

Consensus Support Services Limited

8-10 Newlands Cottages

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 service provides support to people with learning disabilities, mental health needs and behaviours which may challenge the services they require. The accommodation is divided into two cottages. There is a self-contained one bedroom flat with a lounge, kitchen, a WC and showering facilities, and own enclosed garden. The second cottage has three single occupancy bedrooms, kitchen/dining area, two lounges, WC's, a bathroom, office, staff sleep-in room and garden. The laundry facilities are shared. There were four men using the service at the time of our inspection.

This inspection took place on 13 and 15 October 2015 and was unannounced. At our previous inspection in December 2013, we found the provider was meeting the regulations we inspected.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People lived in a safe and comfortable environment although some parts of the premises were in need of redecoration or repair. Renovation work was in process at the time of this inspection and there was an ongoing programme of refurbishment to improve areas of the home.

Staff understood how to protect people from harm and provide safe care. Risks to people's health and safety were well managed and the service encouraged people to take positive risks. Medicines were managed safely and people had their medicines at the times they needed them.

There was enough skilled and experienced staff to meet people's needs. Additional staff were provided for one to one support and to enable people to regularly access activities outside of the home. The provider followed an appropriate recruitment process which helped ensure that people were protected from unsuitable staff. Staff received a structured induction and essential training at the beginning of their employment. This was followed by ongoing refresher training to update and develop their knowledge and skills. Staff also undertook training specific to the needs of people they supported. This included managing behaviour that might challenge others.

Care and support was individual and based on the assessed needs of each person. People were involved in reviewing and providing feedback on the care and support they received. The care plan records included important information on how each person liked to live their life. Staff knew people well and were able to explain what mattered most to individuals.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who might not be able to make informed decisions on their own. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions.

People took part in activities that interested them and were supported to maintain relationships with family and friends who were important to them. Individuals were encouraged to build and develop their independent living skills both in and outside the service.

People's health needs were monitored and they had access to health care services when they needed them. Any advice from external professionals was included in their care and acted on accordingly. People were supported to keep healthy and their nutritional needs and preferences were met.

There was an open and transparent culture in the service. Staff experienced effective leadership and direction from the registered manager. They felt fully supported to undertake their roles and were given regular training, supervision and development opportunities. Staff were aware of the values of the service and understood their roles and responsibilities. Meetings were held regularly and were used to discuss any areas of concern, any changes to policies and to get feedback from staff.

Systems were in place that encouraged feedback from people who used the service, relatives, and staff and this was used to improve their experience at the service. The provider carried out consistent audits to monitor the quality and health and safety of the service. Where improvements were needed or lessons learnt, action was taken.

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 felt safe living at the service and their individual autonomy and safety was supported. Risks were identified and steps were taken to minimise these without restricting individual choice and independence.

Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Parts of the premises were in need of repair or redecoration although the provider had an action plan to address this.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People received their medicines as prescribed and medicines were stored and managed safely.

Good



Is the service effective?

The service was effective. People were confident the staff understood their care and support needs. Staff had the skills and knowledge to support people because they received on-going training and effective management supervision.

Staff respected people's right to make their own decisions and supported them to do so. The provider acted in accordance with the Mental Capacity Act 2005 Code of Practice to help protect people's rights.

People were provided with a choice of food and drink that met their nutritional needs. They received the support and care they needed to maintain their health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

Good



Is the service caring?

The service was caring. People were involved in the planning of their care and offered choices in relation to their care and support. They were involved in setting their own goals about what they wanted to achieve.

Staff empowered and promoted people's independence, respected their dignity and maintained their privacy.

Good



Is the service responsive?

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they received the right care and support. Staff listened to people about how they wanted to be supported and acted on this.

People were supported to access activities that were important to them both in the home and local community. Individuals were encouraged to maintain and develop their independence.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback. People told us staff listened to any concerns they raised.

Good



Summary of findings

Is the service well-led?

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run.

Staff were encouraged and supported by the registered manager and were clear about their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service and used to plan on-going improvements. Where issues were identified these were actioned to improve the service people received.

Good



8-10 Newlands Cottages

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.

