

Consensus Support Services Limited

82 Bear Road

Inspection report

82 Bear Road
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Date of inspection visit:
12 September 2023

Date of publication:
25 September 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

82 Bear Road is a care home for up to 5 people with a learning disability. The home was originally set up as a specialist service for people with Prader Willi Syndrome (a genetic condition leading to learning and physical disabilities as well as characterised by excessive appetite). However, the home also catered for people with learning disabilities who did not have this condition. At the time of the inspection, 4 people were living at the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

Staff supported people to have the maximum possible choice, control, and independence. Staff focused to people's strengths and supported people to have fulfilling and meaningful lives. Staff supported people to pursue their interests and to achieve goals. People were cared for in a safe, clean and well equipped, environment. The service made reasonable adjustments to support people to make choices. People were supported to access health and social care support. People were supported to have their medicines safely and as prescribed.

Right Care

Staff treated people well and promoted equality and diversity. People received kind and compassionate care. Staff understood how to protect people from abuse and poor care. There were enough suitably trained and skilled staff. People could communicate with staff who supported them with their individual communication needs. People could take part in activities which were tailored to them.

Right culture

People led inclusive lives and were empowered by the attitude of management and staff. People received good quality care and support. Staff understood best practice for supporting people with learning disabilities. People and their representatives were involved in planning care and making choices. Staff evaluated the quality of support and made adjustments to reflect people's needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 August 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

82 Bear Road

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors.

Service and service type

82 Bear Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 82 Bear Road is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the service. We asked the commissioning authority and health professionals working with the service if they had any feedback.

During the inspection

We met and spoke with all 4 people who lived at the service, and staff on duty, who included the team leader and 3 support workers. We also met the area director who visited the service. Following our visit we spoke with the relatives of 2 people on the telephone. We observed how people were cared for and supported.

We looked at records used by the provider for managing the service. These included the care records for 2 people, staff records, meeting minutes, audits and how medicines were managed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from abuse. The provider had suitable policies and procedures for reporting abuse. Staff had training about this and were able to tell us how they would recognise abuse and what action they would take.
- There were systems to help support people with their money to protect them from the risks of financial abuse.
- People's relatives told us people were safely cared for.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed and planned for. Assessments included analysis of the benefits and risks of different activities, health conditions and situations inside and out of the home. The staff encouraged people to take risks and be as independent as possible. Risk management plans were regularly reviewed and updated.
- The staff reviewed and monitored assessments and plans following one person's fall, which had led to a fracture, earlier in the year. They had adapted their care and the accommodation to help keep the person safe, aid their recovery and make sure they were comfortable.
- The staff did not use any form of restraint or seclusion. The staff had undertaken training to understand about safe breakaway techniques but told us these were not used. The staff worked closely with specialist teams within the organisation to develop support plans which considered the triggers causing people to feel anxious or agitated, as well as strategies to help people feel safe and calm. The staff monitored how people were feeling and when they exhibited any distress. Records of this monitoring were shared with relevant professionals to help them make decisions about people's care and treatment.
- Risks within the environment were mitigated. Staff carried out regular checks on safety. There were procedures to be followed in the event of a fire or another emergency.

Staffing and recruitment

- There were enough suitable staff to help keep people safe and meet their needs. Staffing levels enabled people to pursue a range of activities. Staff retention was good and people were cared for by familiar and known staff.
- There were systems to help ensure the staff had the skills, competencies and attitude needed to work at the service. The provider undertook a range of checks as part of recruitment. Staff completed training and had their knowledge and competencies assessed as part of their induction.

