

Consensus Support Services Limited

Wallace Crescent

Inspection report

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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

About the service

Wallace Crescent is a residential care home providing personal care to up to 8 people. The service provides support to people who have learning disabilities and/or autism. People may also have a mental health diagnosis. At the time of our inspection there were 7 people using the service.

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

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

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture: People received good quality care and support because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection for this service under its current provider. It had an inherited rating of outstanding from the previous provider (report published 20 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wallace Crescent

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Wallace Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wallace Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person, 2 relatives and 5 staff including, the area director, the registered manager, the deputy manager and 2 support workers. We reviewed 3 people's care records, and records relating to staffing and the management of the service. We also reviewed medicines management.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A relative told us, "Yes, they are kept safe."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One person previously needed support from a number of staff in order to keep them safe. Since being at the service they were more settled and displayed less risky behaviour. They therefore no longer needed as much support and supervision, giving them more freedom and independence.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. There were clear positive behaviour support plans in place to identify any triggers that may cause people emotional distress and how to support them if they were displaying behaviour related to their distress. These plans made it clear that physical and chemical restraint was only to be used as a last resort.
- Any use of restraint was clearly recorded and reported to the management team, and triggered a review by the provider's behaviour support therapist.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- Safe recruitment practices were in place to ensure suitable staff were employed to support people. This included undertaking criminal records checks, getting references from previous employers, checking people's identity and their eligibility to work in the UK. As part of the recruitment process the service included a resident as part of the interview panel to ensure people's views were included when recruiting new staff to support them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- The staff had successfully supported people to reduce the number of medicines they were taking. This had led to them being more alert and being able to engage in more activities, fulfilling a more meaningful life. It had also had a positive impact on people's weight and they had lost weight returning to a healthier weight.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
- During our inspection we identified 1 error in recording regarding a controlled drug. The deputy manager was able to identify that this error had occurred during the time that the medicine was required in response to an incident of aggressive behaviour. The management team were going to review the processes around this to ensure learning and that the system worked at all times.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting. Friends and family were welcomed at the service.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

Is the service effective?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions. Some staff told us they had asked for additional specific training, and this was being organised for them.
- Updated training and refresher courses helped staff continuously apply best practice.

At the time of our inspection staff's compliance with mandatory training was at 85%. There was a plan in place to improve this compliance rating and ensure all staff had completed their required refresher courses.

- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals. A staff member said, "Every week [a resident] is now going out and they go food shopping. They know what they want. They are now participating in the process."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People had different levels of ability regarding food preparation, but staff supported them to do as much as they could for themselves to gain those skills and independence.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff liaised with speech and language therapists when they had concerns about people's swallowing and followed advice provided to reduce the risk of people choking whilst eating.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. However, we heard from a relative that at times their relative was late for medical appointments.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Information was included in people's records about how they communicated if they were in pain, so prompt action could be taken to support them.
- Staff worked well with other services and professionals to provide consistency of care. People had regular reviews by the mental health learning disability teams and staff followed through any action or advice given.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. Staff supported people to undertake their domestic duties in line with skill development and working towards becoming more independent.
- The design, layout and furnishings in a person's home supported their individual needs. Each person had their own self-contained flat. This provided them with a lounge, kitchen, bathroom and bedroom.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People's flats had been adjusted according to their needs and preferences. Some people had lots of belongings and were brightly decorated, whereas others had a reduced colour palette and less stimulation according to their sensory needs.

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

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

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

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

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Each person had a decision making profile which informed staff what decisions people were able to make and how they indicated choice. This included how much choice should be given to people so as not to overwhelm them.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff applied for legal authorisation when they felt it was necessary to deprive a person of their liberty to maintain their safety and staff adhered to the conditions in these authorisations.
- The registered manager told us about 1 person who no longer wanted to have a DoLS restriction. They were supported by staff to speak to their social worker and have their DoLS and restrictions removed. They were now going out to work independently 1 day a week.

Is the service caring?