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. Prior to our visit we also reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, information from the local authority and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also reviewed previous inspection reports.

We visited the service on the 13 and 15 October 2015. The first day of the inspection was unannounced and we informed the manager that we would return on a second day to complete our inspection.

This inspection was carried out by one inspector. We spoke with three people using the service, the registered manager and three members of staff during the course of our visit. People were able to give us direct feedback about their care and experiences.

We looked at records about people's care, including three files of people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked four staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Following our inspection the manager sent us some information about planned maintenance for the premises and staff training.

Is the service safe?

Our findings

People told us they felt safe living at Newlands Cottages and could report any concerns. One person said, “Yes I feel safe, staff talk to me.” Another person told us they felt “safe and relaxed.”

Robust systems were in place to reduce the risk of harm and potential abuse. Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The service had a policy for staff to follow on safeguarding and staff knew they could contact outside authorities such as local authority or the police.

The manager understood their responsibility to protect people and dealt with safeguarding concerns appropriately. Where such concerns had been raised, records held by CQC showed the service had responded to any allegation of abuse and made timely safeguarding referrals when this had been necessary. The manager had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct procedures, including notifying us of their concerns.

Records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Where risks were identified, there was guidance for staff on the ways to keep people safe in their home and in the local community. Staff demonstrated a good knowledge and understanding of the care and support people needed. They gave examples of how they encouraged people to be as independent as they were able to be, while monitoring their safety. Records showed that people’s personal safety needs were kept under review.

Detailed behaviour plans were in place for people whose actions were assessed as being a risk to themselves and others. Staff had completed relevant training on how to respond to such behaviours. One told us the training was beneficial because, “it gives you confidence.” Staff were able to describe the different ways people expressed that they were unhappy or upset and how to support them. They showed insight and understanding of each person’s

behaviour patterns, including how to manage situations and keep people safe. The staff explained how they used distraction techniques such as one to one discussion or engaging a person in an activity.

Records of accidents and incidents we checked were fully completed, reviewed by the registered manager and reported to the provider every month. Patterns of accidents and incidents were monitored and steps were taken to prevent similar events from happening in the future.

We found that some parts of the premises were in need of redecoration or repair. In the rear garden there were broken items of furniture and loose bricks. External plasterwork was damaged around the kitchen door and the wallpaper was peeling away in the staff sleep in room. The electronic hand drier in the first floor bathroom was not working and there was no hot water supply in the ground floor toilet. Both these rooms were in need of redecorating and modernising. The manager confirmed that arrangements were underway to complete outstanding maintenance and refurbishments in the home. We were provided with an improvement plan to support this. This outlined the planned and completed works for 2015- 2016. Essential repairs and redecoration were carried out by the care provider’s own maintenance department.

People told us they received enough staff support. We observed that people received the attention and support they required throughout our visit. Staffing levels were based upon people’s assessed needs and the activities they each had arranged on a given day. Where individual needs directed, staff provided one to one support for people either at home or out in the community. Two people received local authority funding for individual staffing. The sample of rotas we looked at reflected the expected staffing levels. These included a minimum of three staff during the day with two staff on a sleep in duty overnight. A staff member told us that additional staff were rostered when needed. The registered manager worked flexibly throughout the week and was available to provide support if required. One staff member confirmed this and said, “He gets stuck in and does shifts when needed.” To support continuity of care for people, regular bank staff were used when staff cover was required.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call management support was always available. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements

Is the service safe?

were in place for fire safety. There was an up to date fire risk assessment for the home and practice evacuation drills were regularly held involving both people using the service and staff. People had specific risk plans on how staff should support them to leave the building in the event of a fire.

The provider followed a structured recruitment and selection process to ensure that staff were of good character and suitable for the role. We checked to see how this had been implemented. We found staff files contained all the essential pre-employment checks required. These included proof of identification, references, qualifications, employment history and criminal records checks via the Disclosure and Barring Service.