Using medicines safely

- People received their medicines safely and as prescribed. Staff undertook training and understood about the safe management of medicines.
- Medicines were stored in a safe way and staff undertook checks to make sure temperatures and storage met required standards.
- Staff maintained records to show when medicines had been administered and any problems with this.
- People had their medicines regularly reviewed by doctors to make sure they were suitable.
- People's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- One person was supported to become more independent in managing their own medicines.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included suitable procedures and training for staff.
- The provider had updated and reviewed procedures to reflect good practice guidance.
- There was enough personal protective equipment (PPE) for staff.
- The service was clean, and staff undertook regular infection control audits.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. Incidents, accidents and adverse events were reported to managers, recorded and investigated. Learning from these was shared within staff meetings and supervision sessions.
- The registered manager attended meetings with other managers within the organisation and externally. They discussed the experiences from their different services. The registered manager shared learning from these meetings about incidents with the staff at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they moved to the service. The provider met with the person and those who were important to them to help gather their views. They made sure they could meet their needs at the service.
- The staff had developed care plans based on people's assessments. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. New members of staff completed a range of training and an induction to the service. They shadowed experienced workers and had their skills assessed by the registered manager. There were regular training updates for all staff. Staff told us the training was useful and they had enough information to carry out their roles and responsibilities.
- The staff had undertaken specialist training to help them understand about people with learning disabilities, individual health conditions, autism, and how to keep people and others safe from physical challenges.
- The staff and regular team and individual meetings with their line manager. They told us they felt supported and worked well as a team, sharing information and ideas.

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

- People received good care to meet their nutritional needs. The provider specialised in providing support for people with Prader Willi Syndrome. This is a condition that affects people's appetite and weight management. The staff had received training to understand the condition and support to plan individual care to meet people's needs.
- Through this specialist support, people had been able to take more control of their nutritional needs, making wise decisions, and understanding about the benefits of healthy eating. Some people followed strict calorie controlled diets which they had agreed to. The kitchen was accessible to all and people were involved in meal preparation and baking. Through this personalised support people had achieved more healthy weights and had better overall health.
- People were involved in planning and shopping for meals.
- Staff monitored people's weight and liaised with relevant professionals to help ensure people's needs were being met.

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

- People's healthcare needs were assessed and planned for. The staff followed guidance from healthcare professionals, and this was incorporated into care plans.
- Staff had a good understanding of different health conditions and monitored changes in these.
- People had regular appointments with different healthcare professionals. These were recorded and staff had developed health action plans and information to help professionals understand how to communicate with and support people.

Adapting service, design, decoration to meet people's needs

- The environment was suitable and met people's needs. People had their own bedrooms which they could decorate and furnish as they liked. Communal areas were pleasantly decorated in keeping with people's tastes and interests.
- There was an accessible and attractively kept garden which people enjoyed using. People were supported to make use of the kitchen facilities. There were no restrictions to where people spent their time.
- When people needed equipment, this was provided. The staff undertook checks to make sure this was suitable and safe.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was acting within the principles of the MCA. People were asked to consent to different aspects of their care and sharing information.
- The provider had applied for DoLS when needed and had involved people's representatives in best interest decisions.
- People's mental capacity to make specific decisions had been assessed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. They had good relationships with staff and each other. We witnessed kind and friendly interactions. Staff spoke about people with genuine fondness.
- Relatives told us they thought there was a nice atmosphere at the home. Their comments included, "The 4 of them are like a family" and "They look out for each other."

