

Consensus (2013) Limited

Consensus (2013) Limited - Redan Street

Inspection report

15 Redan Street
Ipswich
Suffolk
IP1 3PQ

Tel: 01473226399
Website: www.consensussupport.com

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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

About the service

Consensus (2013) Limited – Redan Street is a domiciliary care service providing personal care to people with a learning disability and complex needs who live in two supported living environments, where staff support is available up to 24 hours per day. At the time of the inspection there were six people who used the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported by caring staff that knew them well and understood how to support them to achieve their potential. Care was person-centred, individualised and regularly reviewed. People's rights to independence, dignity and privacy were promoted and respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Where people required support with their dietary needs, health and their medicines, this was done effectively. Infection control processes protected people from the risks of cross infection.

There were enough staff safely recruited, trained and supported appropriately in their roles to care and meet people's needs.

Risks to people were assessed and mitigated, which reduced the risks. Staff were knowledgeable about people's risks and how to care for them safely. They understood how to protect and safeguard people and demonstrated a transparent attitude to reporting concerns.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were robust systems in place to assess and monitor the service provided. People's views were sought, and these were used to drive improvement. There was a complaints procedure in place.

Rating at last inspection

The service was registered with us 27 June 2016 and was dormant for a period of time. This is the first inspection.

Why we inspected

This was a planned inspection based on a new service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Consensus (2013)- Redan Street service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. They were also the provider. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or a member of their management team would be in the office to support the inspection.

Inspection site visit activity started on 26 November 2019 and ended on 18 December 2019 when we gave

feedback. It included a visit to the office location on 26 November 2019 and to one of the two supported living locations on the 27 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with three people who used the service. People could not always readily tell us about their experiences. We observed the way people interacted with the management team and staff.

We spoke with the registered manager, two of the provider's regional managers who supported the service and three care staff.

We received electronic feedback from two relatives about their experience of the service provided, two members of staff and two professionals involved with the service.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their roles and responsibilities in keeping people safe from harm. They were supported by the management team to raise safeguarding concerns appropriately when they were worried about people's safety.
- The provider had responded well when concerns were raised. They had worked with the local safeguarding team to ensure people were safe.
- Policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- Staff knew people's identified risks well and were able to support people safely during an activity and when out in the community.

Assessing risk, safety monitoring and management

- People's care records contained information about their support needs and the associated risks to their safety. These included risks associated with specific medical conditions, mobility, nutrition and within the person's home environment.
- Risk assessments supported people to be as independent as possible whilst recognising any potential hazards. Staff protected people whilst supporting them to maintain their independence. For example, accessing the community independently.
- People had detailed Positive Behaviour Support (PBS) plans in place where needed. PBS is a person-centred approach to people with a learning disability who may be at risk of displaying distressed behaviours that can challenge them and others. The PBS plans contained information about potential triggers, signs for staff to look out for and actions to take to de-escalate situations.
- Where interventions or de-escalation situations occurred, they were closely monitored by senior managers.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their care and support needs.
- The senior management team acknowledged that there had been several personnel changes during the year and this had impacted on continuity of care, workforce morale and at times disrupted the service. The registered manager explained how recruitment of staff had been an issue, but the service had 'turned a corner' recently and were now nearly fully staffed.
- Staff described at times a challenging year due to staff turnover that was further heightened when new people moved into the service. However, staff said things had improved and they were confident in the changes the registered manager was making. One staff member said, "We had some issues with staff

sickness and staff leaving but things are much better, it's settling down and we have a good team in place to support the people here."

- The registered manager told us agency staff were not used at the service and any staffing gaps were covered by existing staff picking up overtime. This supported continuity of care for people.
- The provider undertook checks on the suitability of potential staff to care for people living at the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- Staff were trained to administer medicines, with competency assessments completed on a regular basis, including observations, to ensure people were supported safely.
- Most people had their medicines kept in locked cabinets in their bedrooms. This enabled people to have their medicines in the privacy of their room if they wished to. Where people had opted to have their medicines stored outside of their bedroom this was also respected.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.
- Some people had epilepsy. This was often managed by regular medicines and where necessary with an additional medicine to have in an emergency, in case of a prolonged seizure. Staff were knowledgeable about people's epilepsy and trained in emergency epilepsy medicine where this was relevant to a person they supported.
- Regular medicine audits and staff competency checks were completed. Where an error had been identified this had been followed up by the management team.

