

Consensus Support Services Limited

48 The Grove

Inspection report

48 The Grove
Isleworth
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Tel: 02087589158

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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

This comprehensive inspection took place on 28 March 2018 and 4 April 2018. The visit on 28 March 2018 was unannounced and we agreed with the registered manager that we would return on 4 April to complete the inspection. The last inspection of the service was in February 2016 when we identified one breach of regulations as the provider did not always respond appropriately to possible safeguarding incidents.

We carried out a focused inspection on 25th January 2017 to check that improvements to meet legal requirements planned by the provider after our February 2016 had been made. The team inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. We found the provider had made improvements and responded appropriately to possible safeguarding incidents.

48 The Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider, Consensus Support Services Limited, provides support and accommodation for individuals with a learning disability, autism and complex needs. The service at 48 The Grove provides accommodation and personal care for up to eight people. When we carried out this inspection, three men and five women were using the service. People using the service had a range of complex needs and some were not able to communicate their needs verbally.

The service has a 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.

At the March 2018 inspection we have rated the service as good for the five questions we ask - Is the service Safe, Effective, Caring, Responsive and Well-led?. Overall, we have rated the service as good.

The provider had systems in place to protect people using the service from abuse, staff understood these and had completed training to make sure people were safe. The provider also assessed possible risks to people using the service and staff supported people in a way that kept them safe and respected their freedom.

Systems were in place to ensure people were supported by sufficient numbers of suitably qualified staff. During the inspection we did not see any examples of people having to wait for care or support from staff.

When they recruited staff, the provider carried out checks to make sure they were suitable to work with people using the service.

People's healthcare needs were assessed and recorded and staff worked with clinicians to make sure these were met. People using the service also received the medicines they needed safely.

The provider assessed people's care and support needs in line with best practice standards and guidance. All of the care records we reviewed included care needs assessments and these were written with reference to best practice guidelines.

Staff had the training they needed to provide care and support to people using the service and they told us they found the training helpful.

People's care records and support plans included information about their nutritional care needs. Staff recorded what people ate and drank in their daily care notes and we saw they followed nutritional advice healthcare professionals provided.

48 The Grove is a large, converted residential property and we saw that it provided a good standard of accommodation for people using the service.

Although there were some restrictions placed on people for their safety, these were agreed and in the person's best interests so people were not deprived of their liberty unlawfully.

During the inspection we saw that staff treated people with respect. They were able to tell us about the people using the service and knew about their life histories, family members and significant events. Staff were gentle, empathetic and patient with people, assisting them to move about the home and take part in activities they chose. Staff respected people's privacy and supported them with their personal care in the ensuite facilities provided in each bedroom. When people wanted privacy we saw staff encouraged and supported them to spend time alone in their rooms.

If people became anxious or distressed we saw staff supported them in a patient and caring way. They ensured they spent time with the person, patiently talking with them, trying to identify the reason for their anxiety or distress and taking the time the person needed to become calmer.

Where people lacked mental capacity to make decisions about their care we saw the provider worked with their relatives and social and health professionals to agree decisions in their best interests. Staff told us they always checked for the consent of each person before offering support such as personal care, using facial expressions or body language to gauge the person's reaction if they were unable to verbalise their consent.

The provider arranged monthly meetings for people using the service and produced an easy read version of the meeting minutes to make the information more accessible.

Support was tailored to each individual, and staff understood the best way to support each person with their complex needs. Staff worked to maximise each person's potential, and ability to take part in meaningful activity.

People's care was based around their individual goals and their specific personal needs and aspirations. People with complex needs and behaviours that may challenge, were being empowered and enabled to feel a part of their community.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with in a timely manner.

The registered manager was regarded as approachable, enthusiastic, experienced and caring. The provider supported the registered manager by ensuring they had the resources they needed to carry out their role effectively.

The provider consulted and listened to people using the service, their family members and staff.

People using the service were encouraged to aim high and to succeed in life. All people were given opportunities to do so.

The continued development of the skills and performance of staff was integral to the success of the service.

Quality assurance processes were in place and staff were empowered to carry out many of these on behalf of the registered manager.

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.

The provider had systems in place to protect people using the service from abuse, staff understood these and had completed training to make sure people were safe.

