

Consensus Support Services Limited

Brighton Road

Inspection report

47-49 Brighton Road
Purley
Surrey
CR8 2LR

Tel: 02086604078
Website: www.consensusupport.com

Date of inspection visit:
04 August 2017
07 August 2017

Date of publication:
06 September 2017

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

Brighton Road is a residential care service that provides accommodation for up to 15 individuals with a range of needs including mild to moderate learning disabilities. Accommodation is provided over three floors with two lounges and a dining room on the ground floor with access to the rear garden. At the time of our inspection 10 people were using the service.

At our last inspection in July 2015 the service was rated as good. At this inspection we found the service continued to meet the regulations and fundamental standards and remained good.

Information was available to people to explain what they should do if they felt unhappy or did not feel safe. Staff were aware what to do in these situations and had received appropriate training to help keep people safe.

Staff discussed risk in the home and in the community with people so together they could look at how to reduce risk but still encourage people's independence. Staff we spoke with had a good knowledge of people's achievements and worked hard to continually encourage and support people to achieve their goals and aspirations.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough staff to support people to live a full, active and independent life as possible at Brighton Road and in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. Staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful and encouraged people to follow their own activities and interests.

People were supported to keep healthy and well. They were supported to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

Care records focused on people as individuals and gave clear information to people and staff. People were encouraged to make decisions about their care and support needs. These were reviewed with them regularly by staff.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received and look at ways to continually improve the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Brighton Road

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.

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. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 4 and 7 August 2017 and was unannounced.

The inspection was carried out by one inspector. We spoke with six people who used the service, four members of staff and the registered manager and the interim service manager. We conducted observations throughout the inspection. We looked at four people's care records and three staff records. We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records.

After the inspection we spoke with three relatives of people who used the service to obtain their views about the care provided.

Is the service safe?

Our findings

People told us they were happy living at Brighton Road, they told us about the things that were important to them and what they wanted to do. We observed people and noted they approached staff without hesitation and were comfortable in staff company. Relatives told us they were happy with the care their relatives received and were confident people were safe. One relative told us, "The home is a blessing, it's a weight off our minds knowing [my relative] is happy and safe."

We observed people were happy and relaxed during our inspection. People openly spoke to staff about how they felt and if they were happy or unhappy. Staff we spoke with knew what to do if safeguarding concerns were raised and had received safeguarding training. There were procedures for ensuring allegations of abuse or concerns about people's safety were properly reported. Staff told us they would use the provider's whistleblowing reporting line if they felt they needed to report their concerns anonymously or were uncomfortable speaking with their manager. Information was available for people in a clear pictorial and easy read format. This explained what people needed to do if they were unhappy or felt unsafe and who they should speak with.

Risk assessments were in place to help keep people safe but also to promote their independence both at the service and in the community. Staff we spoke with understood people's individual risk needs and how to best support them. For example, one staff member explained how they encouraged one person to access the community and encourage independence while still keeping the person safe. When people's needs had changed, their risk assessments were updated accordingly.

The provider's recruitment process helped protect people from the risk of unsuitable staff. Staff files contained evidence of all the required checks. People's needs were met in a timely manner as there were sufficient staff to support them. Staff allocation records showed that staff support was planned flexibly to accommodate outings, holidays and healthcare appointments. During our inspection staff were always visible and on hand to meet people's needs and requests.

An emergency 24 hour on call system was in place so staff were able to access advice and assistance if the registered manager was not available. Health and safety and fire checks were routinely carried out at the premises and people using the service were encouraged to be involved in these checks and be aware of safety issues around their home. We observed one person helping staff with a fire alarm check during our inspection, they explained why the checks needed to be done and told us they helped with this important task whenever they were able to.

People lived in a safe, homely environment that was clean. The exterior of the service had recently been re-decorated. However, following advice from healthcare professionals the service had requested the driveway area be resurfaced to make it assessable for wheelchair users. A request had been made to the provider but to date this had not been completed. We spoke to the manager about our concerns relating to wheelchair access. We later received confirmation that the issue was in a queuing system and was due to be completed soon. It was important this work was completed so staff could help people mobilise in a safe and dignified

way and promote people's independence. The interior of the service was also under a programme of essential maintenance and we saw some improvements had already been made while others were still outstanding. We had concerns about the fridge temperature check in the kitchen and were told the fridge was faulty but a new one had been ordered. This order was confirmed by the provider during our inspection. We will look again at the ongoing maintenance and improvement program during our next inspection.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had detailed information regarding their medicines. This included how people like to take their medicine. Guidance was in place for staff when people needed medicines 'as required' or only at certain times. This included signs and symptoms for staff to note especially if a person was not able to explain how they were feeling. This helped ensure staff understood the reasons for these medicines and when and how they should be given. Staff had completed training on safe handling of medicines and their competency to administer medicines was checked every year to make sure practice was safe. Designated staff carried out regular medicines audits to ensure any issues or errors were picked up and addressed quickly.

