

Consensus Support Services Limited

78 Polwell Lane

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



Overall summary

This unannounced inspection took place on 24 November 2015. The service provides support for up to five people with learning and physical difficulties. At the time of our inspection there were five people living at the home.

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.

Relatives said that they had no concerns about their family member's safety. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Summary of findings

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and where possible people were involved in making decisions about their support. People participated in a range of planned activities both in the house and in the community and received the support they needed to help them to do this.

Records showed that medicines were obtained, stored, administered and disposed of safely. People were

supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

People's relatives were actively involved in decision about people's care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the home. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people living in the house were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager was visible and accessible and staff and people's relatives had confidence in the way the service was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective

Where possible people were actively involved in decisions about their care and support needs and how they spent their day. Relatives also contributed to best interest meetings. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review.

People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Good



Is the service caring?

The service was caring.

People's privacy and dignity were protected and promoted.

There were positive caring interactions between people living at the house and staff. People demonstrated that they were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people's views were respected.

Staff promoted people's independence in a supportive and collaborative way.

Information was provided to people in a way that they understood.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Pre admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People's relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and relatives had confidence that any concerns would be responded to appropriately.

Is the service well-led?

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People's relatives and staff were confident in the management of the service.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 24 November 2015 and was unannounced and was undertaken by one inspector. Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with the operations manager and the registered manager and six care staff. We spoke with four relatives. We looked at records and charts relating to two people, and three staff recruitment records. We also observed people receiving support from staff and engaging in social activities.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

Some of the people were not able to tell us if they felt safe living at the home as they were unable to communicate. Therefore we spoke with four relatives and they all said that they had no concerns about their family member's safety at the home. One relative said "We have total confidence that [name] is safe and well cared for."

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

There was enough staff to keep people safe and to meet their needs. Each of the people living at the home required a member of staff to be with them when they went out due to their mobility requirements. We noted that staffing arrangements were flexible to meet people's needs and to ensure that appointments such as the dentist went ahead as planned. One relative said "When I ring to see how [name] is, they are always out doing sailing or shopping." We observed that there were sufficient numbers of suitable staff to keep people safe.

When risks had been identified appropriate arrangements had been put into place to mitigate against risks re occurring these included ensuring that people were kept

safe from falling when they were in bed. People's independence was also encouraged and supported wherever possible and this was balanced against any risks that may occur. For example. Specialist seating had been arranged in a boat so that people could enjoy the experience of sailing.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. The three staff files we looked at contained relevant information which evidenced appropriate recruitment practices were being followed.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks were in place. We observed the weekly fire check in progress. The manager said that they always carried out the check in the morning as if there were any concerns they had the rest of the day to rectify these. People had emergency evacuation plans in place which detailed how they should be cared for in an emergency situation. An on call rota ensured that there was always a knowledgeable senior member of staff available should staff require advice or guidance.

There were appropriate arrangements in place for the management of medicines. Audits from an external pharmacy took place on an annual basis and there were no actions outstanding. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. There were arrangements in place so that homily remedies such as paracetamol could be given when people required it.

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training such as basic life support and health and safety. Additional training relevant to the needs of people were also included such as how to support people with learning disabilities. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. For example one member of staff had received support to develop their IT skills. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. The manager said that they provided regular supervision meetings with staff and that staff knew they could also request an 'ad hoc' supervision if they needed one.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by training and appropriate policies and guidance. The manager said that they had involved relevant professionals such as a speech and language therapist and family members in best interest meetings and mental capacity assessments when necessary. 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 Mental Capacity Act. The application procedures for this is called the Deprivation of Liberty Safeguards (DoLS). We checked that

the service was working within the principles of the MCA, and found that conditions on authorisations to deprive a person of their liberty were being met as related assessments and decisions had been properly taken.

People were supported to maintain a healthy diet, and some exercise in the form of dancing was used to help one person reduce their weight. Where indicated referrals to dietitians had been made and we noted that the recommendations from professionals had been included in care plans and the actions carried out by staff such as 'thickening' people's drinks and cutting up food into small pieces to avoid the risk of choking. We observed people enjoying their lunch and evening meal which had been home cooked.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. This meant that people were able to receive ongoing monitoring of their health. We noted that staff were supporting people to carrying out exercises that had been recommended by a physiotherapist. During our inspection we spoke with a visiting healthcare professional. They said that the staff had a good knowledge of people and that this meant they had been able to effectively provide the treatment that they had come to deliver as staff had reassured people and given explanations of why the treatment was needed such as 'flu vaccinations.

People received prompt care and treatment to maintain good health. Relatives said that the staff were very good in seeking help or advice when their family member had become unwell. One relative said "I have absolutely no concerns, [name] is well looked after in every way." Another relative said "They always keep me informed as to how [name] is, they take him to all his appointments."