The provider assessed possible risks to people using the service and staff supported people in a way that kept them safe and respected their freedom.

When they recruited staff, the provider carried out checks to make sure they were suitable to work with people using the service.

Systems were in place to ensure people were supported by sufficient numbers of suitably qualified staff. During the inspection we did not see any examples of people having to wait for care or support from staff.

People received the medicines they needed safely.

Is the service effective?

Good 

The service was effective.

The provider assessed people's care and support needs in line with best practice standards and guidance. All of the care records we reviewed included care needs assessments and these were written with reference to best practice guidelines.

Staff had the training they needed to provide care and support to people using the service and they told us they found the training helpful.

People's care records and support plans included information about their nutritional care needs. Staff recorded what people ate and drank in their daily care notes and we saw they followed nutritional advice healthcare professionals provided.

48 The Grove is a large, converted residential property and we saw that it provided a good standard of accommodation for

people using the service.

Although there were some restrictions placed on people for their safety, these were agreed and in the person's best interests so people were not deprived of their liberty unlawfully.

Is the service caring?

The service was caring.

During the inspection we saw that staff treated people with respect and respected their privacy. They were able to tell us about the people using the service and knew about their life histories, family members and significant events. Staff were gentle, empathetic and patient with people, assisting them to move about the home and take part in activities they chose.

Where people lacked mental capacity to make decisions about their care we saw the provider worked with their relatives and social and health professionals to agree decisions in their best interests.

The provider arranged monthly meetings for people using the service and produced an easy read version of the meeting minutes to make the information more accessible.

Good ●

Is the service responsive?

The service was responsive.

Support was tailored to each individual, and staff understood the best way to support each person with their complex needs. They worked to maximise each person's potential, and ability to take part in meaningful activities.

People's care was based around their individual goals and their specific personal needs and aspirations. People with complex needs and behaviours that may challenge, were being supported to feel a part of their community, and to achieve their goals and more.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with in a timely manner.

Good ●

Is the service well-led?

The service was well led.

Good ●

The registered manager was regarded as approachable, enthusiastic, experienced and caring. The provider supported the registered manager by ensuring they had the resources they needed to carry out their role effectively.

The provider consulted and listened to people using the service, their family members and staff.

People using the service were encouraged to aim high and to succeed. All people were given opportunities to do so.

The continued development of the skills and performance of staff was integral to the success of the service.

Quality assurance processes were in place and staff were empowered to carry out many of these on behalf of the registered manager.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 28 March 2018 and 4 April 2018. The visit on 28 March 2018 was unannounced and we agreed with the registered manager that we would return on 4 April to complete the inspection. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and statutory notifications the provider is required by law to send us about incidents and events that affected people using the service.

During the inspection we spent time talking with people using the service and observed how staff cared for and supported them during the day. We also spoke with three members of staff, the registered manager and the provider's operations manager. We reviewed the care records for two people using the service and staff recruitment, training and supervision records for three members of staff. We also looked at other records, including complaints, maintenance records, policies and procedures and four people's medicines records.

Before the inspection we contacted six health and social care professionals the registered manager told us were involved with the care and support of people using the service. We received replies from two of them who said they had not had contact with the service for some time but had no concerns.

Following the inspection we contacted three relatives by email and we received comments from one of them.

Is the service safe?

Our findings

When we carried out our last comprehensive inspection of the service in February 2016, we found the provider did not always respond appropriately to safeguarding incidents that involved people using the service. We carried out a focused inspection in February 2017 and found the provider had made improvements to the way they responded to safeguarding incidents.

The provider had systems in place to protect people using the service from abuse. They had reviewed their safeguarding policy and procedures in 2017 and the next review was due in October 2018. The procedures gave staff clear guidance on actions they should take if they had concerns. Staff we spoke with during this inspection understood the provider's procedures. They were able to tell us how they protected people from abuse and what they would do if they had concerns. Their comments included, "I would report any abuse to the team leader or manager. If they didn't do anything I would whistle blow" and "We are told to report any concerns immediately. I would tell the manager and operations manager if I had to".