Is the service effective?

Our findings

Records showed that staff had undertaken training across a number of areas to give them the skills and knowledge they needed. We were shown how the manager monitored the system to ensure all staff had completed their mandatory training within the specified time scales. Overdue training had been identified and was being addressed. Staff told us about the induction they had received when they first started working at the service. This included the care certificate which is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs and the ongoing training. Comments included, "Induction was good, the team leaders really helped me with my knowledge", "Doing the care certificate really helped me" and "The training really helps remind me of how to go about things."

Supervisions had not always been completed in line with the provider's requirements. However, managers had identified the reasons for this and we saw details of ongoing and future planned supervision to ensure staff had the knowledge, skills and support they needed to carry out their roles and responsibilities. Staff told us they were able to speak with managers whenever they needed to about any concerns or issues they may have and felt comfortable asking for additional support or training as required. Staff explained how they were supported to undertake additional qualifications and given opportunities to develop their skills.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

Most people using the service were able to make their own decisions about everyday life and care records confirmed this. However, when staff felt a person's freedom and rights were being significantly restricted, applications had been made to the supervisory body for people, this included decisions about lawfully depriving people of their liberty so that they would get the care and treatment that they needed. The registered manager had assessed where people may be deprived of their liberty and relevant DoLS applications had been submitted to the supervisory body. Authorisations were in place for some people and others were awaiting approval.

People were involved in decisions about their food and supported to have enough to eat and drink. People told us they liked the food at Brighton Road and could choose what they ate. Food choices were discussed during regular house meetings and people's likes and dislikes were recorded in their care records along with any special dietary needs. We observed people making their own breakfast and lunch and staff explained how some people were able to get involved with the preparation of the evening meal.

People were supported to access the healthcare services they required. People told us about their visits to the GP and other healthcare professionals. One person told us about a visit to the GP to take some blood, and spoke to us about how they felt afterwards. Another person told us about their leg and that they had been told to rest. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to explain to healthcare professionals how people liked to be looked after.

Is the service caring?

Our findings

People told us they liked the staff and they knew the staff well. They were able to choose which member of staff could accompany them on activities or to appointments and the registered manager tried to accommodate them as much as she could. Relatives thought staff were caring and their relatives were happy. Comments included, "People have been there a long time, it's like a family unit...staff do the best they can", "The care [my relative] gets is top...staff are very caring, nice, informative and friendly. [My relative] just loves them so much" and "[My relative] is very fond of the staff, they are caring...they bring out the best in them."

We observed people were relaxed in the company of staff. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way. The service had a comfortable, homely feel. One person we spoke with showed us around their home and told us about their friends and the things they liked to do. They showed us their bedroom and told us they had chosen the wall colour and had been given a matching duvet cover for their birthday. Their room was filled with pictures, photographs and images of the person's favourite things.

People were involved in making their own decisions and planning their care. We saw people making choices about their day to day life. For example, one person told us how they liked to visit their friend and go to the local shopping centre on a Saturday. Another person told us about a day centre they really enjoyed going to. Care records were centred on people as individuals and contained detailed information about people's diverse needs, life stories, strengths, interests, likes and dislikes. When they were able to people signed their care records to indicate they had been involved in planning their care.

People's cultural and religious needs were respected, staff encouraged people to follow their beliefs if this was important to them and people told us about their visits to the local church.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Staff we spoke with told us they were happy in their work and spoke about people with kindness and compassion. They had a good knowledge of people's achievements and worked hard to continually encourage and support people to achieve their goals and aspirations. Comments included, "I like the challenges and the way we overcome them, you learn almost every day...I can't believe what [people] can do and how they add to my life. I go home and really miss them", "I feel like I am making a difference in people's lives, it's the small things like looking nice, maybe some perfume, hair done nicely. The people are the biggest enjoyment for me" and "I call it my work family. Everyone who works here opens their heart to the residents."

We observed that people's privacy and dignity were respected; for example, staff always knocked on people's doors before entering and called people by their preferred name. Staff told us how they gave people privacy while still being there to give support if required.

The registered manager had started to work with the local hospice to help people and if appropriate, their

relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

Relatives told us they were made to feel welcome and could visit at any time. Staff supported and encouraged people to maintain family relationships and this was confirmed by the relative we spoke with. One relative explained "[My relative] is free to use the phone at any time and has a mobile phone to call us... It's nice going there [the home] and seeing that [my relative] is happy."

Is the service responsive?

Our findings

People were involved in planning their care and were able to make choices about how they lived their lives. One person sat with us while we looked at their care records, they told us they had looked at them recently and pointed out various things as we viewed the file. We observed people waking when they wanted to and helping themselves to food and drink in the kitchen when they were hungry or thirsty. Where people needed more support from staff we observed choice was always given with the type of food they may like or which drink they wanted.

