

Consensus (2013) Limited

Wallace Crescent

Inspection report

83 Wallace Crescent
Carshalton
Surrey
SM5 3SU

Tel: 02086695767
Website: 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 ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 2 May 2017. This was the first inspection of the service under this provider. The provider registered this service with the Care Quality Commission on 23 August 2016. The service was previously registered under a different provider. You can read our inspection reports for Wallace Crescent under the previous provider by selecting the 'all reports' link for 'Wallace Crescent' on our website at www.cqc.org.uk.

Wallace Crescent provides self-contained accommodation and support for up to eight people with learning disabilities and/or autism, and mental health needs. At the time of our inspection six people were using the service.

The previous registered manager left the service in March 2017. A new manager had been appointed and they had begun their application to become registered. 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.

Under the previous provider the service was rated 'good'. At this inspection we found the service continued to be rated 'good' for all five key questions.

Staff were aware of their responsibilities to safeguard people from harm and supported people to understand the risks to their safety and welfare. Staff regularly assessed the risks to people's safety and management plans were developed to minimise the risk. There were sufficient staff to keep people safe and ensure they received the level of support they required, at the service and in the community. Safe recruitment practices were in place to ensure suitable staff were in post. Medicines were managed safely and people received their medicines as prescribed.

There were a range of training courses available to ensure staff had the knowledge and skills to undertake their duties. Staff understood their responsibilities under the Mental Capacity Act 2005 and only deprived people of their liberty when legally authorised to do so and when it was in their best interests. Staff provided people with information about maintaining a balanced diet and ensure they ate sufficient amounts. Staff liaised with healthcare professionals as required to ensure people's health needs were met.

Staff were knowledgeable about the people they were supporting and what was important to them. They engaged people in a kind and friendly manner. Staff were aware of people's communication methods and ensured their requests were understood. People were encouraged to make choices and day to day decisions. Staff maintained people's privacy and dignity.

People received the support they required. Detailed care records were in place to inform staff about how to meet people's needs and the level of support they required. This included information about people's

preferences for how they were supported and what was important to them. Staff encouraged people to learn new skills and maintain their independence. Staff also supported people to work towards the goals they wanted to achieve whilst at the service. There were processes in place to manage any complaints they arose.

Staff felt well supported by the new manager in post. There were processes in place for staff to discuss service delivery and learn from each other about how best to support individuals. There were open and honest conversations amongst staff to reflect on service delivery. Systems were in place to review the quality of the service and where improvements were required these were made in a timely manner. The manager adhered to the requirements of the service's registration with the Care Quality Commission, including submitting statutory notifications.

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. There were sufficient staff to keep people safe and ensure they received the level of support they required. Staff were aware of the risks to people's safety and safeguarded people from harm. Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. People received support from staff that had the knowledge and skills to undertake their roles. Staff supported people in line with the Mental Capacity Act 2005. Staff ensured people received sufficient amounts to eat and supported them to have their health needs met.

Is the service caring?

Good ●

The service was caring. Staff supported people in a kind and friendly manner. Staff were aware of people's communication methods and supported them in a way they understood. Staff encouraged people to make choices about their care and how they spent their time. Staff maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People received the level of support they required with their personal care, activities of daily living and emotional support. Staff encouraged people to develop their skills and independence. Processes were in place to record, investigate and manage complaints.

Is the service well-led?

Good ●

The service was well-led. There was clear leadership at the service, with close team working amongst the staff. Staff had open and honest conversations to improve service delivery. In addition, checks were undertaken to review the quality of the service and improvements were made in a timely manner.

Wallace Crescent

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.

We undertook an unannounced inspection on 2 May 2017. This inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service including the details obtained during registration of the service and from the statutory notifications received. These are notifications about key events that occur at the service which the registered persons are legally required to submit to us.

During the inspection we spoke to one person. Other people using the service were either busy out in the community or were unable to verbally communicate with us. We observed staff interacting with people using the service. We spoke with six staff, including the new manager and the head of strategy and operations. We reviewed three people's care records, arrangements to manage people's finances and medicines, two staff records and records relating to the management of the service. After the inspection we received feedback from one person's relative.

Is the service safe?

