Consensus Support Services Limited

Consensus Support Services Limited - 121 Station Road

Inspection report

121 Station Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 4 and 6 April 2018 and was unannounced. We had previously inspected this service in April 2016, at that inspection the service was rated 'Good'. We found that at this inspection the service had deteriorated in some areas and have rated it as overall 'Requires Improvement.'

121 Station Road is registered to accommodate 11 people with learning disabilities and complex needs; at the time of our inspection, there were nine people living in the home. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There had been two changes in registered manager since the last inspection and since August 2017 there had been no registered manager. At the time of the inspection, there was a registered manager from another of the provider's services who was overseeing the service; an application to vary the registration of another of the providers registered managers was in progress to become the registered manager at 121 Station road. However, the person was not available to take up the post at the time of the inspection.

The lack of a consistent manager had affected the stability of the service. Staffing levels were not consistently maintained, which meant that there was not always sufficient staff to provide support outside of providing for people's basic care needs. This had affected the opportunities for people to undertake individual meaningful activities.

Staff training and supervision was not up to date and systems to monitor and audit the service had not consistently been maintained. The management of staff leave had left it difficult at times to provide sufficient cover.

People received care from staff that knew them well and were kind, compassionate and respectful. Positive therapeutic relationships had been formed and staff understood people's different ways of communication.

People's needs were assessed prior to coming to the home and detailed person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk.

There were appropriate recruitment processes in place and relatives were confident that their loved ones were safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and

knew how to respond if they had any concerns.

People and their families were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day-to-day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their family member received and felt that they could approach management and staff to discuss any issues or concerns they had.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not always sufficient staff deployed to me the holistic needs of people.

There were safe recruitment practices in place and staff understood their responsibilities to keep people safe.

People received their medicines safely.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were not always available and undertaken as there was not always sufficient staff to support people individually.

Care plans were detailed and gave staff sufficient information to meet the needs of people.

People and their families knew how to make a complaint and information about raising concerns was readily available.

Is the service well-led?

Requires Improvement

The service was not always well-led

There was no registered manager and there had been a number of managers since the last inspection which had affected the stability of the management of the service

Systems in place to monitor and audit the service had not been consistently maintained.

Families and staff were given opportunities to feedback their experiences of the service and did feel listened to.	

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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 checked 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 unannounced inspection took place on 4 and 6 April 2018. The inspection team comprised of an inspector, an assistant inspector and a specialist nurse advisor.

Before 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. The provider completed and returned the PIR in September 2017 and we considered this when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who funded people to live there and monitored the service.

During our inspection, we spoke with two people and spent time observing the people living in the home to help us understand the experience of people who could not talk to us. We also spoke to seven members of staff, which included two nurses, a team leader, two support workers, a domestic and the acting manager. We spoke to a visitor who regularly provided therapeutic support to people and contacted two relatives.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running and quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in April 2016, we rated 'safe' as good, however, at this inspection we found that there were areas, which had deteriorated and needed to be improved.

Staffing levels were not always being consistently maintained to ensure that people received care timely and safely. We saw that people's basic care needs were being met but that the staff were stretched to meet people's needs outside of providing basic care.

On the day of the inspection, we found that there was a nurse, team leader and two support workers on duty, according to the rota there should have been four support workers. We spoke to the acting manager who confirmed that the staffing levels were set using a dependency tool which meant currently there should be a nurse, a team leader and four support workers throughout the day and a nurse plus two support workers at night. A review of the rotas over the last month identified that there were several occasions when staffing levels were not at the agreed level.

One person told us that they were not always able to go out because there was not enough staff to take them; they said, "I get bored as I can't go out, as at times, they are short of staff." Relatives and staff also told us that there was not always the required number of staff. One relative described an occasion when they were visiting and had been left in a communal area with several people who lived at the home for several minutes. They noted that they saw no staff in this area whilst they waited, as they were supporting someone in their room.