People's relatives told us they felt involved in the care their family member received. One relative told us, "We have just been invited to a review...they are always on the phone if anything happens."

Care records were focused on people and gave staff important information about people's interest's history, family likes and dislikes. Ongoing reviews focussed on what was working well for the person and what wasn't. Where needs had changed, including their healthcare needs, appropriate action was taken. This included consultation with other relevant professionals and making any necessary updates to people's care and support plans.

Staff helped to ensure people received continuity of care by attending daily handover meetings, and recording information in people's daily notes and in the communication book. This helped share and record any immediate changes to people's needs. One page information were in the process of being updated and these gave staff a short summary of the important information they needed to know about people including their health care needs, their likes and dislikes and how best to communicate with them.

People were supported to follow their interest's and take part in social activities. One person told us about their hobbies and another told us about the jobs they liked to do. People spent time talking to staff about their day at the farm and what they had done. Each person had an individual activities planner which included visits to the cinema, bowling, college, working on the farm, trips to the shops and the pub. People were also supported to get involved in household chores such as laundry, cleaning and baking to help encourage their independence.

Relatives told us they knew who they would speak with if they were unhappy and wanted to complain. One relative told us, "I feel comfortable speaking to the manager. I feel listened to if I have a problem...the manager always tries to help". People knew who to speak to if they were unhappy. Information on how to make a complaint was available for people in the reception area which was in an easy read and pictorial format. People were also asked if they were unhappy during the regular house meetings and key worker sessions and records confirmed this. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged centrally with the provider and were regularly monitored.

Is the service well-led?

Our findings

The service had 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.

Relatives were complimentary about the registered manager. One relative told us, "[The manager] is amazing, she gives her time and to me she does over and above her job, she is so caring and committed." Another relative told us, "[The manager] is amazing, I have never met a manger that is so on the ball and she knows the clients really well...I can't speak highly enough of her."

We met the registered manager. They explained they were going on a period of extended leave and during this period an interim service manager would be taking over the day to day running of the service. We met with the interim service manager and they demonstrated the skills and knowledge needed to deliver a good quality service to people while the registered manager was away.

We observed people were comfortable and confident approaching the registered manager and the interim service manager and it was obvious people knew them both well. People were comfortable coming into the office and speaking about their day with the managers, what they would like to do and which staff member they would like to do it with. All the conversations were friendly and open.

People were involved in developing the service. Regular surveys were sent to people who used the service and other stakeholders such as staff, relatives and healthcare professionals. Survey results from the most recent survey were being collated. We looked at previous surveys and noted the results had been analysed and used to highlight areas of weakness although it was not clear from the analysis who would be responsible for the improvements or when they would be made. However, we saw that most areas of improvements had also been highlighted on a separate action plan that was in the process of being completed.

People's views were also gathered during regular house meetings. Minutes from these meetings covered issues such as, health and safety, complaints, group activities, menu choices and anything else people wanted to discuss. We noted people had asked for the television to be fixed in the lounge and saw that this had been completed. People were also asking about the decoration of their rooms and the building. We saw that requests had been made to the provider but at the time of the inspection the programme of works had not been completed but was in progress.

Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us, "It's a very friendly service, my managers support me", "[The managers] are quite supportive, they are very understanding", "[The manager] is 100% brilliant "and "The support here is amazing, the company, this house, and the manager."

Staff told us they felt they worked well as a team and that regular staff meetings helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about people's general wellbeing, updates including new legislation staff should be aware of, information on any safeguarding, accidents or incidents and guidance on the day to day running of the service. Managers' meetings looked at quality issues, shared intelligence, best practice and lessons learned across the organisation.

There were arrangements in place for checking the quality of the care people received at the service. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine. We noted fridge temperature checks were being monitored for the storage of medication, but no medicine was being stored at that time, staff we spoke with did not understand why they were recording temperatures this way. We discussed this with the interim service manager who explained they would at the best way of recording temperatures for the storage of food and for medicines. We noted that some health and safety checks had not been completed during May 2017, when we spoke to the interim manager they explained, the checks had been carried out but unfortunately due to an error the checks had not been written on the correct paperwork and were lost. We saw that managers had recognised this error and had taken the necessary actions to stop any reoccurrence. All checks from May 2017 onwards had been completed.

The provider also carried out regular reviews of the service including checks on care records, people's involvement of their care, accidents, incidents and complaints. Any issues identified were noted and monitored for improvement. This helped to ensure that people were safe and appropriate care was being provided. At provider level there were various systems in place to analyse complaints, accidents and incidents and identified areas for improvement across the organisation. We were shown how this information helped the organisation identify ways to drive improvement by learning from past events and looking at different ways to make things better.