

Consensus Support Services Limited

89 Hampton Road East

Inspection report

89 Hampton Road East
Feltham
Middlesex
TW13 6JB

Date of inspection visit:
27 April 2017

Date of publication:
01 June 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

This inspection took place on 27 April 2017 and was unannounced. At the last inspection of the service in March 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not able to leave without support from staff. The provider did not always obtain authorisation before some people were deprived of their liberty as they had not applied to the local authority under the Deprivation of Liberty Safeguards (DoLS). At this inspection we found that the registered manager had applied to the local authority for DoLS authorisations, where they required these to keep people safe in the service.

89 Hampton Road East is a care home providing accommodation and personal care for up to seven men and women with a learning disability. At the time of this inspection, six people were using the service.

The service had a registered manager who also managed a second location for the provider, situated next to 89 Hampton Road East. 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.

The provider had systems in place to protect people. Staff were trained and understood and followed the provider's procedures.

There were enough staff on duty to meet people's care and support needs and the provider carried out checks on new staff to make sure they were suitable to work in the service.

The provider carried out checks on the environment and equipment used in the service to make sure people were safe.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

Staff had the training and support they needed to care for people using the service.

People's nutritional and health care needs were met in the service, staff worked well with other agencies and professionals and people received their medicines safely.

The atmosphere in the service was relaxed and support staff interacted positively with people using the service.

Staff, including the registered manager, had a good understanding of each person's care and support needs, daily routines, preferences and behaviours.

People's relatives told us they were involved in planning the care and support their family members received.

Support staff reviewed each care plan area monthly and there was evidence that people had been involved in discussions about their care, support and any risks that were involved in helping them live their lives.

The service had a registered manager who was appointed in September 2015 and registered by the Care Quality Commission in March 2016.

The registered manager was able to tell us about each of the people who lived at the service including their support needs, significant people and events in their lives and their preferences and daily routines.

The registered manager engaged fully with our inspection and we saw they had positive relationships with people using the service and staff.

The provider had systems in place to monitor quality in the service and make improvements.

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. Staff were trained and understood and followed the provider's procedures.

There were enough staff on duty to meet people's care and support needs and the provider carried out checks on new staff to make sure they were suitable to work in the service.

People received their medicines safely.

The provider carried out checks on the environment and equipment used in the service to make sure people were safe.

Is the service effective?

Good ●

The service was effective.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were not deprived of their liberty unlawfully.

Staff had the training and support they needed to care for people using the service.

People's nutritional and health care needs were met in the service and staff worked well with other agencies and professionals.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the service was relaxed and support staff interacted positively with people using the service.

Staff, including the registered manager, had a good understanding of each person's care and support needs, daily routines, preferences and behaviours.

Is the service responsive?

Good ●

The service was responsive.

People's relatives told us they were involved in planning the care and support their family members received.

Support staff reviewed each care plan area monthly and there was evidence that people had been involved in discussions about their care, support and any risks that were involved in helping them live their lives.

Is the service well-led?

Good ●

The service was well led.

89 Hampton Road East has a registered manager who was appointed in September 2015 and registered by the Care Quality Commission in March 2016.

The registered manager was able to tell us about each of the people who lived at the service including their support needs, significant people and events in their lives and their preferences and daily routines.

The registered manager engaged fully with our inspection and we saw they had positive relationships with people using the service and staff.

The provider had systems in place to monitor quality in the service and make improvements.

89 Hampton Road East

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 April 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the inspection. This included the previous inspection report and statutory notifications the provider sent us about significant incidents or events affecting people using the service.

During the inspection we met all six people using the service. Although not all people were able to tell us about their experiences in the service, we also observed their interactions with staff who were providing care and support. We also spoke with the registered manager, deputy manager and four support workers. We looked at the care records for two people, including their care plans, daily support records and risk management plans. We also looked at the medicines management records for all six people and other records maintained by the registered manager, staff and the provider to monitor quality in the service.

Following the inspection we contacted the relatives of all six people using the service by email or phone. We received comments from two people.

Is the service safe?

Our findings

People's relatives told us their family members were supported safely in the home. Their comments included, "Yes, we're confident [family member] is safe" and "[The service] is very safe."

The provider had systems in place to protect people using the service. They had reviewed and updated their policy on safeguarding adults in November 2016 and this was available on-line for staff reference. We also saw the provider produced an easy-read version of the policy for people using the service and they displayed this in the service's office. Staff told us they had completed safeguarding adults training. They were able to tell us about the types of abuse people using the service could be subject to and the actions they would take if they had any concerns. Their comments included, "I would report it straight away," "I would tell the manager, the on-call manager, the police or CQC," "We can't hide anything like that, I would report to the manager straight away" and "The most important thing is to make sure people are safe and then report it."