The arrangements for the management of people's medicines were safe. Individualised profiles explained how people needed to be assisted with their medicines. Where people needed medicines 'as required' or only at certain times, there were individual guidelines or protocols about the circumstances and frequency they should be given. One person had been prescribed medicine to help support them with behaviours that challenged others when required. We saw that this had not been needed and the manager told us that diversion techniques had been

successful for the person. The sample of records we checked showed that people received their medicines as prescribed and these were reviewed by relevant healthcare professionals as necessary.

All medicines were stored securely in the staff office. We discussed the use of individual medicine cabinets for people with the manager. They acknowledged that this would enable a more person centred approach to managing medicines.

There was an up to date procedure for the safe management of medicines and all staff had completed training on safe handling of medicines. The manager also completed checks with staff on their practical competency to safely administer medicines. Records showed regular checks and audits had been carried out to make sure medicines had been given and recorded correctly. These included daily and weekly checks. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had recently completed a full medicines audit and the manager had addressed their recommendations.

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. All new staff completed a thorough induction which included mandatory training and working alongside an experienced member of staff. Training consisted of 'e-learning' (computer training) and face to face training within the organisation or through the local authority. Staff advised that training was regularly available and records supported this.

The provider had implemented the Care Certificate as part of staff induction training. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015.

The staff training record was maintained electronically and showed all completed training as well as where staff were due to attend refresher courses. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency. Staff told us they received the training they needed to care for people and meet their assessed needs. This included how to manage challenging behaviour in the least restrictive way, epilepsy awareness and understanding diabetes. The manager told us that they had arranged for staff to complete additional or refresher training by December 2015. Courses included autism, emergency first aid at work, mental health awareness and person centred thinking.

Staff had monthly supervision with the manager who reviewed their performance and identified training needs and areas for development. Supervision records were detailed and included discussions about people using the service. Staff told us they felt supported and could report any concerns to the manager. One staff member commented, "I am confident to raise anything and he will deal with it." Staff performance was also monitored through an annual appraisal with the manager.

Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do. Staff worked in an inclusive way with people

and always sought their permission before carrying out any support. Records showed that people using the service had contributed and signed in agreement with records about their care.

The manager and staff had appropriate knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide a legal framework that protects people who lack capacity to make decisions about their life and welfare. Staff recognised their responsibilities and knew what to do if a person could not make decisions about their care and treatment. This included involving people close to the person as well as other professionals such as an advocate or GP. The manager had assessed where a person may be deprived of their liberty. Records demonstrated the correct process had been followed and appropriate documentation was in place. We saw applications and emails showing that the manager had been in contact with the local authority DoLS team. Policies and guidance were available to staff about the legislation there was also a poster displayed about the principles of the Mental Capacity Act.

The staff took a personalised approach to meal provision. A menu was in place as a guide and displayed in the kitchen. People were supported to choose and buy their own food and had individual kitchen cupboards for their preferred items. Where people wanted to prepare their own snacks or drinks they were supported to do so. This was confirmed by a person using the service. People told us they always had choice and could have an alternative if they didn't like the menu.

Individual nutrition and dietary needs had been assessed and reviewed regularly. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking or medical conditions such as diabetes.

People had personalised health action plans that reflected the support and treatment they needed. These records described people's medical needs and showed where other professionals were involved in people's care. Examples included the optician, dentist, GP, mental health professionals and NHS consultant. Where needs changed or a person required additional services, clear records were maintained and staff acted on advice or guidance. All appointments with health and social care professionals were recorded and staff had made timely referrals for

Is the service effective?

health and social care support when they identified concerns in people's wellbeing. This enabled staff to help people keep healthy and receive any necessary care and treatment.

Is the service caring?

Our findings

People told us they liked living at the service and staff treated them well. One person told us, “Staff are friendly, I can talk to them.” Another person shared similar views and described staff as “good.” People told us they had a key worker that they met with regularly. A keyworker was a named member of staff that worked alongside the person to make sure their needs were being met. Throughout our inspection, people were relaxed with staff, they shared jokes together and staff were attentive to what people had to say.

One person told us that their religion was important to them. Another person valued time with staff to talk about any anxieties or matters that affected them. Care records reflected what people told us, were written with the person and recognised people’s views. The support plans used person centred language such as “my choices and preferences”, “what is important to me” and “how best to support me.” People’s needs assessments described how individuals should be supported. They included areas such as “managing my emotions” and “involvement and inclusion.”