Preventing and controlling infection

- The service had measures in place to manage the control and prevention of infections.
- Staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included disposable gloves and aprons.

Learning lessons when things go wrong

- The management team responded appropriately when accidents, incidents or near misses occurred. They undertook detailed investigations to mitigate risk and reduce re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had detailed assessments that were used to develop their support plans and guide staff on how to meet their individual needs. The plans contained information about people's preferences, needs and choices. They also included communication profiles, personal history, important routines and health action plans.
- People's needs were assessed before being supported by the service, with family members and significant others involved in the process as much as possible to ensure the service could meet the person's needs. Ongoing care and support arrangements were regularly reviewed to ensure people were receiving the right care and support.
- Information was available to staff to enable them to keep up to date with best practice guidance in order to meet people's needs.
- Staff had received training in equality, diversity and inclusion to help effectively support people with protected characteristics. They had access to a range of guidance and this was observed during our inspection.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work which included working alongside an experienced member of staff. Induction procedures and further ongoing training provided staff with the skills and competencies required to carry out their role effectively.
- New staff were supported to achieve the Care Certificate. This is a set of induction standards that staff in the care sector should be working to.
- Specific training to meet people's needs was provided to staff for example, in Autism, epilepsy and in PBS techniques
- Staff told us that the induction and training they received assisted them in their role and with meeting the often complex needs of the people they supported.
- Staff received formal supervision and were given regular feedback on their performance to aid their own learning and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of people's individual dietary needs, their likes and dislikes and supported people to eat and drink in accordance with their assessed needs.
- Where required nutritional assessments and advice from dieticians and speech and language therapists was sought and followed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff ensured people had the access to healthcare support they needed in a timely manner. One person told us, "If I need to go to the doctor I go myself but they [staff] remind me when [other healthcare] appointments come up."
- People had a 'hospital passport' that were used in the event of a hospital admission. The information contained in the 'passports' provided information to medical staff on the person's medical history, prescribed medicines, health conditions, mobility and communication needs.
- Professionals involved with the service confirmed they had good relationships with the service. One health professional commented, "Advice is sought and acted on, appropriate referrals made, and staff follow through on advice given."