Our findings

Staff were aware of their responsibility to safeguard people from harm. Information was included in people's records about any risks to their safety, including their vulnerability and the risk of exploitation especially when in the community. Staff supported people to manage those risks and reduce the risk of harm. Staff spent time discussing with people how they could safeguard themselves, particularly in regards to the risk of financial abuse.

When staff had concerns about a person's safety they reported this to their manager. The manager liaised with the police and the local authority safeguarding team, when appropriate, to protect people from any further harm.

Risks to people's safety and welfare were assessed and reviewed regularly at least monthly or more frequently in line with any changes in their health or behaviour. Staff worked with people to discuss and help them understand the risks to their safety. The senior management team told us they were working towards taking more risks in order to support people to develop their skills and become more independent. Staff supported people to understand the risks at the service, including use of kitchens and hot water, as well as risks in the community, including road awareness and financial vulnerability. Staff were also aware of the risks people posed to themselves including the risk of self-neglect and the risk they posed to others, including strangers in the community. Staff supported people to keep themselves and others safe.

Staff were aware of the importance of recording all incidents that occurred. Staff had been specifically trained to respond to aggressive behaviour and behaviour that challenged. As well as completing incident records, staff also completed ABC charts. An ABC chart is an observational tool that allows staff to record information about a particular behaviour. These charts record the trigger, the behaviour and the consequence. The manager reviewed the incidents that occurred and identified any trends that could be learnt from these.

There were sufficient staff to meet people's needs. Staff were allocated to support individuals on each shift. The staffing rota ensured people received their allocated hours of support. Staffing levels enabled people to have their independence, but also receive the level of support they required to keep them safe and maintain their welfare.

The provider was in the process of recruiting additional staff to prepare for two more people moving to the service. We checked the recruitment processes for newly appointed staff. Safe recruitment practices were followed including ensuring staff had relevant experience and qualifications, obtaining references from previous employers, undertaking criminal records checks and checking people's identity and eligibility to work in the UK.

People received their medicines as prescribed. Medicines were stored securely. The majority of records were accurately maintained about the medicines administered, this included in relation to topical creams and for medicines administered whilst people were on social leave. We identified two missed signatures on

medicines administration records (MARs). The manager said they would follow up these errors and address any training needs with the individuals involved. We saw accurate stocks of medicines were maintained and staff undertook stock checks daily. Staff supported people to attend appointments to have their medicines reviewed. Instructions were provided to staff about administering 'when required' medicines. We saw one person did not have a protocol in place for one of their 'when required' medicines which had been recently prescribed following a medicines review. The manager told us they would ensure this was put in place. Records were kept about the use of 'when required' medicines and the manager told us the number of 'when required' medicines used had reduced meaning less reliance on medicines to support people when displaying behaviour that challenged staff and others.

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. A range of training courses were provided to staff. One staff member told us, "Training is always available." This included training the provider considered mandatory for all their staff to complete as well as training specific to the staff at this service in order to meet the needs of the people living there. We saw staff had completed training in topics including health and safety, food hygiene, safeguarding adults, medicines awareness, diversity and equality and deprivation of liberty safeguards. Staff had also completed training on learning disabilities, autism, mental health awareness, epilepsy and diabetes. A relative told us, their family member benefitted from "A stable core staff [team] who are continually learning and developing how to provide the best care for [their family member]."

A system was in place to track staff's compliance with the provider's training requirements. Information was passed to the registered manager about which staff were due to refresh their skills and knowledge so they could book them onto the relevant courses. We saw annual competency tests were undertaken to ensure staff retained their skills, for example in regards to medicines administration and management.

Staff were due to receive supervision every six to eight weeks to review their performance, discuss any concerns or worries staff had and review their training needs. With the recent change in management there had been a gap in staff receiving supervision in line with the provider's schedule. However, the manager was in the process of arranging supervision sessions and staff reported feeling well supported by their manager.

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.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were knowledgeable about and adhered to the MCA. Information was included in people's care records about their capacity to make decisions and where they required support. Staff were reminded that people should be supported to make their own decisions and to understand the risks and benefits associated with their choices. Where people did not have the capacity to consent, for example in relation to the medicines prescribed, best interests' decisions were made on the person's behalf by the staff in liaison with the healthcare professionals involved in their care and family members when appropriate.