The manager and staff showed detailed knowledge about the people they supported and spoke confidently about people’s individual needs, preferences and interests. These details were included in the care plans and corresponded with what staff told us.

People who used the service were involved in decisions about things that happened in the home. Individuals met with their key worker and discussed their care and support every month. Discussions took place around personal aims and objectives and whether they were meeting the needs of the person. People were also asked about their

preferences and what activities and interests they wanted to pursue. These were reflected in the person’s support plans. Annual reviews and general meetings with staff and other people using the service also provided opportunities for people to discuss issues that were important to them.

Where needed, information was made accessible to people. For example, there were easy read leaflets about making complaints and reporting abuse. Care records such as health action plans included pictures and plain language to help people understand the information.

People were supported to see their families and others who were important to them. There was regular contact with relatives or friends of people through telephone calls and visits. Records showed that staff kept relatives informed about people’s welfare and families were involved in reviews and other meetings as appropriate.

The bedrooms were decorated and furnished according to people’s choices. There were items of personal value on display, such as photographs, memorabilia and other possessions that were important to individuals and represented their interests. Parts of the home were being redecorated at the time of our inspection. People had recently been involved in choosing new décor and furnishings for the lounge areas. One person told us they had enjoyed helping with the painting.

People confirmed that staff treated them with respect and recognised their choice for privacy. One person told us staff respected their choice to be alone if they requested it. We observed staff addressed people respectfully and maintained confidentiality when discussing individuals’ care needs. People’s personal information was kept private and secure and their records were stored appropriately in the service. Staff had received training on the principles of privacy and dignity and person centred care.

Is the service responsive?

Our findings

We found that people received a personalised service that was responsive to their needs. Before people came to live at the service their needs were fully assessed. This was achieved through gathering information about the person's background, needs and aspirations in their daily lives. The manager also met with other health and social care professionals to plan and discuss people's transfer to the service.

People's needs assessments included information about all aspects of the person's life, including their interests, social needs, preferences, health and personal care needs and areas of independence. The assessment was used to develop support care plans that were based on individual needs. The plans were written in a personalised way such as "managing my emotions", and "my behaviour/moods." We found plans were clear and reflected the person's assessed needs. For example, one person had a support plan to address needs around accessing the local community. The plan included information about the person's dislike for crowded environments and the impact this may have on the person.

Other information contained in care files included what was important to the person now, and in the future. Records showed staff had enabled each person to live the way they wanted to and work towards their goals. People's comments were recorded on their care plan when reviewed and they discussed their support needs with their key worker every month. Staff wrote daily reports about each person's daily experiences, activities, health and well-being and any other significant issues. These were comprehensive and included detail about 'what worked well' and 'what didn't' for the person. This enabled the staff to monitor that they were meeting people's needs.

Care reviews had taken place periodically which involved the person using the service, family members and key staff and professionals involved in their care. Support plans and risk assessments had been evaluated to assess if they were effective in meeting people's needs. These had been updated with relevant information where care needs changed. The manager told us they had received advice on behaviour management for one person after staff identified

an increased period of unsettled behaviour. This had resulted in reduced incidents and a positive impact for the person in managing their anxieties and helping them to relax.

People were supported to develop their independence and staff empowered them to do so. Support plans provided guidance about how staff should support the person as well as what they wanted to do unaided. Information on the person's progress was also monitored and recorded. Staff shared examples where people had achieved personal goals such as increased social interaction and planning their own holidays. People told us that staff were helping them to learn new skills such as cooking, budgeting and travelling to London independently. One person said they had started voluntary work in a charity shop.

People's diversity and human rights were respected and care records included information about their needs. The provider took these needs into account when planning and providing care and support to individuals. This included support with their spiritual, cultural and religious needs. For example, if people attended church, they were supported to do this. Staff had undertaken training on equalities and diversity as part of their induction. They understood and respected people's individuality, including their beliefs and values. One person told us they went shopping for particular clothes that reflected their identity. Three people had taken part in election voting earlier in the year.