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People were supported to make decisions and the service adhered to the MCA.
- People's care records showed that people had consented to their care and support when they began to receive the service and were involved as much as possible in their ongoing development.
- Our discussions with the management team and staff showed they were clear about their role under the MCA and in assessing people's capacity.
- Where people did not have capacity to make decisions this had been properly assessed. Any best interest decisions were always made in accordance with legislation and people's wishes.
- Our observations showed that staff assisted people to make decisions and consistently sought consent before assisting them. The support they provided was encouraging and enabling.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff who supported them were caring, kind and respectful. One person said, "They are all right with me, I can have a laugh with them." A relative commented, "I am very, very impressed. [Person] has settled in so well the staff who look after him are very, very good in taking care of him and the manager keeps me informed."
- All the staff including the management team, spoke about people in a caring and compassionate manner and knew the people they cared for well.
- We saw that staff positively interacted with people, encouraging them to be involved in daily living decisions and respected their choices. When one person started to become distressed, we saw staff immediately provide comfort and reassurance which settled the person.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and included in making decisions about their care and support. One person commented, "I decide what I am going to do and when. It is my life, my choice." Speaking about a member of staff they continued, "I have a key worker, we talk about things and they help me to choose what I want."
- People's views were reflected and detailed in their care plans and where possible they had signed these in agreement to their plan of care and support.
- People's care plans contained information about their life histories from childhood through to employment and significant life events. This helped the staff to build a relationship with people, talking to them about things that were important or interested them.
- Staff were skilled in helping people to express their views and to make choices about their care. Staff used a variety of tools to communicate with each person according to their needs. This included verbal and nonverbal ways of communicating.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted and encouraged.
- People told us the staff treated them well and spoke to them in a polite and respectful manner, listening and responding appropriately to any requests. One person told us, "They [staff] listen to me. When I get upset, they leave me alone to calm down and don't wind me up, they are kind and show me respect."
- We saw that staff were patient and supportive when communicating with people about choices. Staff went at the person's pace and did not rush them to decide.
- Staff understood the importance of supporting people's independence and were able to explain to us how they achieved this. Care records supported this approach.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care and support that was individual to them and met their needs. One relative explained how impressed they were with the quality of care and service provided and shared that since their family member had moved in, it was the 'best they have seen them in a long while.' This the relative attributed to the 'brilliant care' and person-centred approach of staff.
- Staff knew people and understood the support they required. Meaningful relationships had developed, and this was seen during our inspection. Where people had not long moved into the service we could see that staff were working on establishing trust with them and provided reassurance when needed.
- People had comprehensive care and support plans in place that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person. Language in people's care records valued and respected people.
- Where people had PBS plans in place this supported staff understanding of people's individual behaviours and what they were communicating, as well as identifying any environmental changes the person needed if they were feeling anxious or worried.
- There was a person-centred culture across the service. Staff were committed to ensuring that people had the same rights and opportunities as everyone else. For example, some of the people including those with complex needs had been supported to attend a two-day mini festival event that the provider had arranged in a UK holiday park. This had included 150 people from the provider's other services supported by 350 staff participating in a range of activities including karaoke, laser tag, bingo as well as watching live bands. This had been positive experience resulting in reduced behaviours for one person and feedback from those that had attended was complimentary.
- People were encouraged and enabled to pursue their hobbies, interests and participate in activities of their choice. Staff supported people to maintain relationships, community links that were important to them and this reduced the risk of isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans included personalised information about the way they communicated along with guidance for staff to follow to help them engage and communicate with people.
- Information was available and presented to people in a way that was accessible to them. For example, documents were available in easy-read style with pictures. Some people used communication boards and planners. Staff supported them to keep these up to date.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy.
- Staff had a clear understanding of each person's individual communication preferences and were able to understand each person's requests and concerns should they have needed to support them to raise a concern or complaint.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- People's end of life care plans were documented but were being developed further to ensure they were personalised, and that staff had the guidance they needed to support people if they entered the final stage of their life. The registered manager advised this would include people's preferences relating to protected characteristics, culture and spiritual needs. This information is important as a sudden death may occur.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- An open and transparent culture was visible in the service. Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.
- Staff felt supported and told us they found the management team approachable and receptive. They had their competency assessed by a member of the management team, to ensure they were working to the standards expected.
- The registered manager was supported by a deputy manager. Feedback about the management team was positive. One person said, "They [management team] are good. They listen and try to help." Another person told us, "I like the [registered manager] always asks how I am." A relative told us, "[Registered manager] is very passionate about the people. He is a hands-on manager."
- The management team and staff demonstrated a commitment to providing high quality care. One staff member told us, "It's all about them [people who use the service] enjoying and living their best life. Our job is to support them to be safe, live well, do what they want on their terms."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff changes including at management level had at times impacted on the smooth running of the service. However, steps had been taken by the registered manager and provider to address this through active recruitment.
- At the time of the inspection vacancies had been filled and we were assured that identified slippages in staff training, supervision and reporting was in hand. The provider's regional manager was providing additional support and resources to the service.
- Staff praised their colleagues and told us they worked well together with one staff member commenting, "Overall we have fantastic management and a supportive team." Another member of staff said, "Things are much better, its much calmer, communication is good, we have a regular team that work well together; has each other's backs."
- The registered manager showed a commitment to the service and was enthusiastic about developing the service. They had identified areas for further development such as end of life documentation.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their responsibilities around this. They received alerts and sector magazines to keep their practice up to date and received ongoing training and support.
- Duty of candour requirements were met. The management team understood their roles and

responsibilities relating to the duty of candour and there was a process in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered.
- There were several ways people could engage with the service including via meetings, regular care reviews and surveys.
- Staff told us they attended regular team meetings and there were weekly meetings for the people who used the service where they could decide on, for example, menu choices.
- Annual surveys were completed and analysed, and we saw that actions were taken where any less than positive comments were made. These had been completed by those that used the service, their relatives, staff and professionals.

Continuous learning and improving care; Working in partnership with others

- A system of quality monitoring checks was completed on all aspects of the service such as medicines, finances and risk management. Where actions were required as a result, these fed into an improvement plan for the service and shared with the provider.
- Any incidents or accidents and notifications were reviewed by the management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.
- The management team shared examples with us of how they worked collaboratively with other professionals. This included professionals who commissioned care from the service and others involved in people's care.