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

- People were able to make decisions about their lives, what they wanted to do and how they wanted to spend their time. Each person had an assigned member of staff who helped them to review choices. There were also regular meetings where the group discussed issues which affected them all.
- People had helped to choose the décor of their rooms and communal rooms. They met with potential staff before they started working at the service and shared their views about them with the registered manager.
- People were empowered by staff to understand about choices affecting their health and wellbeing. The provider did not put unnecessary restrictions on people, with the staff giving people information so they could be in control of the choices they made. An example of this was the support people had to make choices and understand about food and drink.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. The staff spoke with people in a kind, polite and considerate way. They asked for people's permission to provide care and before entering their bedrooms.
- People were supported to learn new skills and develop their independence. They helped with household tasks and baking. Some people were learning to be more independent with managing their own finances and medicines. People were able to undertake jobs for the registered manager if they wanted, for example admin work in the office.
- Relatives we spoke with told us they felt people were encouraged to be independent and this had improved their wellbeing.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. The staff had helped support people to achieve personal objectives and improve their health and wellbeing. They provided individual care which was carefully planned and helped people to set their own goals.
- People's relatives and staff gave us examples about how people had received good person-centred care.
- Care plans were regularly reviewed. Each person had a keyworker, a member of staff who was assigned to give them extra support and help. Keyworkers met with people monthly to review how the month had been and plan for the future.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, planned for and met. The staff used a range of techniques, including pictures, Makaton, (a type of sign language), and objects of reference to help people to understand and be understood.
- Some information was available in different format, such as easy read formats, to help people to understand this.
- The staff had created communication 'passports' to help other professionals who worked with people to understand them and be understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People pursued a range of activities which reflected their interests. These included regular planned events, such as classes, as well as different activities planned each week.
- The staff supported people to visit a wide range of interesting places and events, including trips into London using public transport, exhibitions and shows.
- People enjoyed a range of activities at home with staff and each other. These helped to develop their skills and interests.
- People were supported to stay in touch with friends and families. Relatives told us people were supported to make video and phone calls, to visit them and to facilitate visits by the relatives to the care home. People

also joined peers from other care homes for activities, parties and regular social events.

Improving care quality in response to complaints or concerns

- There were suitable procedures for investigating and responding to complaints. Complaints and concerns had been dealt with and learnt from.
- Staff and relatives told us they knew about the complaints procedure and who to speak with about any concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture. People using the service were happy there. Their relatives were also happy with the care they received. One relative told us, "I am very happy. It is a relief, and they handled the move well." Another relative explained, "The staff are fantastic."
- People received personalised care leading to improvements in their health and wellbeing. The staff enabled people to make informed decisions about their care. The provider had celebrated some people's successes and journeys to improved health and wellbeing by sharing their stories with others and on their website. People had consented to this.
- Staff felt happy working at the service. They enjoyed their work and felt supported. Some of their comments included, "I love it. The place is lovely and homely. They team keep me going, especially the manager" and "I have learnt so much about [people's] needs and how to care for them. I enjoy my work and people are happy."
- The provider used a system to recognise and reward staff undertaking extra roles or going above and beyond their normal responsibilities. This helped staff feel valued.
- The provider promoted good staff wellbeing and had a number of systems and processes designed to support staff with work and personal needs. They were linked to a confidential counselling service, had schemes for financial support and ran support groups for people experiencing specific needs. These included a Menopause café, which was a group designed to support and inform people about the Menopause.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They investigated and responded when things went wrong; apologising to those who were affected and explaining what they were doing to put things right.
- The provider notified CQC and others of significant events when needed.

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

- The registered manager was suitably qualified and experienced. Staff and relatives spoke positively about the registered manager, explaining they were supportive and accessible.
- The provider had a range of policies and procedures which reflected good practice guidance and

legislation. They shared these with staff. Staff were kept up to date through team meetings and regular training.

- Senior managers within the organisation were visible and staff felt able to speak with them and raise concerns. They visited the service and met with people who lived there as well as staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had policies regarding equality and diversity. Staff undertook training in this. People's diverse and individual needs were reflected in care plans. The provider had undertaken work to celebrate and support diversity in the workforce.
- The provider asked people using the service, relatives, and staff to complete surveys about their experiences. The feedback was used to help develop action plans to help make improvements.
- Staff across the organisation were empowered to speak up about their experiences. This was evidenced through the provider's workplace, with particular emphasis on how the organisation supported women in the workplace and cultural diversity.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included audits and checks by staff, the registered manager and senior managers.
- Following audits, the registered manager developed action plans to state what they were doing to improve the service. These were monitored and there was evidence of continuous improvements.

Working in partnership with others

- The staff worked with other health and social care professionals to assess, monitor and meet people's needs.
- Staff liaised with other care providers to help ensure people had a wide range of social activities and opportunities to meet peers.
- The registered manager met with other managers and organisations to share experiences, learn from one another and develop best practice.