

Consensus Support Services Limited

Four Winds

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

Four winds is residential care home for up to four people with a learning disability. At the time of our inspection there were three people living at the service. People lived in a domestic style house within the local community.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff understood what action they should take if they were concerned people may be at risk. The registered manager informed us a current safeguarding investigation was being undertaken and the service was liaising with the local authority. Appropriate action had been taken to ensure people remained safe.

The provider ensured sufficient numbers of staff had been subject to pre-employment checks were deployed in the service. Trained staff safely managed people's medicines. There were processes in place to protect people from the risk of acquiring an infection. Accidents and incidents were analysed for trends by the registered manager and provider and lessons learnt to reduce instances of accidents or incidents occurring again.

Staff were well supported due to regular supervision, annual appraisals and a robust induction programme, which developed their understanding of people and their routines. Staff also received a wide range of specialised training to ensure they could support people safely and carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Menus were planned with input from people, based on their personal preferences and choices.

People were provided with opportunities to follow their interests and hobbies and they were introduced to

new activities. They were all supported to contribute and to be part of the local community. We found care plans were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious needs were respected when planning and delivering care. The service had a complaints procedure in place.

Staff told us the registered manager was approachable and supportive. The service had various quality assurance and monitoring mechanisms in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Four Winds

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 20 November 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We looked at the Provider Information Return. This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We also spoke with four members of staff including support workers, the operations manager and the registered manager. We contacted relatives following this inspection by telephone. We checked one person's care and medicines administration records. We also looked at records and audits relating to how the service is run and monitored, including recruitment and training for staff and health and safety records relating to the service.

Is the service safe?

Our findings

The service remained safe. There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. Staff understood their responsibilities to report any concerns to the registered manager and knew they could report allegations and/or suspicions of abuse to the local authority safeguarding team, CQC and police. The provider had a confidential abuse line service and staff we spoke with were all aware of this. A safeguarding investigation was currently being undertaken by an operations manager independent of the service. The service operations manager discussed with us in full the actions they had taken to safeguard people living at the service. We were satisfied the provider had taken the issue seriously and was carrying out a full investigation.

Individual risks to people were identified and risk assessment reviews were carried out to keep people safe. Staff we spoke with were familiar with the risks people presented and knew how to manage these risks. Staff had completed training to enable them to manage any challenging behaviours and there was always a permanent member of staff on each day shift. On call arrangements were in place to support staff out of hours. Processes were in place to ensure the environment was safe for people and relevant safety checks were completed.

There were enough staff to meet people's needs and staff we spoke with confirmed this. One staff member said, "It is good normally but difficult at present, but staff do cover and we can use agency, bank staff." A relative said, "There is always sufficient staff available."

Relevant recruitment checks had been completed upon staff prior to their offer of employment. These included checks upon staff's identity, conduct in previous roles, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed so they received them safely, and we saw appropriate consent had been obtained for staff to administer these to people. Medicines recording records were signed by staff when administering a person's medicines. Regular audits were carried out by the registered manager.

There was a good standard of hygiene in the house. Staff received training in infection control and protective equipment was available for use as required.

There were a range of checks in place to ensure the environment and equipment in the service was safe. A shower room had recently been completely refurbished and plans were in place to refurbish the communal bathroom.

The service has a system to record, monitor and manage accidents and incidents and learn from these. Investigation procedures were in place regarding safeguarding, complaints or concerns, accidents incidents.

Is the service effective?

Our findings

People's needs were assessed before they started using the service. People's physical, mental health and social care needs had been assessed. Their care and support were provided in accordance with relevant legislation and good practice guidance.

Staff had received training to meet people's individual needs. The provider made sure the staff team completed training courses so staff had the right skills and knowledge to meet people's needs. One staff member said, "Training consists of epilepsy, autism, safeguarding, first aid and Maybo (Conflict and resolution training). Maybo was a great help."

Staff received further support in the form of regular supervision and yearly appraisal meetings. Competency assessments were carried out with each individual member of staff to ensure the training provided was effective.

Staff were aware of people's individual dietary needs and their likes and dislikes. People continued to be supported to have enough to eat and drink. People were involved in the planning and shopping and exercised choice about the foods they ate. Staff encouraged healthy eating and fresh fruit and vegetables and healthy options were promoted. We saw where one person had gained weight the service had contacted the dietician for support and advice. A staff member said, "Individuals can make choices, everything is offered as choices, choice of breakfast. We need to mindful that a balanced diet is helpful and will offer [named person] healthier choices."

