

Consensus Support Services Limited

82 Bear Road

Inspection report

82 Bear Road
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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 inspection took place on 20 July 2017 and was unannounced. Our last inspection of the service was in December 2015 when we found people using the service may have been at risk of illness due to poor food hygiene practices and at risk of injury due to ineffective monitoring of health and safety issues. At this inspection we found the provider had made improvements and people were cared for safely.

82 Bear Road is a care home providing accommodation and personal care for up to five people with a learning disability. At the time of this inspection two people were using the service.

The service had a registered manager who also managed another service for the provider. 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 policies and procedures to keep people safe. Staff had received training and ensured they supported people safely.

There were enough staff to support people in the ways they preferred and the provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People's health care needs were met in the service and they had access to the healthcare services they needed. People received the medicines they needed safely.

The provider carried out checks to make sure people using the service, staff and others were safe.

Staff told us they felt well supported by the provider and registered manager and that they had the training and information they needed to provide people with care and support.

The registered manager and support staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Although people were subject to some restrictions, there were no examples of people being deprived of their liberty unlawfully.

During our inspection there was a relaxed and calm atmosphere in the service and we saw many examples of positive interactions between people and staff. Staff were able to tell us about how each person communicated their choices and preferences, both verbally and non-verbally. The staff and the management team spoke respectfully about the people they cared for.

People were involved in planning and directing the care and support they received. The provider assessed and recorded people's individual needs and preferences and gave support staff guidance on how to meet

these. People's support plans were focused on their individual needs, wishes and aspirations and were written in a person centred way.

The provider had appointed a qualified and experienced manager who was registered with the Care Quality Commission. The registered manager also managed another of the provider's services.

The provider carried out audits and checks to monitor quality in the service and make improvements. They consulted people using the service, their relatives or representatives, staff and other professionals to get their views on the support people received.

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 policies and procedures to keep people safe. Staff had received training and ensured they supported people safely.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

There were enough staff to support people in the ways they preferred.

People received the medicines they needed safely.

The provider carried out checks to make sure people using the service, staff and others were safe.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt well supported by the provider and registered manager and that they had the training and information they needed to provide people with care and support.

The registered manager and support staff understood their responsibilities under the MCA.

Although people were subject to some restrictions, there were no examples of people being deprived of their liberty unlawfully.

People's health care needs were met in the service and they had access to the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

During our inspection there was a relaxed and calm atmosphere in the service and we saw many examples of positive interactions

between people and staff.

Staff were able to tell us about how each person communicated their choices and preferences, both verbally and non-verbally.

The staff and the management team spoke respectfully about the people they cared for.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and directing the care and support they received. The provider assessed and recorded people's individual needs and preferences and gave support staff guidance on how to meet these.

People's support plans were focused on their individual needs, wishes and aspirations and were written in a person centred way.

Is the service well-led?

Good ●

The service was well led.

The provider had appointed a qualified and experienced manager who was registered with the Care Quality Commission. The registered manager also managed another of the provider's services.

The provider carried out audits and checks to monitor quality in the service and make improvements. They consulted people using the service, their relatives or representatives, staff and other professionals to get their views on the support people received.

82 Bear Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 July 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications the provider sent us about significant events that affected people using the service.

During the inspection we spoke with both of the people using the service, the registered manager, team leader and three members of the staff team. The provider's Operations Manager and Operations Director also came to the service during the inspection and we spent some time speaking with them. We looked at the care and medication records for both people and recruitment records for two members of staff. We also looked at other records related to the running of the service, including complaints, health and safety, accidents and incidents, staff rotas and audits and checks the provider carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with family members of one person using the service and a social care professional.

Is the service safe?

