

Consensus Support Services Limited

The Brambles

Inspection report

103 Great Park Street
Wellingborough
Northamptonshire
NN8 4EA

Tel: 01933381550
Website: www.consensussupport.com

Date of inspection visit:
24 February 2016

Date of publication:
12 April 2016

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

The inspection took place on 24 February 2016 and was unannounced. At the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

The service is registered to care for up to 10 younger adults with learning disabilities including autistic spectrum disorder. At the time of our inspection seven people were using the service.

A registered manager was not 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.

The manager had submitted their application to register with the Care Quality Commission in October 2015 and their application was in progress.

The support workers had a good understanding of what constituted abuse and of the safeguarding procedures to be followed to report abuse and we found that appropriate systems were in place to safeguard people from the risk of harm and abuse.

Risk assessments and accident management systems were in place and used to identify and manage risks to people's health and welfare. The support workers were aware of the risks, specific to people using the service and followed the risk management plans to promote people's safety and independence.

Appropriate systems were in place to protect people from risks associated with medicines and ensured people received their medicines safely.

The staffing arrangements ensured there was enough support workers available to continually meet people's needs. The provider's recruitment systems ensured that only staff suitable to work with people using the service, were employed at the service.

Support workers were provided with comprehensive induction training and on-going training. A programme of staff supervision and annual appraisals enabled them to reflect on their work practice and plan future learning and development needs.

The support workers treated people with dignity and respect and ensured their rights were upheld. Consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty codes of practice were met.

People had varied and nutritious meals and healthy eating was promoted. People were supported to acquire the skills of meal preparation and cooking within their capabilities.

The support workers cared for people with kindness and compassion. Trusting partnerships were forged and the support workers and relatives worked in collaboration to care for people using the service. The views of people living at the service and their representatives were sought and areas identified for improvement were acted upon to make positive changes.

Information was made available to people and their representatives on how to raise any concerns or complaints and they were dealt with appropriately.

People and their families were fully involved and in control of their care. The care plans were detailed and reflected people's needs and choices on how they wanted their care and support to be provided.

The service was led by a manager, who continually strived to provide a quality service. The support workers met regularly with the manager and the deputy manager to receive information and discuss plans for the service.

Regular audits were carried out to assess and monitor the quality of the service. The vision and values of the service were person-centred and made sure people were at the heart of the service.

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.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Staff were trained to keep people safe and risk management plans promoted and protected people's safety.

Staffing arrangements ensured that people received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and to promote their health and wellbeing.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to eat a healthy diet in sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

The staff cared for people with compassion.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

The staff worked in partnership with relatives and supported people to maintain regular contact with their families.

Is the service responsive?

Good ●

The service was responsive

People's care was personalised to reflect their wishes and what was important to them.

Care plans were person centred and reflective of people's needs and preferences.

People were at the heart of the service and were able to take part in a wide range of activities of their choice.

The views and experiences of people and their representatives about the service were sought and action was taken to improve the service based on the feedback.

A complaints policy was made available for people to use if they had any concerns or complaints about the service.

Is the service well-led?

Good ●

The service was well led.

The manager had applied to register with the Care Quality Commission in October 2015 and their application was currently in progress.

There was an open and positive culture which focused on meeting people's individual needs.

There were good links with the local community.

The manager operated an 'open door' policy and involved people using the service, families and staff in identifying areas for service improvement.

The care provision was consistently reviewed to ensure people received care that met their needs.

The Brambles

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.

The inspection visit took place on 24 February 2016. It was unannounced and carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included reviewing previous inspection reports and statutory notifications. Statutory notifications inform us of important events, which providers are legally required to tell us about by law.

We met with two people using the service, however due to communication difficulties associated with their learning disabilities we were unable to hold full conversations with them. As such we relied on our observations of care and discussions with relatives and support workers to form our judgments.

We spoke with the manager, the deputy manager and operations manager. We also spoke with two support workers and four relatives of people using the service.

We reviewed the support plans and associated care records for three people using the service. We also reviewed three staff recruitment files and records relating to staff training and supervision and the management of the service.

Is the service safe?