There were activities arranged and planned throughout the week that reflected people's interests and allowed choice. Each person had an activity plan which reflected the different social activities they enjoyed. During our visits people were engaged in activities at home or supported by staff to attend community activities. Information in the care records corresponded with what people told us about their lifestyles and routines.

People shared their views and experiences of the service by taking part in meetings and through daily discussions with staff and management. They told us they felt comfortable to raise a concern and knew who to complain to and could speak openly to their keyworker, the manager or staff if they were unhappy with the service. One person said, "I can talk to him [the manager] he will sort out complaints."

The complaints procedure was displayed within the service and available in an easy read format to help people

Is the service responsive?

understand the information. The manager kept a record of complaints and concerns and how these had been responded to. There was evidence that appropriate action

had been taken when responding to complaints and the records were checked every month. Where concerns had been raised these were discussed with staff to improve the quality of the service.

Is the service well-led?

Our findings

The registered manager had worked in the service since August 2014. People told us they felt involved in how the service was run and that their views were respected. Throughout our visit, people were comfortable talking to staff and the manager who all took time to answer their individual requests for advice or support. One person commented, "It's better." [since the manager had joined the service]. They said the home was well run and the manager was "10 out of 10."

People were actively involved in improving the service they received and were asked to complete a pictorial survey every year. This was available in an easy read format and included smiling or sad faces for people to indicate their response. We checked the most recent surveys which showed positive feedback. The four people using the service had consistently responded 'always' to the questions which covered all aspects of care. The provider also used questionnaires to gain feedback from people's relatives or representatives. They used the information to see if any improvements or changes were needed at the service. For example, the manager had identified that communication could be improved for some relatives and that décor and furnishings received the lowest rated score of 60%. An action plan was in place to address this.

Comments made by the staff showed that the manager led the team effectively and kept them well informed about the service and any developments. Staff told us they could voice their opinion freely and felt they were listened to. They said the manager was very approachable and involved in the day to day running of the home. One member of staff told us the manager "had made a difference." They said, "He has improved routine and structure for people" and "communication is good, staff are given information they need."

There were monthly team meetings where staff were able to discuss issues openly and were kept informed about matters that affected the service. Staff said they had the opportunity to share their views and to suggest any improvements. We looked at some staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and information sharing within the organisation such as training, policy updates or changes. Additional meetings were held when necessary. For example, the manager and staff talked about the best

ways to support a person after their hospital discharge and to maintain records related to this. Minutes of staff meetings were shared and reviewed with staff for discussion and learning. A communication book and daily shift handovers kept staff informed of any changes to people's well-being and other important information.

Staff understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. Information about the provider's whistleblowing procedure was displayed in the office.

The provider had a number of arrangements to support home managers. Managers had monthly meetings and one to one supervisions with their line managers. The registered manager had recently been commended for his effective management and told us the provider rewarded staff for achievements such as long term service.

The manager carried out a monthly compliance report which provided information about how well the service was running and any identified actions. Areas checked included people's care records, staffing, complaints, premises, accidents and incidents, health and safety and safeguarding. The reports were sent to the provider's quality assurance department and enabled the organisation to have an overview of the service and any risks so these could be jointly managed. This system also allowed for any themes or trends to be identified and acted on. The staff team had designated duties to carry out other in-house audits on medicines and health and safety practice such as fire safety, food storage, cleanliness and infection control. We saw checks were consistently completed and within the required timescales.

The manager was supported by an operations manager, who carried out a quality assurance audit every month. This was based on the essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. Any areas for improvement were identified in an action plan. We looked at the report arising from the most recent visit, in September 2015, and saw that the manager had addressed the required actions. This had included updating staff training in first aid and infection control and purchasing new furniture for the lounge.

There was evidence that learning from incidents and investigations took place and appropriate changes were

Is the service well-led?

implemented. The service kept appropriate records of all accidents and incidents. Investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary. Staff confirmed that they discussed significant incidents through debrief sessions and supervision with the manager.

CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification provides details about important events which the service is required to send us by law.

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. Care records showed how other professionals had been involved in reviewing people's care and levels of support required.