The provider assessed potential risks to people's safety and wellbeing. The care records we saw included assessments covering moving and handling, nutrition, finances and fire safety. The assessments and risk management plans were person-specific and based on individual risks that had been identified. The plans included clear guidance for support staff to follow on how to mitigate these risks. For example, where a person was identified at risk of failing to respond to a fire alarm, staff had guidance on action to take in the event of a fire and the provider reviewed this monthly.

The provider carried out recruitment checks to ensure support staff they employed were suitable to work with people using the service. They carried out checks before staff started work with people and these included obtaining two references from previous employers, reviewing the staff member's eligibility to work in the UK, checking their identity and completing a Disclosure and Barring Service (DBS) criminal records check.

People and their representatives told us there were enough staff available to support people using the service. When we inspected we saw there were enough staff on duty, they supported people promptly and people did not have to wait for staff to provide care or support. The staff team worked well together to make sure people knew what activities were planned for the day and they ensured they kept people informed of any changes of delays. One person told us, "There's enough staff." People's relatives confirmed this. Their comments included, "Yes, there are usually enough staff but we are not always told when activities are cancelled because staff are not available to support [person's name],"

People using the service received the support they needed with their medicines. The provider stored medicines securely and appropriately, including controlled drugs, in a lockable medicines cabinet inside a lockable room. Support staff completed Medicines Administration Record (MAR) charts clearly and we saw no errors or omissions. MAR sheets were completed correctly with signatures or, where appropriate, codes for refusal or if the person was away from the service. All staff who administered medicines received regular training sessions and had their competencies assessed regularly. The provider had agreed protocols for PRN

('as required') medicines with the pharmacist and the person's GP and care records included clear guidance for support staff on the use of these.

All areas of the home were clean and tidy and free of hazards. People's bedrooms were clean and easily accessible. They were spacious, well-furnished and decorated and people had personalised their own rooms with photographs and objects of their choice. Each room had an ensuite bath or shower room with toilet and wash hand basin.

The provider had taken appropriate steps to protect people in the event of a fire and a risk assessment was in place. The registered manager and support staff carried out and recorded regular fire alarm tests and fire drills. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records contained up to date Personal Emergency Evacuation Plans (PEEPs) which took account of individual's abilities and needs and included detailed guidance for staff to follow to evacuate people safely in the event of a fire.

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors, call bells, fire doors and window restrictors.

Is the service effective?

Our findings

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

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

At the last inspection of the service in March 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not able to leave without support from staff. The provider did not always obtain authorisation before some people were deprived of their liberty as they had not applied to the local authority under the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that the registered manager had applied to the local authority for DoLS authorisations, where they required these to keep people safe in the service.

Support staff told us that they encouraged people to be as independent as possible. They had training in the MCA and DoLS, and showed a good understanding of their principles. One told us, "We must support people to make decisions and offer them choices. I talk to people about what they want to do and if they don't want to do what's planned, that's fine, we will do something they choose." A second member of staff said, "Everybody has the capacity to make certain decisions and we respect that. If someone lacks capacity to make a certain decision then we make sure we act in their best interests."

People were supported by staff who had appropriate skills and experience. The registered manager gave us a copy of the provider's training matrix that showed the training staff had undertaken and which training they were due to refresh. Training the provider considered mandatory included safeguarding, fire safety, first aid at work, food hygiene, health and safety, medicines management, manual handling and infection control. The provider also arranged training specific to the care and support needs of people using the service. These included conflict and challenging behaviour awareness, autism awareness and positive behaviour support.

Staff employed in the service had the skills and knowledge to deliver care and support to people using the service. The matrix showed all training was up to date, and staff confirmed that they completed annual refresher training. Support staff spoke very positively about the training they received. Their comments included, "The training is very, very good. I feel I understand my role and how best to support people" and "I've completed all of the training I need for my job and if there is anything else I need, I just have to ask." The registered manager also confirmed that the provider's induction training for new staff covered the

requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff also told us they felt well supported by the provider and the registered manager, although we found this support was not always recorded in line with the provider's policy. Staff told us they met with a senior member of staff regularly to discuss their work, receive feedback and discuss training needs. They told us they found this support helpful. Their comments included, "Yes, I feel supported. I meet with [a senior member of staff] regularly and if I need to discuss anything in between, they are always available," and "Yes, I do have supervision and it is an opportunity to talk about how I am doing. I can also raise issues if I feel I need to."