The provider assessed possible risks to people using the service and staff they supported people in a way that kept them safe and respected their freedom. The care records we saw included assessments of possible risks to people. These included, moving and handling, nutrition, fire safety, personal care, participation in activities and use of the service's car and public transport. The assessments included clear guidance for staff on how to mitigate risks the provider had identified while at the same time respecting people's independence and freedom. For example, where a person needed support with their personal care, the assessment ensured staff supported them to do as much as possible independently and provided time when the person was unsupervised, if it was safe to do so. Staff also completed assessments of possible risks for activities that promoted people's inclusion in activities in the service and the local and wider communities. For example, one assessment gave staff guidance on the support a person needed when they went swimming and horse riding. Staff had completed monthly reviews of all of the risk assessments we saw.

When they recruited staff, the provider carried out checks to make sure they were suitable to work with people using the service. All of the staff recruitment records we saw included an application form, a full employment history, references from previous employers, a Disclosure and Barring Service check and proof of identity and the right to remain and work in the United Kingdom. The registered manager told us that an important part of the provider's recruitment process was asking questions regarding applicants' values. Staff we spoke with confirmed they had been asked these types of questions at interview.

Systems were in place to ensure people were supported by sufficient numbers of suitably qualified staff. Staff told us there were enough staff to provide care and support to people. One member of staff said, "Yes, there are enough staff. We work well together and make sure people are supported". The staff rotas showed there were sufficient staff on duty to support people to take part in activities during the day. During the inspection we did not see any examples of people having to wait for care or support from staff. At night there were two staff on duty to support people if required.

Staff supported people to make sure they received the medicines they needed and as prescribed by their doctor. Most people's medicines were securely stored in a central office location. The registered manager and staff had carried out risk assessments for three people and had provided lockable medicine cabinets in their bedrooms so they could receive support with their personal care and medicines in private. The provider also told us, "Consensus has signed up to the STOMP health campaign which aims to promote and stop the over-use of psychotropic medication to manage people's behaviour. 48 The Grove has implemented STOMP in conjunction with local psychiatrists and where a reduction of medication has not been successful, strategies have been implemented to provide the best support for the person in question."

During the inspection we saw a member of staff supporting people to take their medicines. They did this efficiently and calmly. They explained to people what was happening and ensured they had enough time to understand. We saw staff completed and recorded daily balance checks of people's medicines. This helped to ensure errors were kept to a minimum and provided the opportunity to highlight any errors quickly. Where medicines were to be given covertly, we saw evidence of best interests meetings taking place and arrangements to review the agreement with people's GP to ensure the practice was still valid and lawful. We also saw that, where PRN ('as required') medicines were used, sufficient information was in place to guide staff as to the circumstances in which the medicine should be administered. We also noted that staff had completed medicines training and competency assessments and those we spoke with demonstrated a good knowledge and understanding of people's medicines.

The provider had systems in place for infection control and staff understood and followed these. Training records showed staff had completed infection control and food hygiene training and they were able to tell us about their responsibilities. During the inspection we found that all parts of the service were clean, tidy and free from offensive odours. The kitchen was clean, food was stored appropriately and cooked food stored in the fridge was covered and dated.

The provider also had other systems to record and monitor safety in the service. Staff were aware of their responsibility for reporting and recording accidents and incidents and the registered manager reviewed these reports before they were sent to the provider. Quality assurance reports the provider prepared analysed accidents and incidents to identify trends and triggers. Where they identified issues they needed to address, the registered manager and team leaders discussed these with individual staff in supervision and in wider team meetings. Team leaders also facilitated health and safety meetings for staff in the service where they reviewed incidents and agreed actions they needed to take. For example, at the most recent health and safety meeting in January 2018 staff were reminded to record fridge and freezer temperatures and store knives safely, in line with the provider's procedures.

Equipment used in the service was regularly checked and serviced and records conformed these checks were up to date. A team leader was the nominated lead member of staff for health and safety and they ensured they carried out regular checks and audits. This included a monthly health and safety check of people's bedrooms, monthly checks of window opening restrictors and weekly water temperature checks.

Is the service effective?

Our findings

The provider assessed people's care and support needs in line with best practice standards and guidance. All of the care records we reviewed included care needs assessments and these were written with reference to best practice guidelines. For example, the provider's medicines management policy and procedures referred to guidance from the Royal Pharmaceutical Society and their safeguarding policy was in line with the local authority's and pan-London guidance.

