

Consensus Support Services Limited

22 De Parys Avenue

Inspection report

22 De Parys Avenue
Bedford
MK40 2TW
Tel: 01234 355133
www.consensussupport.com

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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 

Overall summary

Our inspection took place on 20 January 2016 and was unannounced. At the last inspection in May 2014, the provider was meeting the regulations we looked at.

22 De Parys Avenue provides care and support for up to seven people who may have a range of care needs, including learning disabilities and autistic spectrum conditions. It is situated in a residential part of Bedford. On the day of our visit, there were six people living in the service.

There was a registered manager in post. 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 felt safe in the service. There were appropriate systems in place to safeguard people from the risk of harm and we found that staff understood the process of reporting suspected abuse. Risks to people were assessed, managed and reviewed on a regular basis and

Summary of findings

assessments detailed the control measures in place to minimise the potential for future risk to occur. Systems were also in place to protect people from the risks associated from medicines, incidents and emergencies.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety and independence. Robust recruitment processes had been followed to ensure that staff were suitable to work with people. Safe systems were in place for the administration, storage and recording of medicines.

New staff received induction training, which provided them with the essential skills required to support people in accordance with their needs. Staff also received regular training that provided them with the knowledge and skills to meet people's needs in an individualised manner.

Staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS.) A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and drink that met their individual preferences. People's health and wellbeing needs were closely monitored and the staff worked very well with other professionals to ensure these needs were met.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. We found there was a positive

atmosphere within the home and that people were very much at the heart of the service. People were involved in their care planning and staff ensured that the service's core values were implemented so that people had a meaningful and enjoyable life. Staff understood how to promote and protect people's rights and maintain their privacy and dignity. Relationships with family members were considered important and staff supported people to maintain these.

People received person-centred care, based on their likes, dislikes and individual preferences. Staff supported and encouraged people to access the community and participate in activities, including work placements that were important to them. People and their relatives were encouraged to contribute to the development of the service. Their feedback was used to help identify areas for development in the future. People were aware of the provider's complaints system and information about this was available in an easy read format.

The registered manager regularly assessed and monitored the quality of care provided to people. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values. The service had an open, positive and forward thinking culture. There were internal and external quality control systems in place to monitor quality and safety and to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and were supported by staff that were knowledgeable about protecting people from harm and abuse.

There was enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff that were competent and trained. Staff felt supported and had regular supervision and appraisals.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

Staff interaction with people was caring.

People's privacy and dignity were protected.

Friends and relatives could visit at times that suited them.

Good



Is the service responsive?

The service was responsive.

People received care which was personalised and specific to their individual needs.

People were enabled to attend activities of their choice, based upon their preferences.

Information about the provider's complaints system was available in an easy read format

Good



Is the service well-led?

The service was well led.

The provider had an effective system for monitoring the quality of the service they provided.

The registered manager was supported by a robust management structure of senior people within the provider organisation.

Policies, procedures and other documentation were reviewed regularly to help ensure staff had up to date information.

Good



Summary of findings

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| Staff were aware of the provider's vision and values which were embedded in their practices. | |
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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 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 20 January 2016, and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for

example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We interacted with four people who used the service, and spoke with one relative, as well as the registered manager, one team leader and two care staff.

We looked at four people's care records to see if they were accurate and reflected their needs. We reviewed two staff recruitment files, four weeks of staff duty rotas and training records. We checked medicines administration records and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

Is the service safe?

Our findings

People felt safe in the service. One person told us, “Yes, they look after me and help me stay safe.” Another person said, “I feel safe here.” A relative told us they had no concerns about people’s safety in the service. We observed that people felt relaxed in the presence of each other and the staff that supported them. When visitors entered the service, both staff and people ensured they knew who the visitor was and had signed in so there was a record of who was in the service. People were supported to remain safe through the systems and processes in place.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member told us, “I would make sure the person was safe, complete a record of what had happened and then speak with the manager.” Another staff member said, “We all get involved if there is a safeguarding matter. We also get to know the outcome so that we can learn from things.” Staff told us about the safeguarding training they had received and how they put it into practice, what they would report and how they would do so. They were aware of the provider policies and procedures and felt that they would be supported to follow them. We found notices in the office giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC). We found that safeguarding referrals had been made to the local authority when required and lessons learnt from incidents, so as to drive future improvement and prevent reoccurrence.

Staff also told us they were aware of the provider’s whistleblowing policy and would feel confident in using it. People were protected from harm and abuse by staff who understood the principles of safeguarding.