The acting manager explained that they had experienced difficulties in covering the rotas recently due to the way in which annual leave had been managed over the last 12 months; several staff needed to take leave before the end of the leave year, and staff with suitable knowledge and experience were not always available to cover. The acting manager and provider were trying to address this. Following our conversation with the acting manager they ensured that there were sufficient staff deployed on the day of the inspection. The provider needed to ensure that there was always sufficient staff to meet people's holistic needs.

There were regular health and safety audits in place; however, these were not always carried out consistently. Fire alarm tests had not been recorded each week and water temperature checks had not been recorded since November 2017. The acting manager said they would ensure that all checks were undertaken and recorded.

We received feedback from relatives that the home was not always kept as clean as it should be and that they had raised this with the staff, who had tried to address the issue. We found, on the day of the inspection, the home was clean and free from any unpleasant odours. Hoist slings were clean, odour free and were kept in each person's room to ensure the correct size sling was used for each person and to prevent any cross infection. The staff wore protective clothing when required and there was information around the home for people, staff and visitors in relation to infection control. The provider had systems in place to monitor the cleanliness of the home and all staff received regular training in relation to infection

control.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

Each person had a personal evacuation plan in place. Equipment used to support people, such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The provider ensured that the information around falls and accidents/incidents was collated on a monthly basis and took action as appropriate.

People looked relaxed and calm around staff. Relatives told us that they felt their loved one was cared for safely. One relative said, "I would know if something was not right; I am happy [name of relative] is cared for safely."

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us "If I saw anything I would report it, I never have so far." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team was readily available to staff. The service had contacted the local safeguarding team when any concerns had been raised. Where the local authority had requested investigations to be undertaken these had been done so in a timely matter. Any lessons learnt had been recorded and shared with staff.

We were made aware on the day of the inspection that a safeguarding had recently been raised by another service; the local safeguarding team had requested that the provider investigate the concern and report back to them and the Care Quality Commission (CQC). The acting manager was in the process of investigating and had completed the required notification for CQC.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided, for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. The information recorded for each person was kept up to date which helped the nurses and manager to monitor people's general health and well-being and keep them safe.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. Medicine records provided staff with information about a person's medicines and how they preferred to take them. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used.

People's medicine was stored securely in a locked cabinet in their room. Staff competencies to administer medicines were tested on a regular basis and audits of the medicines undertaken. If any issues were identified, they were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did, they could be rectified. There was a system in place to safely dispose of any unused medicines and all controlled drugs were appropriately recorded and monitored.

Good

Is the service effective?

Our findings

At the last inspection in April 2016, we rated 'effective' as good, at this inspection we found that 'effective' continued to be rated as good. .

People's needs were assessed prior to them moving into 121 Station Road to ensure that the service was able to meet their care and support needs. Particular attention was also paid to the compatibility of the people living in the home. At the time of the inspection, some of the people had lived together for several years. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people. Any person new to the home would visit first and spend time there to see how they liked it. At the time of the inspection the provider was in the process of assessing a new person, staff had been to meet with them and training had been identified for staff to ensure they had the skills and understanding to meet the individual's needs.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We saw that there were various aids, such as picture boards available to enable those people who were unable to communicate verbally to communicate their preferences, likes and dislikes. We heard staff asking people what they would like to eat and encourage one person to spend time in the kitchen whilst their food was being prepared. Detailed assessments had been conducted to determine people's ability to make specific decisions.

People's care and support was provided in line with relevant legislation 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 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 decisions 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The acting manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and that when an authorisation had been granted the provider ensured staff were aware of any conditions within the authorisations. A record was kept to identify when a DoLs authorisation expired.

Best interest decisions were recorded in care plans where people were unable to consent to any aspect of their care. Relatives told us that they were involved in the development and review of their loved one's care plan.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around

current legislation and The British Institute for Learning Disabilities (BILD) best practice guidance and training. Service specific training had been identified to support people's individual needs such as training in epilepsy awareness, conflict management and positive behavioural support awareness.