Staff in the service also consulted and worked with healthcare professionals when needed. For example, for one person we saw staff had consulted with the diabetic nursing service when they identified the need for the person to gain weight. The nurse provided advice on snacks and healthy eating habits and we saw staff had incorporated this advice into the person's nutrition care plan. For a second person, staff had identified the need for them to lose weight to enable them to take part in an activity they enjoyed. They worked with a healthcare professional and achieved the goal agreed in the person's care plan.

Staff had the training they needed to provide care and support to people using the service and they said they found the training helpful. One member of staff told us, "The training is very good, very well organised and I have learnt a lot". A second staff member said, "The training is excellent. If there is anything I think I need, I just have to ask". Training records showed new staff completed a comprehensive induction period and mandatory training that included health and safety, fire safety, safeguarding, food hygiene, medicines management, manual handling and infection control. The provider's mandatory training report for March 2018 showed us that staff were up to date with their mandatory training.

The Care Certificate is a set of standards for social care and health workers. It is the minimum standard that should be covered as part of induction training of new care workers and they should complete this training within six months of starting work. Records showed new staff completed training that met the requirements of the Care Certificate.

The provider's representative carried out an internal pre-inspection compliance visit in March 2018 and we saw this showed that the percentage of staff who had received regular supervision in line with the provider's policy was 41%. We discussed this with the registered manager who explained that supervision of staff was delegated to team leaders and the number of supervisions had reduced as a new team leader had been appointed and had not started to supervise staff at the time of the provider's compliance visit. Staff confirmed that they now received regular supervision and the frequency was in line with the provider's policy. One member of staff said, "Yes I have supervision regularly but I can always ask anyone for advice or support, I don't have to wait if there's something I need to talk about".

People's care records and support plans included information about their nutritional care needs. Staff prepared people's food and we saw they provided a variety of nutritious meals. Staff also worked with the speech and language therapy service and nutritionist to make sure that people ate a varied and healthy diet. Staff recorded what people ate and drank in their daily care notes and we saw they followed the advice healthcare professionals provided.

Care records also included information about people's healthcare needs and we saw staff worked with clinicians to make sure people could access the healthcare support they needed. Support plans and daily care records showed people had regular contact with their GP, dentists and podiatry services. In addition, staff accessed specialist support from local mental health and learning disability services, including psychiatry, psychology, nursing and speech and language therapy services.

48 The Grove is a large, converted residential property and we saw that it provided a good standard of accommodation for people using the service. The property is spacious and each person had their own bedroom with ensuite facilities. There was a range of communal areas where people could spend time and we saw while some people chose to spend time there with other, some chose to spend time in their own rooms. One person told us, "I like my room, it's my room".

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found that, although there were some restrictions placed on people for their safety, these were agreed and in the person's best interests so people were not deprived of their liberty unlawfully. The registered manager had applied to the local authority for authorisation when they needed to and authorisations were in place when necessary.

Where people lacked mental capacity to make decisions about their care we saw the provider worked with their relatives and social and health professionals to agree decisions in their best interests. Staff told us they always checked for the consent of each person before offering support such as personal care, using facial expressions or body language to gauge the person's reaction if they were unable to verbalise their consent.

Is the service caring?

Our findings

During the inspection we saw that staff treated people with respect. They were able to tell us about the people using the service and knew about their life histories, family members and significant events. We saw that staff took the time to sit and talk with people and they made sure that they asked people how they were feeling when they supported them. Staff were gentle, empathetic and patient with people, assisting them to move about the home and take part in activities they chose.

Staff respected people's privacy and supported people with their personal care in the ensuite facilities provided in each bedroom. We saw that staff knocked on people's doors and waited for a response before they entered. When people wanted privacy we saw staff encouraged and supported them to spend time alone in their rooms. One member of staff told us, "If I'm supporting a person with their personal care I always make sure the door and curtains are closed. It's important to respect people's dignity."

If people became anxious or distressed we saw staff supported them in a patient and caring way. They ensured they spent time with the person, patiently talking with them, trying to identify the reason for their anxiety or distress and taking the time the person needed to become calmer.