Our findings

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

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

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

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. A relative told us, "The staff know my [family member] well and they are both kind and professional in their support of them." Information was included in people's communication plans about how they showed they were happy and what signs staff were to look for. A staff member told us, "[The person] is happy and funny. There's not a day that goes by that they don't make me laugh."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us, "Staff support [the person] with respect, dignity and compassion at all times."
- Staff supported people with activities that supported their mental well-being. For example, one person enjoyed physical exercise and staff identified that if the person engaged in regular physical exercise this helped to improve their mood. A staff member said, "Everyone needs fresh air. We have to judge people's behaviour before, but sometimes some fresh air and getting out is needed."

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff got to know people, their preferences and interests. This enabled staff to have meaningful conversations with people about topics they were interested in. This also helped distract and support people when there were feeling emotional or showing signs of distress. A staff member said, "You've got to learn to understand them and build a relationship with them. What they like and dislike."
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. Staff had identified people's religious and cultural needs and supported people to be connected to these preferences, for example, in regard to their daily routines and the food they ate. The registered manager told us during interviews for new staff they asked them "if they are happy to accept people as they are and how they live their life."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. People had regular key worker sessions with staff which gave them the opportunity to discuss the support they received. The registered manager told us, "We communicate with people very well, they can tell us what they want in any way that they want to tell us. They are included in everything we do here."
- Staff supported people to maintain links with those that are important to them. Staff had identified that when one person touched family pictures it meant they were feeling homesick and arranged for a call to their family.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. The provider had employed one of the residents as a quality checker. Their role was to review the quality of sister services and be the voice of the people who lived there.
- Staff knew when people needed their space and privacy and respected this. When discussing one person they supported, a staff member said, "[The resident] needs their time and likes their own space."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff were aware that for some people their daily routine was very important to them. They needed certain aspects of their care to be delivered at the same time every day otherwise they would not engage, whether it be related to mealtimes or timing of their medicines. A staff member told us, "People have their same routine but it gives them something to look forward to."
- There was a clear plan in place to support one person who had Prader Willi Syndrome. This plan enabled them to have some independence in the community but with arrangements in place that did not adversely affect their health in relation to temptation around food.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. People were allocated staff members as key workers who met with them regularly to review the support provided to them and support them with goal setting.
- People were supported to understand their rights and explore meaningful relationships. During key worker sessions one person had identified that they may wish to explore finding a partner and staff were supporting them to explore this in a safe manner and at a pace the person was comfortable with.

Meeting people's communication needs

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

- People's communication needs were met and they had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- There was individualised support such as tailored schedules to support people's understanding. Staff used a variety of communication tools including pictures, now and next charts, Makaton and social stories.

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

- People's social needs were met and they were supported to participate in their chosen social and leisure interests on a regular basis. Through the support offered by staff, people had become more confident and

tolerable of other people around them. This had enabled them to engage in a wider variety of activities and out in the local community. For example, previously one person would not have been able to tolerate being out for dinner but now were comfortable going to the pub for a meal.

- However, a relative felt there could be more activities on offer, they said, "There is virtually nothing in the local community, apart from walks in the park or visits to the pub. This requires more effort to identify and access community facilities."

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

End of life care and support

- At the time of our inspection the service was not supporting people with end of life care. However, staff had discussed with people their wishes and preferences should the time come when this information is required.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- There was clear oversight and leadership at the service. Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The residents who were quality checkers across the provider group were invited to meet with senior managers to discuss any quality concerns they had identified and ensure people's voice were the drivers for improvement and change.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. This included submitting statutory notifications to CQC about key events as and when they occurred.

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

- Management were visible in the service, approachable and took a genuine interest in people and their staff. The registered manager told us, "It's a lovely service and people are evolving. They are happy and this is what makes me happy. My staff look forward to coming into work. I'm very grateful for the team that we have at Wallace."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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

- The provider sought feedback from people and used the feedback to develop the service. However, the relatives we spoke with felt it would be beneficial to have more contact and regular communication from the staff team. We spoke with the registered manager about this who told us they had an open policy and welcomed communication with relatives. However, they also had to respect people's wishes as to how much they wanted their family to be involved in their care.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing. The registered manager told us they appreciated the support they received from community healthcare professionals and found them to be responsive to any requests for advice or assistance.