Staff were aware to only deprive a person of their liberty when legally authorised to do so. The manager had applied to the local authority to have people's capacity and the restrictions in place assessed under DoLS to

ensure these were appropriate and in the person's best interest. The manager informed us they understood the importance of regularly reviewing the restrictions in place, for example access to kitchen areas, as individual's skills and knowledge changed to ensure they were not unnecessarily restricted from areas at the service. When people did not need to be restricted and deprived of their liberty they were provided with a fob for the front door so they could leave the service as and when they wanted to.

Staff supported people to maintain a balanced diet. People were able to choose what they wanted to eat at each meal and whether they wanted to eat at the service or out in the community. Staff provided them with information about healthy eating and the benefits of maintaining a balanced diet so they were able to make an informed decision about what they wanted to eat. Staff maintained records about what people ate to ensure they were eating sufficient amounts for their needs. Staff also weighed a person each month to track their weight and provided them with any support they required to either gain or lose weight.

People received ongoing support with their health needs. Staff supported people to register with community healthcare professionals, including a GP and dentist. Staff accompanied people to healthcare appointments when required, for example if a person needed support understanding information provided or retaining the advice provided by healthcare professionals. Staff also supported people to access specialist healthcare services in line with their needs. This included community mental health teams, community learning disability teams and ongoing support from psychologists. Care records were in place in regards to people's health needs and any specific diagnoses they had. People also had health action plans in place to help outline and manage their health support needs. The relative we spoke with was very grateful for the support staff provided their family member with any healthcare needs. They said, "The support that staff provided during and after [healthcare treatment] was above and beyond expectation; it was truly heart melting. Staff are very quick to pick up on when [their family member] is not well and follow this up with GP visits, dental checks."

Is the service caring?

Our findings

A relative told us, "The staff are very caring and friendly and everyone seem to genuinely care for [their family member]." They also said they appreciated staff giving them regular updates and sending photographs of their family member enjoying themselves.

We observed people being comfortable and relaxed around staff. Staff were knowledgeable about the people they were supporting. This included being aware of people's personalities, what was important to them and what caused people concern and upset. Staff cared for people and spent time with them. We observed staff spending extra time with people when they were upset or anxious, and gave them time and space to talk about what was upsetting them.

Some people at the service had limited verbal communication. Staff were aware of these people's communication methods. They were aware of what the person meant from the few words they spoke and understood what the person was communicating through their body language and gestures. Staff spoke to people in a way they understood and we observed staff having friendly conversations with people. Staff provided us with detailed information about how to interact with people, who to give space to and let approach us, and what topics of conversations may upset or distress a person. Information was also included in people's care records, for those that were not able to easily verbally communicate, about how they indicated if they were in pain so that staff could provide any additional support required.

People were given a choice about how they spent their day and staff were available to provide them with any support they required. People were also offered choice about which staff supported them in certain circumstances. For example, at the time of our inspection some people were busy planning their summer holiday and they had expressed which staff they would like to accompany them on their holiday.

Staff asked people to complete preference forms at regular intervals. These forms asked people if they had a preference for who was their key worker, what preferences they had in regards to their daily routine, whether they wanted support with any cultural or religious wishes, and whether they wanted to be involved in any service user meetings.

People had their own flat and those that required support with their personal care received this in the privacy of their flat. Staff were aware of the importance of maintaining people's confidentiality and were aware of what information they were to keep confidential and in what circumstances information may be shared with others.

Is the service responsive?

Our findings

One staff member told us, "It [Wallace Crescent] is a good place to be." The staff we spoke with told us they liked working at Wallace Crescent because of the satisfaction and enjoyment they received from working with the people living there. A relative said, "[Their family member] is growing in maturity and developing so many life skills."

People received the support they required and the level of support provided was in line with individual's needs. Clear, detailed and comprehensive records were kept on the people using the service. This included their life history, their preferences and their support needs. Support plans were developed for people's individual needs, including in relation to personal care, social support and support required with activities of daily living. Detailed information was included about people's preferred routines, particularly for some of the people with autism who liked things to be in a particular manner, down to the number and colour of towels they liked there to be in their bathroom.

Staff supported people with their emotional and psychological needs. Staff worked with one person's psychologist and implemented the advice and guidance provided. This included spending time with the person going through some reference work they were provided with to help calm them and process their thoughts. The manager told us another person had a crisis plan available, developed by the community mental health team, but by having a clear and targeted support plan the person had not reached crisis point and had not required admission to an inpatient mental health unit. Staff told us other people at the service no longer needed the use of as many restraints, for example, when travelling by car, to ensure their safety because they had relaxed around the staff and were more open and accepting to the support provided.