Staff told us the level of family involvement varied in the home with some families and next of kin in regular contact with their relative and staff. Each person using the service had an annual holiday and we saw examples of a best interest template used by staff to record people's involvement in choosing and planning their holiday.

During the inspection we saw that care staff took time to explain to people the support they provided and ensured people had time to agree and understand the care they received.

The provider arranged monthly meetings for people using the service and produced an easy read version of the meeting minutes to make the information more accessible. These records showed staff supported people to talk about how they felt, what activities they wanted to take part in and holiday plans. In the meetings, staff also gave people the opportunity to ask questions about the running of the service.

Is the service responsive?

Our findings

Care and support were individual to each person using the service, and people and their relatives were involved in their care as much as possible. Staff had a good understanding of the needs of the people they were supporting, and clearly wanted to help people achieve as much as they could. One staff member said, "We are always trying to see what is possible. We all believe the people living here can do anything they want to".

The individualised and person centred care and support people received had a positive impact on aspects of their lives. For example, one person had spent the majority of their life in a long stay hospital. Staff wanted to support the person to use public transport to enable them to access more activities in the local and wider communities. When the person went on holiday, the two members of staff supporting them used the opportunity to encourage them to use an open top bus. They felt the open upper deck of the bus would mean the person felt less confined, one of the reasons they would not use public transport. During the holiday the person went for a number of trips on the bus and the photographic record staff kept showed they enjoyed this. When they returned from the holiday, staff continued to encourage the person to use local buses and we saw this had enabled them to successfully access a wider range of community activities.

Staff also supported a second person to make contact with family members they had not seen since childhood. Staff facilitated the initial meeting in the service and the person went for a meal with three members of their family and staff. Following the success of the initial visit, staff continued to support the person to keep in touch with their relatives. They arranged for the person to visit one relative and their family during the person's holiday and set up a Facebook group to enable family members to share news about activities and significant events.

A third person enjoyed horse riding at local stables and had taken part in this activity for some time. Following an increase in their weight, the person was unable to join in the activity. Staff from the service worked with the person and healthcare professionals to develop a healthy eating programme and this resulted in the weight loss the person needed to achieve to resume horse riding. During the inspection the person told us how much they enjoyed the activity and showed us photographs that confirmed this.

Staff we spoke with were clearly proud of the people using the service and what they had accomplished. They were committed to ensuring that people felt a part of their wider community and encouraged them to feel proud of their achievements.

The provider, registered manager and staff placed people at the centre of their care and supported them to develop and grow in confidence. Staff developed good relationships with people, spoke knowledgeably about their individual support needs and understood what caused each person stress or anxiety. Staff developed ways to work with people to overcome these barriers and help people progress. We saw evidence they worked with the provider's positive behaviour support team to work with individuals to address behaviours that challenged the service. For example, they worked with the local learning disability team and the positive behaviour team to support one person when there was a significant change to their medicines

that resulted in changes in their behaviour. Staff also worked with the positive behaviour team to support a second person to take part in more activities in the service and the wider community. The registered manager told us this programme had significantly reduced the number of incidents of behaviour that challenged the service.

Care plans reflected people's likes, dislikes and preferences. The care plans we looked at were detailed and gave a clear picture on the support needs of each individual. Photos were used to document the things each person liked, and what they were good at. All the staff we spoke with were confident the care plans were reflective of people's true needs and preferences. One staff member said, "The care plans are all excellent. You can find out a lot about people. The plans are always up to date, and we change them when the person changes."

People's care plans covered areas that included health care, contact with family members, activities, spiritual needs, finances, nutrition, personal care and medicines. The care plans used "I" statements to indicate the person was involved in directing their own care and support. Plans also encouraged people's independence, for example, one person's plan stated, "Do not just do things for me, encourage me to take part." Where the provider identified an area where a person needed support, they developed short, medium and long term goals, for example to arrange a holiday, get a bus pass or take part in a wider variety of activities. Staff completed a daily record of the support they gave each person and this showed that people received the care and support they needed, as detailed in their care plan. For example, one person's daily care notes showed staff regularly encouraged and supported them to be involved in their personal laundry and tasks in the kitchen as preparation for more independence.

