to monitor quality in the service and identify where they could make improvements.

89a Hampton Road East

Detailed findings

Background to this inspection

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

This inspection took place on 27 October and 03 November 2016. The visit on 27 October was unannounced and we arranged with the provider that we would return on 03 November to complete the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we hold about the service. This included the last inspection report, statutory notifications the provider sent us about significant incidents affecting people using the service and the Provider Information return (PIR) the registered manager completed in November 2015. The PIR 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.

During the inspection we spoke with four people using the service and six members of staff, including the registered manager, team leaders and support staff. We also saw all communal parts of the service and a number of people's bedrooms, with their permission. We reviewed care records for two people using the service, four staff recruitment records, medicines records for all six people, staff rotas, health and safety records, complaints and compliments.

Following the inspection we spoke with the relatives of three people using the service.

Good

Is the service safe?

Our findings

People using the service told us they were cared for safely. Their comments included, "Yes it's safe here. There's nothing to worry about" and "I'm very safe here, the staff look out for me." People's relatives told us they felt people were cared for safely. Their comments included, "[Family member's name] is perfectly safe, we don't worry at all" and "We have no concerns about safety, we know [family member] is well looked after."

The provider had systems in place to support people safely and staff working in the service understood and implemented these. The provider had a policy and procedures for safeguarding people using the service. Support staff told us they had completed safeguarding training and training records confirmed this. Staff understood how to support people safely. They were able to tell us how people using the service may be at risk of abuse and what they would do if they had any concerns. They told us, "I'd report any concerns straight away to the manager or senior," "We are told on the training to report anything immediately and that's what I would do" and "We have information on what to do if we are worried. It's important to speak up."

The provider carried out checks to make sure staff were suitable to work with people using the service. This included reference checks from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. All staff had completed an application form detailing their employment history and the provider identified and challenged any gaps.

The provider ensured there were enough staff to meet people's care and support needs. We saw support staff worked well together and people did not have to wait for help or support. People were able to take part in activities they chose and there were enough staff to support them to do this. Staff rotas showed a minimum of four staff each morning and four each afternoon. During the night, one waking staff was on duty, with a second member of staff asleep in the service to provide support, if required.

During the inspection we noted that one member of staff had worked for 25 days out of 30 in September and October 2016. This included 16 occasions when the person worked a 'long day' from 07:30 – 22:00. We discussed this with the registered manager and the senior team leader and they told us the member of staff volunteered to cover vacant shifts when other staff were sick or on annual leave. The registered manager and senior team leader told us they wanted to provide continuity of care and avoid the use of agency staff who would not know the care and support needs of people using the service. They told us they had identified the possibility that people using the service might be at risk of unsafe care as the member of staff may be tired and had discussed this with them in supervision. They also said they had identified the need to reduce the amount of overtime the person worked and had taken action to ensure this happened.

We recommend that the provider implements systems to ensure staff do not work extended hours without a break as this may place people at risk of unsafe care or treatment.

Staff told us they felt there were enough staff to support people in the home and to access activities in the

local community. They said the registered manager also worked directly with people using the service when needed. Their comments included, "It's busy but there are enough staff" and "You need good teamwork, everybody needs to know what they are doing each day and [managers] make sure everything is covered."

People received the medicines they needed safely. The provider had a policy and procedures for managing people's medicines and they reviewed and updated these regularly. People's care records included information for staff on the reasons for, the dose and possible side effects of each medicine. Each person using the service had a medicines profile and agreed protocols for the use of 'when required' (PRN) medicines. Records showed support staff recorded the reason these were used each time they administered them. People's medicines were stored safely and staff completed Medication Administration Record (MAR) sheets for each person. The MAR sheets were up to date and there were no errors or omissions. The senior team leader carried out a monthly audit of each person's medicines and a weekly stock check. Support staff also checked people's medicines three times each day, during handovers. Support staff told us the provider had trained them to give people their medicines safely and we saw evidence of this training.

The provider learned from incidents and made changes to the service when required. Staff completed reports to record significant incidents that affected people using the service and the registered manager reviewed these and took appropriate action. For example, following a number of incidents, staff reviewed one person's support plan and risk assessments and asked the provider's positive behaviour team for advice and support. The positive behaviour team completed assessments, produced guidance for staff on how to manage specific behaviours and provided training. This showed the provider responded well to events that may have placed people using the service at risk.

The provider, registered manager and staff in the service carried out a number of checks to ensure they delivered care and support to people safely. These included infection control and health and safety audits in July 2016 and monthly health and safety checks of people's rooms that included checking opening restrictors on windows. The provider completed a fire safety risk assessment in February 2016 and the registered manager confirmed one minor recommendation had been addressed. Fire safety equipment in the service was checked weekly by staff and had been serviced in March 2016. Staff also completed monthly tests of the emergency lighting system and carried out fire drills in July and October 2016.