People were allocated a 'key worker'. This is a member of staff dedicated to lead on their care and provide them with regular one to one sessions. During these sessions staff encouraged the person to speak about how they were feeling, reflect on what they had achieved in the last month and any additional support they wanted to receive or goals they wanted to achieve.

Staff supported people to develop new skills and become more independent. The majority of people using the service were engaged in either college courses, voluntary work placements or paid work. Staff accompanied those that needed it to these placements and courses. We saw that people's care records included key goals and aims that people wished to achieve. The level and ambition of the goals set were determined by people's abilities. Some of the goals we saw in people's records were developing more meal preparation skills, learning budgeting and financial skills, and moving into a preferred career.

Many of the people using the service engaged in a range of activities. This included activities arranged by staff at the home as well as engaging in the community. A relative told us, "[Their family member] does a lot of community activities that [they] enjoy such as cycling, car drives, shopping, long walks and coming to visit us."

The complaints process was available in an easy read format to help people understand how to raise any

concerns or complaints they had. A system was in place to manage and respond to complaints. Records were kept of all complaints received. These were reviewed, investigated and dealt with appropriately. Where possible, complaints were resolved to the satisfaction of the complainant. The manager analysed complaints on a monthly basis and kept a log of key information to identify any trends and what lessons could be learnt.

Is the service well-led?

Our findings

Comments we received from staff about the manager included, "I think she's great," "She has a lot of respect for [the people using the service] and staff," and "She's got that caring attitude and she's committed."

There had been a recent change in the management of the service. However, the feedback we received from staff and the provider's senior management team was that the new manager was very competent and provided clear leadership and management of the service. They reflected the provider's values and ensured people's needs, wishes and preferences were at the centre of service delivery.

There were regular staff meetings to reflect on service delivery. We saw standing agenda items included reflecting on any safeguarding concerns and complaints, reviewing incidents and health and safety concerns, discussing any staffing concerns and reviewing training compliance. The meetings also had time for an open discussion to reflect on good practice and what worked well when supporting individuals.

All of the staff we spoke with reflected that one of the strengths of the service was the strong cohesive team work amongst the staff. They worked well together and felt comfortable challenging each other, if they felt it would benefit the people using the service and the way staff interacted with them. One member of the senior management team told us, support staff had advised them of how to interact with people at the service and they appreciated the confidence of the staff to do this as it benefitted both the senior staff member and the people using the service, by making sure that all staff used appropriate language that people understood and did not cause any unnecessary upset or confusion.

The provider was open to receive feedback from people, their relatives, staff and other healthcare professionals about the service and used this information to improve service performance if required. We saw that satisfaction surveys were sent out for people and staff to complete, as well as invitations to meetings. We saw the management team often received compliments about the performance of their staff and the support provided to people. We saw one comment from a healthcare professional included, "I was very impressed at how open staff were able to be about some very sensitive issues...They showed themselves to be a very dedicated staff team."

From discussions with staff and the management team it was clear that there was a drive for continuous improvement. This continuous improvement was also echoed by comments we received from a relative. They told us, "Staff offer a managed risk taking approach, always pushing the boundaries for [their family member] and as such the service is self- learning and therefore always improving."

They were systems and processes in place to review the quality of service delivery and they welcomed feedback on how to further improve the service. Where improvements were required these were actioned in a timely manner. The manager undertook a weekly compliance report which reviewed all areas of service delivery and reported on key performance data. This information was submitted via the provider's electronic management system and was available for all senior managers to view so they could also reflect on service performance. In addition, the operations manager visited monthly to undertake a quality review as well as

an annual in-depth review of service delivery by the provider's governance team. The provider's clinical risk committee met quarterly to review any significant concerns. Where required these were escalated to the provider's board members so all staff were aware of any immediate improvements required and any significant risk.

The manager was aware of the requirement to notify the Care Quality Commission about any significant events that occurred at the service or involved the people using the service, and we saw that they had adhered to this requirement. This enabled us to follow up on any significant event as and when the risk occurred to ensure people's safety.