People had risk assessments that identified risks and how to keep people safe. Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people’s risk assessments, their daily records and by talking about people’s experiences, moods and behaviour at shift handovers. The risk assessments we reviewed included accessing the community and managing finances. The registered manager told us, and we saw, that these had been developed with input from the individual,

family and professionals. We found that they explained risks and detailed how to ensure that people were protected from harm. They were reviewed regularly or when circumstances had changed.

Accidents and incidents were recorded and analysed for trends to see if care plans needed to be adjusted in order to keep the person safe and meet their needs more effectively. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe.

The registered manager told us that each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur. There was also a current business continuity plan in place that showed how the service would continue to operate in the event of an emergency.

There was enough staff on duty to support people and their needs. People told us that there was enough staff. One person said, “Yes, there are enough staff to help us.” Another person discussed how staff supported them to go out and do the things they enjoyed; they felt there was enough staff on duty within the service. A staff member said, “There are enough staff on duty, yes, I think there are.” The registered manager told us, and staff confirmed that they supported staff when this was required. They told us, “I help out and cover shifts when needed, it helps me to understand what staff are going through and what issues there might be.”

The registered manager also confirmed that additional staff would be provided when necessary, for example if a person’s needs changed. The number of staff on duty for each shift was clearly detailed on the rota. Rotas were planned in advance to enable enough staff to be on duty to support people with their chosen activities. We saw the rotas for the past four weeks and the following week which confirmed this.

During the inspection we observed that people had one to one time with staff, that people went to the shops with staff and that staff went to the GP with someone. Our observations confirmed that there was sufficient numbers of staff on duty which ensured that people received safe care.

Is the service safe?

We found safe recruitment practices had been followed. A new member of staff told us they weren't allowed to commence work until two references and their Disclosure and Barring System check had been received. We looked at the recruitment files for two staff and found that relevant checks had been completed to ensure that the applicant was suitable for their role they had started work. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment. This meant people were supported by staff that were safe to work with vulnerable people.

People were supported to take their medication safely. One person said, "I get my tablets when I need them." Another person told us, "I always have my tablets." Staff were only

allowed to administer medicines if they had completed training and competency checks to do so. We observed that people received their medication when they needed it and that staff ensured people did not need any additional medication, for example, 'as required' medication.

We reviewed four people's Medication Administration Record (MAR). All the MARs sheets were accurately completed. Medicines were stored correctly in suitable lockable storage facilities and audited weekly. The service used a blister pack system with printed medication administration records. Medication administration records were recorded when received and when administered or refused. This ensured there was a clear audit trail and enabled the staff to know to be able to reconcile the medication that was kept within the service.

Is the service effective?

Our findings

People told us they thought staff were well trained and understood their roles and how to meet their needs appropriately. One person said, “They know what I need doing and how to do it.” Another person smiled when we asked them if staff had the right skills to support them. A relative told us, “They do know what they are doing, yes.” We observed staff using their training to good effect in supporting people, for example, in managing people’s anxieties.

New staff underwent a period of induction when they commenced employment. They felt that the induction process gave them sufficient time to read people’s care plans, and review policies and procedures and also spend time shadowing more experienced staff. They felt this provided them with the confidence they needed to deliver care independently. The registered manager told us that all new staff had an induction programme that was competency based, and was in line with the requirements of the Care Certificate which sets out the learning outcomes, competencies and standards of behaviour that all staff should achieve. Records showed that all new staff were expected to complete a robust induction programme.

Staff completed a range of training that ensured they were able to carry out their roles and responsibilities appropriately. One staff member said, “We have lots of training, some is e-learning and some is face to face but it is all useful.” Another staff member said, “It gives us the knowledge we need to help people.” The registered manager confirmed that staff received regular training to keep their skills up-to-date. We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, infection control and medication. Staff were also supported to undertake nationally recognised qualifications. The registered manager monitored staff training and reminded staff when refresher training was due which enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff were supported by the registered manager. One staff member told us, “The manager is great.” Another member of staff told us, “We have regular supervisions but we can always ask for help or support whenever we need it.” Records showed that staff received regular supervisions

and an annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Consent was sought from people before they received care. People confirmed that staff always asked them before supporting them with any aspect of their care. Staff told us that they always asked people what they wanted before doing something to ensure they were in agreement.

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 Act 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. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The registered manager told us, and records confirmed that they and staff had received training on the requirements of the MCA.

The registered manager explained they would always liaise with the local authority if they had any concerns about a person’s fluctuating capacity. They were able to explain how decisions would be made in people’s best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person’s needs were met.

We found that applications had been made under the MCA Deprivation of Liberty Safeguards (DoLS) for some people as staff considered that their liberty may have been restricted. These actions showed they understood their responsibilities under DoLS arrangements.