Good

Is the service effective?

Our findings

People's care records showed they had been involved in planning their own care and support and had consented to this. There was evidence of regular meetings with people to discuss their care and support and, where possible, they had signed agreement to their support plans and review meetings. People were consulted about everyday decisions, such as how they spent their time and what they ate.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager understood their responsibility for making sure the least restrictive options were considered when supporting people and they ensured people's liberty was not unduly or unlawfully restricted. The registered manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service, for example where people needed constant supervision from staff to enable them to access community activities. The capacity assessments, best interest decisions and DoLS applications and authorisations were recorded.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The staff had received training about the MCA and there was evidence that this was discussed at team and individual staff meetings.

Staff had the training, support and information they needed to care for people. There were regular team meetings and we saw these included discussions about key procedures, for example safeguarding and infection control, the people living at the service and training needs. People's risk assessments were also discussed to make sure everyone was following safe working practices. The staff also had regular formal supervision meetings with the registered manager or a senior member of staff and annual appraisals. These were recorded and included discussions on the staff member's practice, training needs and career development. The registered manager also told us they gave some support staff additional management responsibilities and tasks to help them develop their skills. Staff told us they found the raining helpful. Their comments included, "I'm doing the induction training and it is helping me to understand the role" and "The training is very good, really helpful."

We saw evidence of regular staff training in a number of areas which included infection control, safe moving and handling, health and safety, food hygiene, fire safety, safeguarding adults, first aid and medicines management. The registered manager and staff told us the provider had introduced the Care Certificate training for all new staff. The Care Certificate provides a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. The provider also told us they would review the training needs of existing staff in supervision to ensure they met the requirements of the Care Certificate.

The environment was suitable to meet the needs of the people who lived there. Each person had their own bedroom which they had personalised. People told us they had chosen items of furniture and were able to display their own art work and posters in their rooms. There was a choice of communal areas that were well decorated and comfortably furnished.

People's nutritional needs were met and they had a choice of freshly prepared meals. Dietary needs and special requirements were recorded as part of each person's support plan. Where they had an identified need there was information about this and how the staff should support them. People living at the home were involved in planning meals, shopping for food and preparing food. During the inspection we saw staff supported people to shop in local supermarkets and the shopping centre, for food and items for a Halloween party. We saw people were able to ask for, or prepare themselves, meals they wanted. Food choices and preferences were discussed with each individual at meetings and recorded. The kitchen was stocked with fresh food, including fruit and vegetables.

People's care health needs were assessed, monitored and met. Their support plans included detailed information about people's mental and physical health. There was evidence they had opportunities to see the healthcare professionals they needed to stay healthy. Staff recorded information from healthcare appointments and any changes to a person's planned healthcare. Where people had specific needs related to a health condition, we saw the provider gave staff clear information about the condition and how they should support the person.

Good

Is the service caring?

Our findings

People using the service told us staff were kind and caring. Their comments included, "They are good, they help me," "The staff are very, very nice," "It is a lovely home, the staff listen and help me" and "This is my home, I like it here and I'm going to stay here."

A relative told us, "There have been changes recently but the staff are generally very good, I think they do care about the people they support." Another relative said, "Things are going very well, some of the staff are very on the ball and very proactive."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day during our visits.

The staff knew people's care and support needs well. They were able to tell us about significant events and people in each person's life, their individual daily routines and preferences. People's care records included a one page profile and information about how they spent their time each day. Care records also included a weekly activity planner that included paid and voluntary work, outings, college classes and leisure and sports activities.

People using the service were able to choose where they spent their time. During the inspection, people spent time in their rooms when they wanted privacy and in communal areas when they wanted to be with other people. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed doors if they supported people with their personal care and always knocked on the door and waited for people to invite them in.

During the inspection, support staff offered people choices about aspects of their daily lives. We saw people made choices about what to eat and how and where they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person's request, we saw they explained the reasons why and agreed a time when they would be able to support the person. If people chose not to accept the support they were offered, we saw support staff respected this choice and offered the support later.

Staff recorded people's needs in respect of their gender, religion and culture in their support plans. For example, people's care records included information about their spiritual and cultural needs.

Good

Is the service responsive?

Our findings

People's relatives commented, "They've had a difficult time recently but things are settling down now and it is better" and "The staff do tell me what's happening and I'm happy with the care [family member's name] gets." However, one relative was less positive. They told us, "Communication could be better, they don't always let me know about things that have happened and when I hear them from [family member's name] I'm not always sure how to react."