The registered manager told us the provider had recently introduced a new financial policy and procedures for staff. This included an assessment of staff competency and improved recording of all financial transactions that used people's personal money. The provider had also developed a range of training materials to enable staff to support people to manage their own money and a financial passport so that staff had up to date information about each person's income and expenditure.

People's relatives told us they knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted on by the provider, registered manager and staff. Relatives told us they had not had to make any complaints but would do so if needed. We saw the provider had reviewed their complaints policy in October 2017 and they produced an easy-read version for people using the service. The provider's policy included clear guidance for staff on supporting people to comment on the care and support they received. The staff recorded complaints they received from people using the service, their family members and other people. We saw they investigated complaints they received and took appropriate action in response. For example, in response to one complaint, the registered manager wrote to the person and their family members to apologise.

Staff also recorded compliments they received. For example, a local GP wrote to compliment staff on the support they gave to a person using the service during an appointment.

Is the service well-led?

Our findings

The provider consulted people using the service, their representatives and staff about the care and support people received and ways they could improve service delivery. The provider's quality assurance policy included the involvement of people through regular recorded meetings with their key worker, engagement with senior managers as part of monitoring visits and we saw examples of these in people's care records.

The provider sent staff a satisfaction survey in July 2017. They collated the responses they received and produced a report and action plan. When asked what was positive about the service, staff commented, "All of my training is kept updated" and "Clients are offered a range of activities". The provider also asked staff where they could make improvements and areas staff identified included maintenance and the induction of new staff. In response, the registered manager discussed these issues with staff in a team meeting and changed the induction process for new staff to include a mixture of shadowing, training and supervision. This showed the provider listened and responded to the views of staff in the service.

The provider also surveyed people's family members in April 2017. Seven relatives responded and most of the comments they made were positive about the standard of accommodation, activities provided, staffing and access to healthcare services. Comments included, "The house is very well run" and "Service users are well cared for".

We saw there was a clear emphasis from the provider, registered manager and staff on encouraging and supporting people to lead as fulfilling a life as possible. People were supported to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life. The service had a dedicated and enthusiastic staff team, led by an excellent management team including regular support from the provider's operations manager and other senior managers. The service had a manager who registered with the Care Quality Commission (CQC) in 2012. The manager was also registered with CQC to manage another of the provider's services next door to 48 The Grove. People using the service and their family members told us they knew who the manager was and said they could talk with them at any time.

The provider had a clear strategy, aim and vision for the continued improvement of people's lives. On their website they said, "We're passionate about enabling the individuals we support to live a meaningful, fulfilling life. We use person centred planning, putting them at the heart of everything we do. They play an active part in decisions about how they want to live their life, and the goals they want to achieve". The registered manager and staff we spoke with understood the provider's strategy and vision and were able to tell us how they contributed to its success. The staff told us they welcomed and actively encouraged the views of people living at 48 The Grove to help improve the service. The provider's operations manager held regular meetings with the registered manager and spoke with the staff to discuss what was working and what they needed to improve.

Agreements were reached whereby finances would not prove a barrier to people's lives and helping them to develop and achieve their goals. People were not excluded from taking part in a wide range of activities and experiences offered. These included holidays, all activities, new clothes, furniture and much more. People

enjoyed living at the home, relatives and friends enjoyed visiting and staff enjoyed their roles. One person said, "I like living here, it's my home." A staff member said, "I have never worked anywhere like this place. It is welcoming and warm and I feel like I am seeing family and friends."

The registered manager told us the approach of the provider was to provide staff with a focused career path, with opportunities for continued professional development and for promotion. This ensured that dedicated and experienced staff were in place to work with the registered manager to provide people with continued high quality care and support. The provider had a clear progression path for staff and team leaders in the service told us they had started their careers as support workers. This enabled the home to continue operating effectively if and when the registered manager was away. This was especially important as the registered manager was also responsible for a second service and split his time between the two homes. The provider also told us about Future Leaders – "a programme certified by the Institute of Leadership and Management (ILM) which is aimed at established managers to attain new skills and promotional opportunities. The service manager at 48 The Grove has passed this programme."

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it. Staff said they felt proud to work at 48 The Grove and were highly motivated and dedicated to providing the highest possible care they could. They also described the provider as a good and supportive employer. Their comments included, "They [the provider] are very good to work for. The training is good and you know you can progress if you work hard" and "I would say they are a good employer. They give staff good guidance and support and everybody knows their job". The staff we spoke with felt included and valued and there was a high level of satisfaction gained from their roles.