Our findings

People were kept safe by staff that could recognise the signs of potential abuse and knew what to do in response to any safeguarding concerns. One relative said, "I have absolutely no concerns at all about my [family members] safety". Another relative said, "I know that [family member] feels safe living at The Brambles, you can tell [family member] is very comfortable with all the staff, I have no concerns at all about their safety".

The support workers told us they had received safeguarding training that was regularly updated to ensure they were kept up to date with any changes in the safeguarding reporting procedures. One support worker said, "I know my responsibilities to protect people from abuse. If I ever thought any resident was at risk I would not hesitate to report it directly to the manager". The manager was aware of their responsibility to report all suspected or actual incidents of abuse to the local authority safeguarding team and to the Care Quality Commission (CQC). We saw records of safeguarding referrals that had been raised by the provider that also demonstrated referrals had been made.

We observed people using the service appeared relaxed and at ease with the support workers. Each person had the opportunity for one to one time with their keyworkers, which gave them the opportunity to discuss in private any concerns they had. We also saw that information on how to raise any concerns was also made available for people in written and pictorial formats. The information urged people how to speak out if they had any concerns about their safety or welfare.

Risk assessments were developed with the person and / or their representatives and we saw they were regularly reviewed. One relative said, "I am fully aware of [family members] risk assessments, the staff always escort [family member] on home visits, it's very reassuring that [family members] safety is ensured". The assessments identified any risks specific to the person and informed the support workers on what they needed to do to promote independence whilst keeping observant for risks. For example, areas such as participating in group social and leisure activities and how to manage behaviour that sometimes challenged the person and others.

Each person using the service had an information 'grab sheet' available within their support plans for use in the event of any emergency requiring admission into hospital or full evacuation from the building.

Regular checks were carried out on the environment and equipment and any areas identified for repair or renewal were brought to the attention of the relevant department and attended to within set action plan deadlines.

Appropriate systems were in place to respond to accidents and incidents. Accidents and incidents were regularly monitored by the manager to identify any extra measures needed to minimise the risk of repeat incidents. We saw that the support workers followed the individual behaviour management guidelines, which ensured stability and continuity in managing some behaviours that challenged the person and others.

The staffing arrangements ensured there was enough support workers available to meet the assessed needs of people using the service. One member of staff said, "We have a good team of staff, if somebody is off sick we will cover for each other, we don't use any agency staff. We have our own bank staff that cover for sickness and holidays, it's important that people are cared for by staff they know and trust". One relative said, "I visit at various times of the day and there always seems to be plenty of staff available". On the day of the inspection we observed there was enough support workers available to support people in meeting their daily needs and individual activities.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care setting. Staff told us that prior to starting work at the service they had to provide details on their previous employment history and give their consent to pre-employment checks being carried out. The staff recruitment records evidenced that gaps in employment histories, and the staff's skills, knowledge and experience were explored. We saw that written references had been obtained and that suitability checks were carried out through the government body Disclosure and Barring Service (DBS). This meant that only staff that were suitable to care for people using the service were employed to work at the service.

People's medicines were safely managed. The manager told us that medicines were only administered to people by support workers that had completed medicines training and competency assessments. The manager explained to us the systems they followed for the ordering, receipt, administration and returning of medicines and records showed that people's medicines were safely managed. We also saw that the medicines storage and administration records were appropriately maintained.

Is the service effective?

Our findings

People received care from support workers that had the knowledge and skills to meet their needs. One person with limited verbal communication gave a big smile and thumbs up in response to us asking if they were being looked after well. Relatives said they thought the support workers were well trained and knew how to meet their family members' needs. One relative said, "The staff know [family member] extremely well, I think they have the right attitude towards caring for people, it's not something you can do if your heart's not in it". The support workers were knowledgeable of the individual needs of people using the service. We observed during the inspection that the support workers anticipated people's support needs, responding to non-verbal cues and requests for assistance, which helped relieve any worries or anxieties people may have had. For example, one person showed some anxiety about the care of the fish tank, a support worker helped alleviate their concerns by cleaning out the tank, their actions helped alleviate the person's concerns.