Our findings

At our last inspection in December 2015 we found people may have been at risk of illness due to poor food hygiene practices and at risk of injury due to ineffective monitoring of health and safety issues. For example, staff were not checking 'use by' dates on food items and were recording unsafe food storage temperatures without taking appropriate remedial actions. At this inspection we found the provider had taken action, reminded staff of the importance of food hygiene and ensured that all staff completed food hygiene training. Staff recorded fridge and freezer temperatures accurately and we saw no out of date food items in the service.

People using the service and their relatives told us people were safe in the service. One person told us, "Yes I'm safe, very safe" and a relative commented, "We have no doubts about [family member's] safety."

The provider had systems in place to keep people safe, staff understood these and knew what to do if they had concerns about a person using the service. Staff told us, "I have had safeguarding training. If I thought someone was being abused I would report it straight away", "We keep people safe here. We support them when they want to go out and if I was worried I would tell [the registered manager]" and "I covered this in my induction. We do not tolerate abuse and I would report it immediately".

The provider carried out checks on new staff to make sure they were suitable to work with people using the service. These included checks on the person's identity and right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) criminal records checks. Staff told us the provider carried out these checks before they started to work in the service and the records we saw confirmed this.

There were enough staff to meet the care and support needs of people using the service. Staff rotas showed a minimum of two staff on duty at all times of the day and night. We saw that people did not have to wait for attention and there were enough staff to make sure people had the support they needed. Staff worked well together to make sure the two people using the service received the support detailed in their care plans.

People received the medicines they needed safely. Staff stored all medicines securely and kept accurate records of medicines they received for and administered to people using the service. Both of the Medication Administration Record (MAR) sheets we checked included a photograph of the person, details of any known allergies and an up to date record of medicines they received. For 'as required' (PRN) medicines, the provider had developed protocols to support staff when people required these. The records of PRN medicines we saw were up to date and accurate. The registered manager told us the pharmacist who supplied medicines to the service carried out an audit twice each year and an audit had taken place the day before our inspection. The registered manager told us there were no concerns and they were waiting for the pharmacist's written report.

The provider, registered manager and staff carried out regular health and safety checks to make sure people using the service and others were safe. For example, fire safety equipment was serviced in May 2017, the

provider had completed a fire safety risk assessment in February 2017 and a health and safety audit in January 2017. The provider had also reviewed risk assessments for the service's environment, window safety, kitchen and laundry in February 2017. Staff carried out a monthly health and safety check that included window restrictors and we saw these were up to date. The provider also had an emergency contingency plan to make sure the service would be able to continue operating in an emergency and they had reviewed this in January 2017.

Is the service effective?

Our findings

Staff told us they felt well supported by the provider and registered manager and that they had the training and information they needed to provide people with the care and support they needed. Staff told us, "There have been a lot of changes but things are settling down now. The training is good, [registered manager's name] makes sure we know when our refresher training is due and [the provider] arranges it" and "It's a lot to take in but I have learnt a lot from the training and also from working alongside colleagues and talking with [the registered manager]".

We saw staff had the skills and knowledge they needed to support people. Records showed new staff completed a planned induction to their work in the service, shadowed experienced members of staff and completed a range of training. Most staff had completed all of the training the provider considered mandatory. This included fire safety, first aid, food hygiene, health and safety, safeguarding and manual handling. In addition, the provider arranged service specific training for staff working in the service. This included autistic spectrum conditions, conflict management, medication management, person centred planning and positive behaviour support. We noted that, in June 2017, the provider's operations manager identified the need to make sure staff had completed a minimum of 80% of the service specific training. The operation manager's July 2017 report noted some improvement and the registered manager told us they expected to achieve the provider's target in the near future.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and support staff understood their responsibilities under the MCA. They told us that one of the people using the service was subject to a DoLS authorisation to ensure their safety. They also told us the provider had sent an application for authorisation to the local authority for the second person but this had not yet been authorised. They said they would follow this up with the local authority concerned.

During the inspection we saw that, although people were subject to some restrictions, there were no examples of people being deprived of their liberty unlawfully. For example, we saw that staff explained to people if they were not able to support them immediately to go out. They explained the reasons for this and made sure the person understood when they would be able to go out later in the day.