We checked the supervision records for two members of staff and saw that the last available record for one person was dated March 2015. The second staff record included details of supervision sessions held in January, February and April 2017. The registered manager told us staff also received a yearly appraisal and this provided an opportunity to reflect on their performance and to identify any training needs or career aspirations.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing and as an important aspect of their daily life. Support staff recorded people's likes and dislikes in their support plans and menus were devised according to people's choices. We saw staff recorded the food people ate in their daily records and this showed people had a variety of foods, in the service and in the local community. The provider also displayed a pictorial menu in the kitchen that showed people the meals that were planned for the week.

Staff in the service supported people to maintain good health and access the healthcare services they needed. People's care records showed staff worked with external health professionals when needed. This included referrals to the Speech and Language Therapy (SALT) service and specialists. People had an annual health check and where issues were identified, the provider gave support staff clear guidance on how to meet the person's specific needs. For example, one of the care plans we reviewed included detailed guidance on supporting the person with GP appointments. We spoke to staff about these and all knew the procedures they needed to follow to ensure the appointment was a success. We noted that the registered manager had also received feedback from one person's dentist, praising staff for the way they had supported the person during an appointment and treatment.

Relatives told us their family member's health care needs were met in the service. Their comments included, "Yes, they make sure [family member] sees the GP or dentist and they make sure he has the right support. If the GP recommends anything the staff always follow their advice" and "My [family member] was very poorly and the level of care they gave him was fantastic even when he had to go to A&E there was no problem with them having to stay with him. Their level of concern was comforting for me as I had a holiday booked and was on the verge of cancelling it - thankfully he was getting better but I could go knowing he was well looked after."

Is the service caring?

Our findings

People's relatives spoke positively about the care and support their family members received. Their comments included, "The staff are very good. They know [person's name] very well and understand the support they need" and "The staff there are fantastic and look after my [family member] as well as I could - if not better."

During our inspection we saw the atmosphere in the service was relaxed and support staff interacted positively with people using the service. They took time to listen to people's requests for support, offered reassurance and choices and waited for people to respond. They understood the ways in which people communicated, verbally and non-verbally and responded appropriately, making eye contact, offering choices and explaining what they were doing when supporting people. During the day, one person became anxious and support staff took time to reassure them and responded in line with guidance in their care plan to distract them and provide information that calmed the person and enabled them to carry on with their planned activities.

Support staff and managers spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Staff, including the registered manager, had a good understanding of each person's care and support needs, daily routines, preferences and behaviours. They were able to explain how they supported each person and we saw examples of caring and empathetic care.

One member of staff told us, "We know people here very well and that makes it easier to support them." A second member of staff told us, "The most important people here are the people living here, not the staff. We have to respect people and support them to be as independent as possible." Staff told us they respected people's dignity by offering choices, respecting their privacy, knocking on doors before entering people's bedrooms and offering the choice of support from male or female staff. We saw the provider recorded these values in people's care plans and staff observed them during their work.

Is the service responsive?

Our findings

People's relatives told us they were involved in planning the care and support their family members received. One relative told us, "Yes, I am asked about the support [person's name] needs and I know this is included in their support plan. I know the staff would tell me straight away if anything changed." A second relative commented, "[The service] is responsive to any questions or concerns I have - we share information about my [family member] so that we are all fully informed enabling us to look after him to the best of our abilities. I rely on the handover they give me in case there has been an upset or anxiety during the week that I need to be aware of."

The care records we reviewed included a person-centred care and support needs assessment that was written in the first person and centred on the person's preferences and aspirations. This covered the person's support needs for personal care, health care, relationships, medicines, activities, making decisions, inclusion and communication. In one care record we saw the provider had worked well with the person's previous home to ensure their move was managed at a pace the person was happy with and staff had all the information they needed to meet their care and support needs. The initial assessment also included an assessment of the person's compatibility with the other people using the service.

Support staff told us, "We use people's care plans and risk assessments and take time to get to know people when they move in" and "We take a person centred approach and encourage people to choose where they would like to go, this promotes choice, respect and individuality."

Support staff reviewed each care plan area monthly and there was evidence that people had been involved in discussions about their care, support and any risks that were involved in helping them live their lives.

Support staff completed daily care notes that showed they delivered people's care and support in line with their support plans. For example, care plans and daily records showed that, with support from staff in the service, each person took part in a range of activities in the service and the local community.

Activities included visiting local shops, restaurants and parks, as well as art and aromatherapy sessions in the service. During the inspection, each person went out with support from staff for part of the day. Staff told us that each person had a pictorial weekly activities planner to illustrate the activities that were available. They added that the planner was a guide for people using the service and support staff and activities were based on what each person chose to do each day. We saw that one person asked staff and the registered manager if they could attend a specific event and they spent time researching and liaising with the person's family to agree how this should be organised. During the inspection some people took part in an art session with a visiting tutor. They enjoyed the session and we saw some of the paintings they had previously produced.