There was an established team of staff working at the service. The support workers spoke highly of the training they received and said the training had helped to equip them with the knowledge and skills to carry out their roles and responsibilities effectively. One support worker said, "We have lots of training, some of it is provided through e-learning and some is face to face". The manager confirmed that regular staff training was provided to keep the staff's skills up-to-date. The training records showed that induction training was provided and on-going training that covered mandatory health and safety training and training specific to meeting the needs of people using the service. For example, caring for people with a learning disability, communication skills, equality and diversity and physical intervention, low level restraint training. During the inspection we observed that the support workers were very skilled in communicating and supporting people using the service.

People's needs were met by staff that were effectively supported and supervised. The support workers we spoke with told us they felt they were well supported. They told us they had regular one to one supervision meetings that gave them the opportunity to discuss in confidence their work performance and areas needed for further development. They said the manager and the senior staff were very approachable and always took the time to offer support, advice and practical help whenever needed. Records showed that the support workers received regular supervisions and an annual appraisal. We also saw that appropriate action had been taken to address areas needing improvement. For example, absence monitoring and performance management.

Consent was sought from people before they received care. Relatives confirmed that the staff always checked with their family members before providing their care and support to ensure they were in agreement. One relative said, "I know the staff would not do anything with [family member] if they did not agree with it". We observed that the support workers consistently asked for people's consent throughout the course of their work. This was achieved through communicating with people using verbal and non-verbal methods. They were skilled in responding to people's individual ways of communicating, such as facial expressions, sounds and gestures.

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. From their actions we concluded that the staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

In addition 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 are called the Deprivation of Liberty Safeguards (DoLS). The manager told us, and records confirmed that the staff had received training on the requirements of the MCA and DoLS codes of practice.

The manager told us that decisions made in people's best interest were done through full consultation with relatives and appropriate health professionals. Relatives told us they were involved in deciding on 'best interest decisions'. One relative said, "I have attended all of my [family members] care reviews, I feel fully involved in all decisions about their care".

The provider had followed the MCA 2005 and the DoLS legislations. We saw that people's support plans contained records of mental capacity assessments and the details of best interest decisions made on their behalf. The manager had appropriately submitted DoLS applications to the local authority for people using the service, for example, the risks of leaving the service unescorted by a support worker. Their actions showed they understood their responsibilities under the DoLS arrangements.

People were supported to eat a varied balanced diet that met their preferences and promoted healthy eating. We saw that people were supported to choose each day what they wanted for their meals by use of food picture cards. The service catered for people's different dietary needs and food intolerances. One relative said, "[family member] had a spell in hospital, they lost a lot of weight and when they came out they were unable to feed themselves. The staff at The Brambles have been brilliant. My [family member] has now put on weight and is eating their meals again using a knife and fork and drinking from a cup, it's great". The support workers told us they encouraged people to be involved in simple food preparation within their capabilities and they discussed healthy eating with people to promote following a healthy lifestyle. We also saw this was documented within people's support plans.

We saw that nutritional assessments were carried out for all people using the service and they were regularly reviewed. The support workers tactfully monitored people's food and drink intake. They worked in collaboration with health professionals, to ensure people received a diet that was nutritious and met people's dietary needs. We also saw that people had regular dental appointments to ensure their oral health was maintained.

The support workers and relatives of people using the service told us that people were supported to attend health screening and treatment appointments when needed. On the day of our inspection a chiropodist visited the service to provide treatment for people using the service. The manager confirmed that they had arranged for the chiropodist to provide basic foot care advice and guidance for the support workers, to ensure that foot care was provided between chiropody visits.

One relative said, "My [family member] had an accident at the day centre and scalded their back, the staff knew [family member] would not have been able to tolerate having dressings applied. They went out and bought some 100% cotton t-shirts for [family member] to wear, they were more comfortable and it definitely

helped [family member] cope much better". Another relative said, "They keep me informed, for example, my [family member] needed to have some blood tests, they called me to let me know the results". A further relative said, "If my [family member] is not well, the staff will contact me day or night, they will also take them to hospital if needed". Records showed that the support workers took prompt action in response to any deterioration or sudden changes in people's health conditions and acted on the instructions of the health professionals.