Records showed people's health care needs were met in the service and they had access to the healthcare

services they needed.

Is the service caring?

Our findings

One person said, "They know me well and what I like. I tell them." They also told us, "If I want privacy, I go to my room. The staff won't disturb me." The relatives of a person using the service commented, "The staff seem good. [Family member] has lived there for quite a while and they know him but the turnover is high."

During our inspection there was a relaxed and calm atmosphere in the service and we saw many examples of positive interactions between people and staff. For example, staff made sure that the needs of the two people using the service took precedence over the inspection and they made sure people were supported without disruption. All staff communicated with people clearly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. Staff were able to tell us about how each person communicated their choices and preferences, both verbally and non-verbally.

The staff and the management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. The staff we spoke with and the registered manager were aware of people's needs, routines and behaviours and were able to explain how they supported each person. One member of staff told us, "We only support two people so we know them very well. We also know their family members and make sure they are welcomed when they visit". A second staff member said, "It's their home and they should decide how they want to be supported. I show respect by offering choices, knocking on the door before going in and knowing if people prefer to be supported by a man or woman."

The provider recorded people's religious, cultural and spiritual needs in their support plans. One person's plan did include their wish to attend a local place of worship but we saw no mention of this in the daily support records care staff completed. We discussed this with support staff who told us they did offer the person the opportunity to attend their place of worship each week but they refused. Support staff should make sure they record when they offer people activities that are refused so they are able to demonstrate their attempts to meet people's wishes as expressed in their care plans. A record of consistent refusal would also enable support staff to review goals to consider other ways of meeting people's wishes and preferences.

All the bedrooms we looked at had been personalised to people's tastes and contained ornaments, pictures, photographs and items of their choice.

Is the service responsive?

Our findings

Records showed people were involved in planning and directing the care and support they received and the provider reviewed these regularly. As both of the people using the service had been there for some years when we inspected, their initial support needs assessments had been archived. However, the registered manager told us they were looking for referrals to the service and they would liaise with social services, invite the person to visit the service, complete an assessment of their support needs and develop a care plan and risk assessments. They also told us they would consider the person's staff support needs and their compatibility with people currently using the service.

We saw the provider assessed and recorded people's individual needs and preferences and gave support staff guidance on how to meet these. We saw people's personal information contained a photo and contact details of significant people such as family, the GP and psychologist. It also included the person's religious and cultural needs, food likes and dislikes and social interests. Each person using the service had an easy read, one page profile that provided information for staff on their background, activities, relationships, personality, self-help skills, communication, likes, dislikes and preferences. To encourage the sharing of information and to enable people to be matched with key workers who shared their interests, the provider had also asked managers and support staff working in the service to complete their own profiles.

People's support plans covered personal care, medicines, communication, finances, behaviour, social activities and community access, behaviour and family contact. The plans were focused on the individual's needs, wishes and aspirations and were written in a person centred way. For example, people's plans used 'I' statements to record their views on the support they received. One person's plan instructed support staff to, "Be specific about the places I am going to visit and how I intend to travel", "Staff need to give me choices so I feel I am in control" and "Staff should focus on my wishes, feelings, preferences and choices". The second person's plan said, "I am not to be treated as unable to make a decision for myself merely because I seem to make an unwise decision."

The records we reviewed showed that people received the care and support they wanted, in the ways they preferred. Support staff reviewed each area of a person's support plan monthly and highlighted what worked well and where changes were needed to enable the person to meet their objectives. For example, one person's plan included revised goals to widen their social circle and the range of activities they took part in. The second person's care plan and risk assessments had also been reviewed and updated with them and their family to resolve an issue the family had identified. The monthly reporting by support staff showed these actions had greatly reduced the number of incidents the family and provider had identified as causing concern.