The provider produced a clear complaints policy in a format that was suitable for people using the service. The complaints records showed the registered manager recorded complaints, including informal minor complaints, the action they took in response and the outcome. A relative told us, "I haven't used the complaint procedure, in the past (many years ago) the complaints were dealt with effectively by Head Office."

The provider surveyed the relatives of people using the service in January 2017 to gain feedback on areas

that were good and if there were any issues they needed to address. They commented positively on the care and support people received in an analysis the provider produced in May 2017. Their comments included, "We remain extremely happy with the service provided for our [family member]," "Staff offer [person's name] activities he sometimes declines so some weeks the activity report I get doesn't look like he has done that much" and "The group suit each other well and establish a calm feel to the home environment."

Some relatives commented in the audit on areas where the provider could improve the support they offered people using the service and their representatives. For example, they said the provider could improve communication between the service and people's families. We raised this with the registered manager following the inspection and they told us, "Any concerns when raised from families or recommendations we will take on board and look at how we can meet these requirements effectively and at all times. We work closely with all families to ensure clear feedback is given and when required and involve professionals for additional help and support if and when required. We operate on an open and transparent working practice."

Is the service well-led?

Our findings

People's relatives told us the service was well led. Their comments included, "The home is well led - the current manager has been at the service a long time and knows the people very well - hopefully she will stay in this role for a long time as previous high turnover of managers is very unsettling for all concerned" and "[Registered manager] does a good job."

Consensus Support Services Ltd provides 90 services in England, Scotland and Wales offering tailored support and accommodation in residential and supported living services, as well as short breaks and community support. Consensus supports over 500 adults with learning disability, autism and complex needs.

89 Hampton Road East has a registered manager who was appointed in September 2015 and registered by the Care Quality Commission in March 2016. They also managed a second service for the provider that was located next door at 89a Hampton Road East. The registered manager was able to tell us about each of the people who lived at the service including their support needs, significant people and events in their lives and their preferences and daily routines.

The registered manager engaged fully with our inspection and we saw they had positive relationships with people using the service and staff. They spoke passionately about the importance of providing high quality care and support and enabling people using the service to choose how they lived their lives. In addition to the registered manager, the service had a senior team leader to oversee the day to day running of the home and support the registered manager and staff. The registered manager told us they kept their knowledge updated by completing training, attending provider meetings the local authority organised, reading social and health care magazines and looking at websites, including the Care Quality Commission.

Throughout the inspection the atmosphere in the service was relaxed and we saw that staff worked well together to meet people's care and support needs. Staff told us they enjoyed their work and said they felt the provider was a good employer. One member of staff told us, "Consensus are good to work for, they support their staff and help them to develop." A second member of staff said, "They [Consensus] are good to work for. If I wasn't happy, I'd go somewhere else. They are good at training and supporting their staff."

Staff also said the provider and registered manager were approachable and supportive and they felt able to speak with them about any queries they might have. They told us, "We know we can always go to the manager or the area manager if we have any questions, they are very easy to talk to" and "[The registered manager] is experienced and I would always ask her if I needed to know something."

The provider had policies and procedures in place and the registered manager told us they reviewed these annually. They also told us all the policies and procedures were available for staff to reference online and the staff we spoke with confirmed this.

The provider and registered manager were aware of their responsibility for sending statutory notifications to

the Care Quality Commission (CQC) for any notifiable events and they did this regularly so we were kept informed of the information we required.

Legislation requires providers to display their latest Care Quality Commission (CQC) rating in the service for people and their visitors and also on their website. Staff and the registered manager were unsure whether the rating was displayed in the service, although when we looked at the provider's website we saw they had displayed the latest rating. We discussed this with the registered manager who told us they would liaise with their line manager to agree the best way of displaying the service's CQC rating.

Staff told us they met regularly with representatives of the provider and said they were kept informed of what was happening in the service and the wider organisation.

The provider had systems in place to monitor quality in the service and make improvements. The provider carried out audits and checks to monitor aspects of the service and the care and support people received. The service's pharmacist carried out medicines audits and we saw the provider also carried out a weekly audit of a sample of people's medicines records.

The provider's Operations Manager completed a monthly audit of the service and we saw reports they had produced following visits in February and March 2017. The audit covered the environment, record keeping, staffing, activities and training. Where the audit identified specific issues that needed attention we saw the registered manager completed these and the Operations Manager checked the action taken at the next visit. For example, following one audit visit the registered manager ensured support staff updated one person's risk assessments and arranged a team meeting.