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. Where people benefited from a more structured day there were pictures to show what was happening 'now' and 'next' which helped people to focus on one activity at a time. Staff used the pictures to explain to people in a patient and friendly way.

People were given information in a way that they understood, pictures were used to show what members of staff were on duty as people liked to know who would be in the home to support them.

Where people were unable to express their views and to make choices, we noted that family members had given guidance to staff about what people liked to do and what their preferences were. This information was also recorded in people's care plans to guide staff about what people liked or disliked. One person had recently been out in their wheelchair with staff support as the member of staff knew that they loved to go out into the fresh air.

People's dignity and right to privacy was protected by staff. Staff knocked on people's doors and asked if they could come in, they did this even though people were not able to speak and give their permission for staff to enter. One member of staff said "I know that [name] can't answer me but it feels right to treat people with respect in this way." Relatives said that the staff always included their family member in conversations with them.

We observed that although some people were not able to speak, their facial expressions showed they were happy spending time with staff. Staff helped people with the activities they enjoyed and we noted that the staff approach was kind and caring rather than task led. The manager had also attended dignity in care training and had increased staffs awareness of people's rights to dignity. We noted that there were posters outlining everybody's responsibilities in promoting dignity for people living at the home.

Relatives praised the caring nature of the staff. One relative said "The staff are so patient with [name] they are really caring." Relatives also said they felt able to visit at any time and were welcomed by all the staff. "The staff are fantastic, I can't fault them at all."

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment that would be required or any specific communication tools or environmental changes such as ensuring that plugs and electronic equipment was placed out of people's reach.

The assessment and care planning process also considered what people like to do and how they like to spend their time. Some people liked to spend time having a bath and playing with the water, other people liked to listen to music. Where people had physical disabilities staff ensured that there was suitable moving and handling equipment so that people could receive the care and support they needed.

All the care and support that people received was person centred as every person was treated as an individual. We saw that bedrooms had been decorated in colours that people liked and contained individual items of personal interest and value. One person had arranged their possessions in the way that they wanted them to remain. Staff said that they had to ensure that the items were replaced in exactly the same place after their room had been cleaned as this was what the person wanted. For those people that were unable to see. Staff had put some items that made sounds such as a toy so that people would know that these items of reference identified parts of their room and aided independence. Staff had also been innovative in finding materials that covered the walls and bed in a soft material so that people were not at risk of harming themselves if they banged the walls when they were unsettled.

People were encouraged to communicate with staff using special equipment for example one person's device was operated by their eye movement which allowed people to play a game on the screen and to communicate words to staff. This enabled the person to 'speak' to staff and also to use the device to ask for staff if they needed something. The person demonstrated a short game on the screen to show how they used their eye movement to play the game.

There were arrangements in place to gather the views of people that lived at the home via monthly residents meetings. As some people were not able to communicate verbally staff had sourced leaflets with pictures showing activities such as a Christmas bowling party, ice skating, and animals. Staff had then showed the pictures to people and were able to gauge their interest by their facial expressions and giggles or by 'thumbs up' or 'thumbs down'. The minutes of the meeting were also in a pictorial format showing who was present and pictures of what had been discussed showing people's smiling faces. We noted that at a previous residents meeting some people had wanted to go on a holiday and their views had been listened to and people had been taken on holiday in England and abroad.

People were not able to tell us if they had any complaints about the service so we spoke with family members. They all told us that they had no concerns. One relative said "We have no concerns and no complaints, we have absolute confidence in the home." There had not been any formal complaints raised with the manager since our last inspection. The manager had recently completed training in undertaking investigations and was confident in their abilities to undertake any complaint investigation if a complaint was to be raised.

Is the service well-led?

Our findings

People were not able to tell us if they had confidence in the manager so we observed the manager interact with people and it was clear from people's responses by laughing and smiling that they were happy in the company of the manager. Relatives also praised the manager. One relative said "The manager treats [name] as if he were a person not like they were a patient."

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside the service.

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They said "[name] is always there for us, her door is always open and she encourages and supports us." Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. For example any ideas for people to attend special events.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. Relatives of people living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

The provider had a process in place to gather feedback from people their relatives and professionals via an annual survey. Comments we read included "My client's needs are met to a very high standard." And "Good team work and a supportive manager."

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. Staff said that they had all been given areas of responsibilities such as the ordering of supplies or the oversight of food safety. They said that they worked very well together as team and relied on each other to provide a good service and support to people living at the home. From our observations during the inspection the staff team worked very well together and communicated relevant issues to the manager. They also took responsibility for certain decisions which showed they had confidence in the part they played within the home.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

There were arrangements in place to consistently monitor the quality of the service that people received as regular audits had been carried out by the manager and operations manager. We noted that as a result of these audits and quality checks, recommendations for improvements had been made. The manager was able to tell us what actions had been taken to improve the quality of the service such as improvements to the garden area.