Is the service caring?

Our findings

Positive caring relationships were developed between the staff, people using the service and their friends and relatives. We observed that people appeared relaxed and at ease with the support workers. There was a light hearted atmosphere and people using the service and the support workers were observed interacting well with each other.

Relatives said they were always made welcome when they visited. One relative said, "They [staff] are very nice my [Family member] always looks happy and contented". Another person said, My [family member] comes home for weekend visits, at one time they never used to see The Brambles as being their home, but they now do, they are always pleased to return home". They also said, "The staff always make a fuss of my [family member] when it is their birthday, They have just had a lovely birthday, the staff made them feel really special, they had a party it was lovely". A further person said, "The staff are very thoughtful, I regularly get little gifts from my [family member] little things like, birthday, mother's day and Christmas cards, my [family member] likes sending little presents and the staff always help them to do so. On the day of our inspection we saw that one person had been supported to go out shopping for a present for a relative. The person came back happy and pleased with their purchase and looking forward to wrapping the present up.

The support workers provided care that was kind and compassionate. They had a detailed knowledge of each person's individual needs, preferences and dislikes. They demonstrated in their actions that they were skilled in understanding and responding sensitively to people through, the use of touch, sounds and gestures. It was apparent from the interactions we observed that people using the service and the staff liked and understood each other very well.

We observed people using the service were comfortable approaching the support workers, talking about things that mattered to them, to ask questions and seek reassurance. They responded with interest, stopping what they were doing and giving people their full attention, that made people feel listened to and at ease.

There was a person centred culture and interactions between people using the service and the support workers demonstrated that people's individuality was promoted and protected. One relative said, "They [staff] helped decorate my [family members] bedroom, it's how [family member] wanted it, it looks really nice, my [family member] is very pleased with it".

People using the service and their relatives were encouraged to be in control and involved in decisions about their care. Relatives said they were involved and consulted in care reviews and knew which member of staff was their family member's named keyworker. (A keyworker is a member of staff that is matched to each person using the service; their role is to oversee the care of the person to ensure their needs are fully met). One relative said, "I am very involved in the care of my [family member] the staff always involve me in any decisions that need to be made".

We saw that each person had information within their support plans that gave information about important events in their lives and the things that mattered to them. The information helped the support workers to provide individualised care to meet people's specific needs and preferences.

We noted that the support workers were mindful of respecting people's privacy when carrying out any personal care tasks and when discussing personal matters. We saw that confidential information held at the service was stored securely.

Most people in the service had the support of close relatives but systems were in place to access formal advocacy services should they be required.

Is the service responsive?

Our findings

People received personalised care according to their needs and preferences and supported to make choices. One relative said, "The staff know my [family member] so well, they know their routines and know how to support them". We observed that people's care and support was individually provided based upon their needs and preferences. We were told that before people moved into the service they were invited to visit on several occasions. This enabled them to spend time with people using the service and adjust to the new surroundings, before deciding whether to move in or not.

We saw that the support workers worked closely with the person and their family members. This was also documented within people's support plans. Each person had a support plan that was used to guide the support workers as to how they needed to assist people to be in control of their daily lives. The plans detailed people's individual abilities and skills and the things that were important to know about them. We saw that care reviews took place regularly and all the relatives we spoke with confirmed they were invited to attend the reviews and felt very much involved in any decision making. We also saw that people's care was also reviewed by other health and social care professionals involved in their care and support.

We observed the support workers communicated with people using each person's preferred method of communication, speech and body language. The support workers appeared skilled in understanding what people were saying both verbally and non-verbally and they responded appropriately.

People were encouraged and supported to engage in educational, social, occupational and recreational activities. We saw that people's care records contained information detailing their interests and hobbies and people were encouraged to share information about their likes and dislikes, hobbies and interests. This was so that activities could be arranged to suit individual needs and preferences. We saw that people attended regular day centre and work based placements.

People were supported to maintain relationships with people that mattered to them. Relatives said the staff supported people to visit their family members as often as they could on a mutually agreed basis.