The provider expected excellence, but offered support and encouragement to the registered manager to help develop their role and to the staff to ensure people received high quality, dignified, person centred care and support. This included empowering staff, giving them areas of responsibility and the monitoring of quality within those specific areas to enable them to contribute to the continued success of the service. Staff were given roles in areas such as medicines, health and safety and care planning with the expectation they would develop their knowledge by attending training courses and keeping up to date with current best practice guidelines. For example, staff leads would advise other staff on people's specific health conditions, providing safe care or eating safely and healthily. The provider also held an annual awards ceremony where they celebrated the achievements of staff and presented awards for best support staff, best manager, best garden and best team leader in the organisation.

Staff were expected to inform their colleagues of any changes and to be a focal point for any queries in their specific areas. All staff were held accountable for their roles and where staff had specific additional responsibilities their performance was regularly reviewed during supervisions. The registered manager said, "I can't do everything. We have talented staff here and we want to keep them. Giving them the chance to develop their skills and work their way up through the company is fundamental to our on-going success." Our observations throughout the inspection were that this was working effectively. When we had questions relating to any of the assigned staff roles or people's specific care and support needs, the registered manager deferred to members of the staff team to explain how each part worked at the home. Staff were confident and clearly felt empowered by the registered manager and the provider.

Where possible, people using the service were involved with the recruitment of new staff. Although people did not take part in formal interviews, prospective staff visited and met people using the service as part of the recruitment process. The registered manager told us, "If the people here don't like them, they won't be

right to work here. We are picky about who we employ, it is not just about qualifications, it is about attitude and do they understand what we try to do, can they contribute? If they can, then they are very welcome!"

The provider had processes in place to monitor quality in the service and make improvements. The provider's operations manager, the registered manager and staff carried out regular audits and checks and, where they identified issues, they took action to improve standards. The provider had also set up groups to monitor quality across the organisation. The continuous improvement group included representatives from services and met to review incidents and accidents, feedback from complaints and compliments and safeguarding referrals. We saw the group's report from January 2018 showed the trend for complaints was generally down, although some individual services were prompted to resolve outstanding complaints. The registered manager also told us they could run local reports on the services they managed to analyse trends. We also saw minutes of a meeting of the provider's best practice group held in January 2018. The group looked at introducing fire safety training for people using services, using easy read training materials and changing staff training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards from e-learning to face to face training, following feedback from staff. This showed the provider involved and listened to people using services and staff to develop and improve the care and support they provided.

The provider also told us, "Consensus has established a project group called Best Practice Group which meets on a quarterly basis and is chaired by a Service Manager elected by the group and is made up of staff at all levels across Consensus, with each region having two representatives. The group looks specifically at things like our Policies & Procedures, reflecting on & sharing best practice, latest initiatives & how we respond to these (i.e: Government, regulatory & other organisations papers) & how we can improve on practice."

The provider's representative carried out an internal pre-inspection compliance visit in March 2018 that looked at staffing, safeguarding processes, health and safety, fire safety, staff training and support. The report produced following the visit identified the need to carry out a health and safety audit and we saw staff completed this on 1 April 2018.

The operations manager carried out unannounced monitoring visits to the service each month. During the visits they spoke with people using the service and staff, reviewed records and discussed progress with the registered manager. They produced a written report following each visit and we saw these were up to date. The reports identified areas of good practice and included an action plan that highlighted where improvements were needed. For example, staff were reminded to review one person's support plan and ask the community nurse to review another person's epilepsy management plan. Following a recent visit we saw the operations manager had asked the registered manager to send statutory notifications to the Care Quality Commission and we saw they had done this. The registered manager also told us they used the action plans to develop a continuous improvement plan for the service. This enabled senior managers in the provider organisation to monitor trends in specific areas of support such as complaints, falls, safeguarding alerts, accidents and incidents.

The team leader with lead responsibility for people's medicines completed a monthly audit of prescribed medicines kept in the service and we saw these checks were up to date. This showed staff in the service monitored people's medicines and ensured these were available when they needed them.