People had sufficient amounts to eat and drink. One person said, “The food here is nice.” Another person said, “We get a choice of what we want.” They went on to tell us how they had a cookery night, where they helped staff to prepare the evening meal. Staff explained that each person had a designated day of the week where they would be involved in the preparation and cooking of the meal if they wanted to be. We saw that menus were planned in advance over a four week period. A different meal was available for

Is the service effective?

people every day but a choice was available if people did not want what was on offer. People had nutritional assessments completed to identify what food and drink they needed to keep them well. Staff monitored people's weight on a regular basis and compiled care plans in respect of nutritional needs if this was required.

People were supported to access other services, such as the local hospital, optician or dentist. One person told us they had been to the doctors on the morning of our inspection with a staff member. Another person said, "They

come with me to appointments, I like that." Staff told us that they always supported people to attend required appointments if this was the person's choice. We found that they were swift to act when people's care needs changed. People had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the dietician, chiropodist and GP. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met.

Is the service caring?

Our findings

People told us they enjoyed living at the service and were happy with the staff that supported them. One person said, “I do like the staff, they help me and look after me.” Another person told us, “They are kind to me, I like that.” When we asked another person if they thought staff were kind and caring, they gave us a huge smile and nodded, to confirm their agreement. A relative told us that they were really happy with the service provided to their loved one. They said, “I don’t know what I would do without it, I cannot fault them, they are great. [Person’s Name] has improved so much since they came here.” We observed that people were relaxed with the staff that supported them and smiled and chatted with staff when they were near them. People often sought out staff to talk about their day or what they wanted to do and staff always responded with a smile and gave them the time they needed to discuss things.

Staff told us they really enjoyed supporting people and had their best interests at heart. One staff member said, “I really do care about them.” We were also told, “We all want them to have the best care they can have, we are really person centred here.” Staff were keen to tell us they all worked hard to ensure people were happy and had a good quality of life. Our observations confirmed that staff had positive relationships with the people they supported. They spoke with people appropriately, using their preferred names and re-enforced their spoken words with non-verbal communication methods when necessary. Many of the staff had worked at the home for some time which had enabled them to build meaningful and caring relationships with the people.

Staff were aware of people’s likes and dislikes and ensured their preferences for support were respected. People’s records included a section which provided information for staff about people’s preferences, their life histories and things that were important to them. We found that this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people’s personal histories and things that were important to each person they supported.

People were encouraged to make choices about their support. One person told us, “I can do what I want to and go where I want.” Another person said, “If I don’t want something then I tell them.” Staff gave people information about their care and support in a manner they could understand. Staff knew people well and understood how to engage them in a meaningful way. We looked at care records and saw that planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into the care plans, to ensure that they remained reflective of the person’s current needs.

Throughout our inspection, we observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and staff took time to ensure they looked nice and were comfortable before they went out. Staff had an understanding of the role they played to make sure dignity and privacy was respected. They knocked on people’s doors before entering their bedrooms and made sure doors were shut during delivery of personal care. Staff promoted dignity in all their interactions with people, using a quiet voice to communicate something when appropriate. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Advocacy services were available to people should these be needed. One person told us how they attended a local advocacy group which discussed a variety of topics at each meeting they attended. The registered manager told us that there was access to an advocacy service if required. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required.

We found that people’s bedrooms had been personalised and decorated with personal possessions which reflected their personal interests and hobbies. People told us they were able to have visitors at any time and we observed this in practice. People had the choice to spend time in the service where they wanted to, using the communal lounge, dining area or snug if they did not want to use their bedrooms.

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences. They were able to make choices about all aspects of their day to day lives. One person told us, “Yes, I get the care I need and that makes me happy.” Another person spoke with us about their daily routine and how staff supported them with this. From our conversations we saw that the care and support was based upon their needs and was person centred. Relatives also confirmed that the care given was appropriate to meet people’s needs. One relative said, “[Person’s Name] gets everything he needs.” They explained how they had been involved in planning people’s care, as well as regularly reviewing it, to ensure care plans were current and reflective of needs.

The registered manager told us that pre-admission assessments of people’s needs had been carried out prior to people being admitted to the service. We discussed how it was important to ensure that any new admissions were right for the service, that their needs could be met whilst also considering the balance of the people already residing at the service to avoid any disruption or distress to either party.

Most people had lived at the service for some years but records confirmed that people or their relatives had been asked for their views about how they wanted their support to be provided. From the individual content of the care records we found that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

Staff told us that care plans enabled them to understand people’s care needs and to deliver them appropriately. One staff member said, “They give us the information we need but we always talk to people so we can get more.” We looked at care plans and saw they contained detailed information about people’s health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people’s health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people’s daily routines.