The provider, registered manager and support staff assessed and recorded people's individual care needs and based their support plans on these assessments. The provider's care needs assessment covered health care, communication, daily living skills, finances, culture, religion and activities so staff had an understanding of people's abilities, likes, dislikes and routines.

The provider's care planning systems were centred on the individual. For example, "I need support with managing finances" and "I need support with finding activities." Care records included a form to enable people to record their preferences, including their key worker, whether they wanted personal care support from a member of staff of the same gender and whether they preferred a bath or shower.

Plans were personalised and gave support staff clear guidance about how to meet people's identified needs. People's support plans covered all of their social and health care needs and support staff reviewed each area of the plan monthly. Plans included clear individual goals for each person that included personal care, independent travel, cooking, healthy eating and finding employment. Support staff completed daily care notes to record the care and support each person received each day. The daily records showed that people received support that was in line with their plan.

People's care records also included information on how they spent their time during the day. The records showed staff supported people to take part in activities in the service and the local community and outings that staff knew each person enjoyed. During our inspection, all six people using the service went out with staff or their relatives for part or all of the day. People accessed community activities with staff support and also took part in art and craft activities in the service. The provider had organised a Halloween party and people told us about the food and costumes they had chosen.

The provider enabled people using the service and others to comment on the care and support they received. They used these comments to make improvements to the service they provided. Staff supported six people using the service to complete questionnaires in April 2016 that asked for their views on the support they received. The survey asked people if they felt listened to, if they received information about their care, if they were involved in planning their support and if they were able to make choices. The provider collated and analysed people's responses and overall, the satisfaction rating averaged 83%. Nobody said they were 'unhappy' or 'very unhappy' with the support they received.

The provider last sent questionnaires to people's relatives and staff working in the service in June 2014. People commented positively on the service. Their comments included, "The service has a nice atmosphere

and staff are friendly and helpful" and "There is low staff turnover and a strong team." The registered manager confirmed the provider had sent updated questionnaires to relatives, staff and health and social care professionals earlier in 2016 and told us they were waiting for the results to be collated and analysed.

The provider produced a clear complaints policy in a format that was suitable for people using the service. People's relatives told us, "I've never needed to make a formal complaint. I can speak with the staff or the manager and they will sort it out" and In the past they made the right noises when you raised things but nothing changed. It has improved and things are much better." The provider recorded complaints clearly and included details of any investigation and the outcome. The provider also made sure they asked the person making the complaint if they were satisfied with the outcome.

Staff told us they would raise any concerns with the registered manager and they felt sure they would be listened to and their concerns addressed. The complaints records showed the registered manager recorded all complaints, the action they took in response, the outcome and whether or not the person who made the complaint was satisfied. The registered manager dealt with all of the recorded complaints in line with the provider's procedures.

Good

Is the service well-led?

Our findings

The service had a manager who was appointed in September 2015 and registered by the Care Quality Commission in March 2016. They also managed a second service for the provider that was located next door to 89a Hampton Road East. The registered manager had a good knowledge of all of the people who lived at the service including changes in their needs, their preferences and social history. The manager was friendly and approachable and we saw they had positive relationships with people using the service and staff. In addition to the registered manager, each of the services had a senior team leader and two team leaders to oversee the day to day running of the home and support the registered manager and staff.

People using the service told us they knew who the manager was and said they could talk with them at any time. They told us, "[Manager's name] is the manager" and "The manager is [manager's name] and [other staff names] work here as well." A relative told us, "The manager is good and wants to make a difference."

The provider's stated goal was "for people to see us as the best provider of personalised support for individuals with complex needs in the UK." Support staff were aware of the provider's goals and values and they told us they felt the provider was a good employer. They commented positively on the provider's training and support systems and told us they enjoyed working for the organisation. One member of staff said, "It's good working here, [the provider] supports us and encourages us to develop." Other comments from support staff included, "I'm very happy working here, it's a good place to work" and "I've enjoyed everything so far, I've learnt a lot and I really think we help people."

There was a welcoming and friendly atmosphere at the service. People who lived there, their visitors and staff reported feeling relaxed and happy there. People were supportive of one another and visitors told us they were welcomed.

The provider and registered manager undertook a range of audits and checks to monitor quality in the service and identify where they could make improvements. For example, the registered manager told us they and the team leaders in the service audited care records, accidents and incidents, medicines management, people's personal finances and checks on the environment. Some checks were also delegated to support staff, including checks of the service's vehicle and health and safety checks. All of the checks and audits we saw were recorded and up to date.

The provider had a continuous improvement plan for the service that analysed accident and incident reports, compliments and complaints and feedback from quality assurance questionnaires. The provider analysed the data they collected and gave the registered manager themes to discuss and review within the service.

The provider and registered manager ensured they sent notifications of significant events in the service to the Care Quality Commission (CQC), so we were kept informed of the information we required.