All new staff undertook an induction programme; staff were encouraged to take relevant qualifications. One member of staff said, "The induction was very good; I shadowed staff for over two weeks until I felt confident and completed lots of training such as manual handling, First Aid, medicine competency and epilepsy awareness. I am in the process of completing the Care Certificate." We saw from staff training records that training such as manual handling; infection control and safeguarding were regularly refreshed, although there were some staff that had yet to complete their refresher training. The provider was aware of this and plans were in place to ensure all staff training was up to date.

Staff received supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development; however, the provider needed to ensure that supervisions were planned within the timescales laid down within their supervision policy.

Staff said they were well supported and encouraged to do more training.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietitian and speech and language therapist had been made when required and their advice followed. People were involved in deciding what meals they had each day and were encouraged to help to prepare them.

People had regular access to healthcare professionals and staff sought support from health professionals when needed. A relative said, "The staff pick up very quickly if [relative] is not well, they seek advice and keep me informed."

121 Station Road was a detached house, which had been modified to meet people's individual needs. People had been encouraged to personalise their bedrooms and there was an on-going programme of maintenance. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it.

Good

Is the service caring?

Our findings

At the last inspection in April 2016, we rated 'caring' as good. At this inspection we found that 'caring' continued to be rated as good.

People had developed positive relationships with staff and were treated with kindness and respect. We observed good interactions between the people and staff. One relative said, "The care is excellent." Another relative said, "I am very happy with the way [relative] is cared for.

We observed that staff knew people well and there was good communication with people. People were relaxed in the company of staff.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person said, "The staff are kind, they help me choose my clothes." People were able to get up and go to bed when they liked. People were encouraged to maintain their relationships; families and friends were welcomed at any time. Relatives told us that they could visit at any time and were always made to feel welcome. People were supported to visit their relatives as often as they wished.

People's individuality was respected. Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People were supported by staff to maintain their
personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

There was information available which explained what was most important to people, 'My perfect week.' We saw that the staff had taken into account the information when they were supporting and helping people to make choices for themselves. For example, we saw that one person enjoyed colouring, which was reflected in their care plan.

People were treated with dignity and respect. A relative said, "I asked that [relative] was only looked after by female carers when it came to personal care, this has always been respected as far as I know."

Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed. We saw that staff knocked on people's doors before they entered and people were able to keep their doors shut if they wanted to.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The acting manager had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in April 2016, we rated 'responsive' as good, we found at this inspection that there were areas, which had deteriorated and needed to improve.

We observed that the staff had limited opportunity outside of providing basic care needs to spend time with people individually. Some of the people living at 121 Station Road had very complex needs and needed individual support to provide them with stimulation and meaningful activities. We saw that activities were planned for individuals but these could not always be undertaken due to the level of staff available.

One person said they were bored at times; they wanted to be able to go out more. We observed people left for long periods without any interaction with staff or any activities to undertake. One relative said, "They do a lot of things with people, but they don't [people living in the home] get out as much as they did." We saw that a Masseur visited each week, a number of people had benefitted from having regular massages, and that people did go out shopping, visiting local parks and enjoyed meals out at local Pubs and cafes.

We read in recent minutes of a staff meeting that it had been recognised not enough activities were taking place for people and that a small group of staff were to be responsible for planning activities. The provider needed to ensure that there was sufficient numbers of staff deployed to support people on a daily basis to undertake the activities they wished to do.

People's needs were assessed before they came to live at 121 Station Road to ensure that all their individual needs could be met. People and their families were encouraged to visit the home before making the decision as to whether to live there. Careful consideration was given as to the mix of people's abilities and needs to ensure that they were compatible with the people already living in the home. We saw the pre-admission information was used to develop a person centred care plan, which detailed what care, and support people needed and their likes and preferences.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. The care plans were reviewed every three months or more often if things changed. A relative told us, "They [the staff]plan the review meeting around me and the social worker so that we all can attend; I feel I am listened to and can get my point across."

Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. For example, staff supported one person to use their IPad to enable them to keep in touch with their boyfriend. Another person liked to use their computer so staff ensured they had time in their room to do this.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position

regularly. We saw that adjustable levels of the pressure relieving mattresses were set to the needs of each person. Records kept detailed when they had been moved or repositioned, what people had drunk and what personal care needs had been undertaken.

The service was sensitive towards the needs of people in relation to end of life care. The acting manager told us that they were looking at training for staff in relation to end of life care. It was recognised with the complexity of people's needs and capacity of people that at the appropriate time, families and relevant health professionals and advocates would be in involved to support people to express their wishes and ensure decisions were made in their best interests.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. A relative said, "They [The staff] do try to address things if there are any problems, for example when [Name of relative] clothes were damaged from going into the dryer we have now agreed none of their clothes go into the dryer." We saw that where complaints had been raised they had been responded to promptly and relevant advice sought to resolve things and action plans were in place to address any learning.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in April 2016 'well-led' was rated as requires improvement because improvements to the quality monitoring system were needed to ensure that care plans were up to date and contained relevant information. We found at this inspection, that although the information in care plans was now up to date and relevant, there were other areas of 'well-led' that had deteriorated and required improvement.

There was no registered manager in post at the time of this inspection, although there was an active application for one of the provider's existing registered managers' to transfer to 121 Station Road. However, the manager was currently absent and another manager was overseeing the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Following the last inspection there had been no registered manager since September 2016. There had been a number of manager's in post, none of whom had completed the process of applying to become the registered manager. This had affected the stability of the home. Staff felt uncertain of what the expectations on them were and the systems in place to audit and monitor the service had not been consistently maintained. Staff supervision had not been undertaken as regularly as it should have been and staff training was not all up to date. The management of staff leave had left the service struggling to maintain staffing levels whilst staff endeavoured to take their leave before the end of the leave year.

The acting manager told us that they had begun to address issues around staff supervision and training. Team leaders had undertaken training to enable them to take responsibility for some of the staff supervisions and training was being planned to ensure everyone was up to date with their training. Staff meetings had recently been held which had enabled the staff to express their concerns and suggestions. The expectation was that the new manager would address the management of annual leave and would ensure that audits were undertaken more regularly.

Staff said they felt supported and that the managers had been approachable but were all looking forward to the return of the new manager to bring some stability to the home. Relatives also commented that there had been a number of different managers and expressed their concern that without a consistent manager they worried about the manager not knowing their loved one well.

There was an open and transparent culture. People, staff and families were asked for their feedback through surveys and care reviews. The provider kept everyone informed about how the service was developing. The provider ensured that any learning from complaints or experiences was shared across the organisation.

There were policies and procedures in place in relation to Equality and Diversity, 'Whistleblowing' and Safeguarding, which all the staff had access to. The provider understood their responsibilities in relation to supporting a diverse staff team. They ensured that staff and people were treated equally to ensure they had

the same opportunities as each other.

The provider ensured that staff were kept up to date with what was going on across the organisation and enabled staff to feedback their suggestions, ideas and concerns. Staff received a monthly newsletter 'In Focus' which informed staff about issues that may have been raised, trends around accidents and incidents and how the organisation was compliant in relation to standards set. There was an internal website with information about best practice.

We saw that 'Quality Checkers' (people with lived experiences of care services) had spent time at the home. Their role is to review whether the home was meeting the needs of the people and that people had choices and as much control of their lives as possible. They concluded that 121 Station Road was a nice home but it would be nice if it had a permanent manager.

Commissioners from the Local Authority and Clinical Commissioners gave positive feedback about the service. The Local Authority had recently found areas around the service that needed improving, such as the need to ensure people who had one to one hours were getting that time and that this was recorded. The acting manager had completed an action plan and addressed the concerns raised. Working in partnership with other agencies that commissioned services and local authority safeguarding and community health teams, ensured that people received a joined up approach to their care and support.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.