Staff told us that people’s needs were reviewed and changes were reflected in their care records. The registered manager confirmed that communication with people and their relatives was important, as were their views about people’s needs or any changes. They worked hard to ensure that all records were reflective of specific needs. Regular key worker meetings took place where people would meet with their key worker, a person who knew them well, to discuss any concerns they might have or any changes they wanted in their care. Records confirmed that people received care which met their individual needs because staff worked to ensure that accurate records were maintained.

People told us they led active lives outside of the service. One person discussed how they had been on holiday with a family member and explained how they liked going out each week to a variety of clubs or helping staff to do the shopping. Another person told us about a job they had and explained how they were trying to get another one. This gave them some independence and empowered them. When we arrived at the inspection, another person was going to a day centre for the day and another person went out to meet with a friend for the morning. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. Some people had additional funding, specifically to support them to undertake a range of activities. People were also supported to take part in activities that would give them access to people in the local community and avoid becoming socially isolated, such as going to the local shops and pub. The service ensured that people were supported to undertake activities of their preference.

People were encouraged to contribute to the domestic activities around the home and had devised a schedule for purposeful activities, such as calibrating the food probe or hoovering communal areas. Records showed people were supported to keep their rooms clean. People were supported to retain skills as much as possible to empower them, and enable them to develop skills in the event that they would move on to a more supported living environment.

People and their relatives were provided with information if they needed to make a complaint. One person told us they would speak to any member of staff if they had any concerns at all. The registered manager had processes in

Is the service responsive?

place to deal with complaints in a timely manner and the records we reviewed supported this. They also told us they used complaints received to drive future improvements at the service. We saw there was an effective complaints system in place that enabled improvements to be made. The complaints log showed complaints were responded to appropriately and in accordance with the provider process. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

The registered manager sought people's feedback and took action to address issues raised by conducting annual surveys with people, relatives, staff and other professionals. We saw that previous results had been analysed and

actions taken. We saw from a recent satisfaction questionnaire that relatives of people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the home. We were told that the results were due to be analysed, with the outcome and any action plan, to be placed in communal areas of the service for all to see.

There were regular meetings for people who lived at the home. We saw copies of the minutes and saw that these were as meaningful as staff could make them in order for people to input into the service. For example, they were based upon aspects of daily living that were of importance to people, including menu choices and activities.

Is the service well-led?

Our findings

People and relatives were positive about the staff, and the impact the registered manager had on the service. People knew who the registered manager was and greeted her with smiles and were relaxed in her presence. During our inspection we observed the registered manager chatting with staff, and people who used the service. It was obvious from our observations that the relationship between them was open and respectful.

Staff said that there was an open culture within the service which had been fostered by the registered manager. One staff member said of the registered manager, “She is the best manager I have ever worked with, really organised and so accessible and approachable.” People and staff told us that they could speak with the registered manager about anything and they would always be listened to and their suggestions would be acted on where possible. People and staff were empowered and had developed trusting and mutually beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

The culture of the service was based on a set of values which related to promoting people’s independence, and providing the care and support they needed in a way that maintained their dignity. Staff were clear about how they provided support which met people’s needs and maintained their independence and we observed this during our inspection. There was a real commitment from the registered manager and staff to ensure that the people who used the service lived their lives as part of their local community and in a way in which they wanted to.

We found that there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns that had arisen, training and

development and ideas in respect of service improvement. Meetings were an opportunity to raise ideas and staff told us their opinions were listened to and ideas and suggestions taken into account when planning people’s care and support. Staff also that communication was good and they could influence the running of the service.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed

to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Policies and procedures for the effective management of the home were in place. These included management of medicines, whistle blowing, safeguarding vulnerable adults, health and safety, confidentiality and infection control. The policies were reviewed yearly to ensure they were up to date and provided staff with the correct information.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

We found the registered manager was proactive in monitoring people’s needs and the quality of service provision and responded in a timely manner when these areas required additional input. The registered manager worked with people, supporting them and delivering personal care on a regular basis as this enabled them to understand people’s needs and develop an understanding of any issues which staff might encounter. The registered manager also operated a ‘hands on’ approach and monitored the quality of the care provided by staff whilst assisting them. In addition spot checks were carried out to ensure the level of service provided at these times remained good.

Is the service well-led?

The registered manager told us that frequent audits had been completed and records confirmed that audits had been completed in areas, such as infection prevention and control, medicines administration and fire safety. Where action was required to be taken, it was so as to improve the

service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.