People told us they had access to a range of activities, in the service and the local community. Their care records included a programme of weekly activities, although support staff told us these were to prompt people and the actual activities people took part in were usually decided on a daily basis. Support staff supported both people to go out during the inspection and we saw they gave one person the time and opportunity to change their mind before they were sure what they wanted to do. Staff did this in a patient

and supportive way and ensured the person had the information they needed to make an informed choice.

The registered manager and support staff had also prepared a leaflet for each person that detailed the activities they had taken part in from April-June 2017. Support staff said they encouraged people to share the leaflets with their family members, friends and other people. The leaflets showed one person had been to Chessington World of Adventures, an aviation museum and a cable car trip across the River Thames, as well as social clubs and trips out to local pubs and restaurants. Support staff had also arranged for this person to spend time with friends in a recording studio where they had produced a recording of songs they had chosen. The second person had also taken part in activities they had chosen, including trips to Heathrow airport and Trafalgar Square, social clubs, bowling and meals out with friends. This person told us they enjoyed the activities staff supported them to access.

The provider had a policy and procedures for responding to complaints they received. They had also produced an easy read version of the procedure that they displayed around the service. Support staff told us they communicated regularly with people's family members. They said that, if a family member made a complaint, they would record it and ensure the registered manager was aware. Records showed the provider recorded and investigated any complaints in line with their procedures.

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). They also managed another of the provider's services. The registered manager told us they were a qualified Social Worker and a qualified nurse with 17 years of experience working in health and social care services. They also held a Leadership and Management Award in health and social care level 4. They had been a registered manager with CQC and previous regulators since 2007 and had worked for the provider since 2012. They also said they kept up to date with developments in health and social care by being part of the provider's conferences and improvement days held once or twice a year, they subscribed to magazines such as "Care Management Matters", "Care and Nursing" and "Caring UK" and received news-letters and notifications from the CQC website, ACAS, Health and Safety executive

People using the service knew the registered manager and other managers from the provider organisation. One person told us, "[Registered manager's name] is the manager, he's in charge." A relative commented, "There have been a few managers but they are generally good."

Staff also told us that they were well treated by managers and the provider. They said, "The manager is good, very understanding and flexible" and "If I have any problems, I can speak with management. They listen and they are very supportive."

The provider had systems to monitor quality in the service, gather the views of people using the service and others and make improvements. They organised a best practice group for managers to review policies and procedures and suggest changes and improvements. For example, merging documents to reduce the amount of information people had to read. They had also carried out a quality and safety audit in May 2017 that was based on the five questions CQC asks when inspecting services. This identified areas for improvement, including updating competency assessments for staff managing people's medicines. The registered manager confirmed that all issues identified for action in the audit had been addressed or were in progress.

Other checks the provider completed included a quarterly audit of staff files and the finances of people using the service and a six-monthly audit of medicines management by the pharmacist that supplied medicines to the service. The registered manager confirmed the pharmacist had completed their audit the day before our inspection and had found no concerns.

We also saw the provider's operations manager carried out a monthly monitoring visit to the service. This included speaking with people using the service and staff, checking the environment and care records. The operations manager produced a report following each visit and we saw they followed up any outstanding actions at the next visit. For example, they had identified gaps in staff supervision and training records and the registered manager was able to show us how they had addressed these to meet the provider's targets.

The registered manager arranged regular staff meetings and we saw they held these in February, April, May and June 2017. At the June meeting a team leader had used audio-visual learning materials and games to

support staff to think about how they communicated with people using the service and worked as a team.

The provider sent surveys to staff in May 2017 to get their views on the service. We saw they had produced an action plan based on the results to address issues staff raised. For example, 60% of staff felt the service was not always well maintained. As a result the provider arranged for the completion of redecoration and refurbishment works. The provider also sent surveys to the relatives or representatives of people using the service in July 2016. Most of the responses were positive and comments included, "Staff are very open, transparent and honest with us" and "[Family member] is very well supported."