Information was available to people using the service and their relatives on how to make a complaint. Most relatives said they had no cause to complain about the care their relatives received at the service. They said if they did they would speak directly with the manager. The manager confirmed they had received one complaint about the service over the past 12 months and that they had met with the complainant to fully address their concerns and as a result changes had taken place in how the family members care was being delivered. We also saw that the manager had kept records of the complaint and the actions they had taken to resolve them to their satisfaction.

Arrangements were in place for people using the service and relatives to provide feedback. One relative said, "I have completed surveys that have been sent to me, I am extremely pleased with the care my [family member] receives at The Brambles, my [family member] considers it their home and likes living there". We looked at the comments received from the latest survey that was carried out in January 2016. All of the

comments were positive and expressed that relatives were pleased with the care their family members received at the service. We also saw that regular one to one meetings were held with people using the service and their keyworker, during which people were asked what made them happy and whether they had any suggestions for improvements to their care. One person said, they liked having a chat with staff when they returned home from the day centre and liked talking about plans for the evening, what meals to have and what activities to do.

Is the service well-led?

Our findings

The culture of the care provided at The Brambles was one of openness and transparency. Most of the relatives we spoke with said, they felt they could approach the manager and support workers at any time to discuss the care of their family members. One relative expressed that their family member was happy living at the service, although they felt that the communication they had previously had with the service was not as good as it used to be. They said they were soon to visit their family member and would take the opportunity to speak with the manager about this change. The manager said they had an open door policy and welcomed people using the service, relatives and staff to approach them at any time.

The other relative we spoke with said the manager and support workers always kept them in touch to let them know how their family member were doing. One relative said, "I never felt worried, I know [family member] is being very well looked after. They contact me whenever they feel I need to know something, I have no suspicions that I have not been informed of anything that I should have". Another relative said, "I am very involved in my [family member's] care reviews, meetings have been held at the home and also at my home".

Suitable systems were in place to record accidents and incidents. We saw that appropriate actions were taken to minimise the risks of repeat accidents and incidents. The provider had appropriately notified the Care Quality Commission (CQC) of events as required by law under the registration regulations.

We observed that people using the service were encouraged to speak with the manager and the support workers about anything. During the inspection people approached the manager and support workers, they were always made welcome and they stopped what they were doing to listen and offer help and advice, their calm and welcoming approach alleviated any anxieties people may have had.

The support workers spoke highly of the manager, during the inspection we observed they and the manager communicated well with each other and it was evident there was mutual respect for each other.

The manager and support workers ensured that people living at the service had daily access to the local community and they were very much integrated and involved with the local community and regularly attended community events

The support workers we spoke with were aware of the values of the service. One relative said, "There is a real family feel; it really does feel like home". The manager said she welcomed people, relatives and support workers to speak with her about anything and they would always be listened to.

We found the support workers to be motivated, caring and trained to an appropriate standard, to meet the needs of all people using the service. They told us that staff meetings took place regularly with the manager and deputy manager. On the day of the inspection we saw that a pre-arranged staff meeting took place. We reviewed the minutes from the staff meetings and found they covered areas such as, accident and incident de-briefings, actions in response to complaints, staff training and development and service improvement.

The support workers said the meetings gave them an opportunity to raise ideas and that they thought their opinions were listened to and ideas and suggestions taken into account when planning people's care and support.

Established policies and procedures for managing the service were in place. They included areas such as, managing medicines, safeguarding, whistleblowing, confidentiality, health and safety and infection control. The policies were regularly reviewed to ensure they remained current.

The quality assurance systems to monitor people's care were robust and used to drive continuous improvement. The manager was proactive in monitoring people's needs and the quality of service provision. They responded promptly to any areas identified as requiring additional input.

The support workers told us they were provided with continual learning and development opportunities. They also confirmed they attended regular supervision and appraisal meetings with their supervisors.

The staff were aware of their responsibilities to keep people safe and protected from abuse. They said they had confidence that the manager would act immediately on any concerns reported to them. They also knew how to raise concerns under the provider's whistle blowing policy directly to the Local Safeguarding Authority or the Care Quality Commission if they believed appropriate action was not taken to protect people from abuse.