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people lacked capacity, the appropriate best interest processes had been followed and when we checked two conditions on one person's authorisation we saw these conditions had been met.

The service was adapted to meet the needs of the people who used the service. People had been supported

to personalise their bedrooms. All areas of the service were well maintained and accessible to people. People had access to transport and were supported to use the community freely and had as much choice and control over their daily lives as was possible.

Is the service caring?

Our findings

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. A staff member said, "They all need help with personal care, the door will be locked and I turn while they are undressing, we use towels and dressing gowns to protect people's dignity. I will ask people as I go along if they are okay."

People's independence was encouraged. We saw one person liked to empty their bin into the office bin and did this regularly throughout our visit.

During the inspection there was a busy, happy and pleasant atmosphere in the service. People moved around as they wanted. There was good interaction from staff towards people and we observed the caring and kindly way staff responded to people. A relative said, "Staff are very nice and caring."

Staff told us they knew people well and they had gained knowledge and understanding of people's individual needs and preferences by talking with them and with other staff, and by reading people's care plans. A staff member told us, "We are a very small and intimate team and we have fantastic relationships with individuals so we have continuity. [Named person] only has female staff, and knows the rota before us. We tell [person] a couple of days in advance." We also saw a very detailed life story folder included things the person liked to do and how they liked their care and support. The service understood different individuals would connect to their life stories in different forms so were looking at ways to develop other people's life stories in ways that would be unique to them. During our visit we saw one person doing arts and crafts with staff and creating a picture using a subject that was recorded as their likes in their life story book.

People were supported to maintain the relationships they wanted to have with friends, family, and others important to them. A staff member said, "For one person when the weather is good we meet with their [family member] in a nearby woodland." A relative said, "I am always offered a cup of tea and nothing is too much trouble."

People were involved in all aspects of the service, their preferences were obtained using a variety of methods such as key worker meetings and surveys. People were supported to access advocacy services when they needed to and the service ensured information was provided to people in a way that was accessible to them. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

People had support plans that were comprehensive, person centred and detailed. There was good information on a range of needs such as personal care, relationships, communication and finances. The plans were all up to date and had been reviewed.

Activities were planned on an individual basis. People living at the service could choose what they wanted to do day to day. Each person had an individual activity plan staff followed. The registered manager told us people attended local clubs or leisure pursuits of their choosing, however at present each key worker was reviewing each person's planner with the person to further identify other opportunities people might want to do. People were currently involved in a variety of things such as visits to day centres, swimming, arts and crafts, shopping, movie nights and walks.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

People's records advised staff how to communicate with the person. One person used Makaton and another person used pictorial information when communicating with staff. A staff member said, "[Named person] has a picture board in their bedroom so we can prepare them for the day ahead."

The provider had a complaints procedure which they followed. Complaints were recorded along with the outcome of the investigation and action taken. A relative said, "I have no complaints but small things are sorted and dealt with straight away."

At the time of our inspection the service did not have any people receiving end of life care. The operations manager told us the new care plan format they planned to introduce contained a section called 'when I die' where conversations about people's preferences around their end of life can begin and added to when information is received.

Is the service well-led?

Our findings

There was a registered manager in post however, due to recent concerns the provider had recommended additional support was required at the service to assist the registered manager. The operations manager told us the registered manager would be increasing the time they spent in the service and a team co-ordinator would be recruited to support them.

Staff we spoke with told us the registered manager was supportive. One staff member said, [Registered manager] is very approachable." Another staff member said, "I feel supported. [registered manager] is very accessible. There is an on call system at evenings and weekends. We also get visits from the area manager who comes in to see how everyone is doing."

Staff told us the service was a good place to work. One staff member said, "I would be happy for one of my relatives to live here." Another staff member said, "I Love it."

There was a programme of regular staff meetings to enable the registered manager to receive and act on feedback raised. We saw staff discussed various subjects including safeguarding and medicines to reflect on practice. The registered manager told us they were committed to providing training for staff to support them to do their jobs well and the provider listened to any requests that were not included within their usual training programme.

The provider and the registered manager undertook a range of audits in the service to enable them to measure, monitor and improve quality. All audits were entered into an on-line system so any actions could be completed within agreed timescales.

The registered manager and staff had contacted and worked openly with other agencies when required. This included health professionals such as G.P's, hospital staff and consultants. Senior staff had arranged visits for professionals when required to ensure people's needs were met. We saw records of these visits were recorded within the care records.