

Consensus Support Services Limited

Beech Court

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 ●

Summary of findings

Overall summary

This was an unannounced inspection and took place on the 26 and 27 April 2016.

The service provides care and support for up to 6 people who may have a learning disability, a mental health condition or physical disabilities. Some people using the service displayed behaviours that were challenging to others and required interventions from staff to keep them and others safe. Some people could not speak with us due to their difficulty in communicating effectively.

There was a registered manager at Beech Court. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Record showed the provider monitored incidents where behaviours challenged and responded promptly by informing the local authority safeguarding team, the Care Quality Commission (CQC), behavioural support teams and advocacy agencies.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately.

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care. Where people displayed physical behaviours that challenged others, staff responded appropriately by using redirection techniques and only used physical interventions as a last resort. The provider monitored incidents where physical interventions were used and had informed the local authority and healthcare professionals when required.

Staff interacted with people and showed respect when they delivered care. Healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

We consistently observed positive interaction between staff and people.

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. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good ●

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good ●

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before

they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Is the service well-led?

Good ●

The service was well-led. There was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people and relatives and staff to improve the service.

Beech Court

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 April 2016 and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, two team leaders, the deputy manager, one person and three support workers. We spoke with four healthcare professionals after our visit.

We pathway tracked two people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, two staff recruitment files, feedback questionnaires from relatives, risk assessments, care plans, quality assurance documents, supervision records and training schedules.

We last inspected the home on 19 June 2014 where no concerns were identified.

Is the service safe?

Our findings

Healthcare professionals told us people were protected from possible abuse. One healthcare professional said: "Staff work well with people and know how to keep people calm in challenging situations" and "As far as I can see, yes they have good knowledge of safeguarding procedures".

Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. Records showed they had received training in safeguarding adults and were required to repeat this on a regular basis. They were able to recognise and understand abuse, respond appropriately and make the necessary reports to the registered manager and external agencies. The providers safeguarding policy documented the different forms of abuse and provided guidance about how to raise a safeguarding alert. It detailed contact information about the Care Quality Commission, the local authority and the Police. Team meeting documents detailed the importance of disclosing any concerning information to a senior member of staff.

The provider had effective arrangements in place to review risk on a daily basis. Staff told us they communicated with each other during the day to share information about any risks and said they informed the registered manager of any concerns when they arose. Staff completed daily records which provided details of care people received including any incidents of behaviours that challenged. People's risk assessments were detailed and contained strategies for staff to follow should behaviours become challenging. Staff responded appropriately to particular behaviours and followed the guidance detailed in people's plans. Notifications received showed the provider had alerted the local authority safeguarding team and other professionals when necessary, such as a psychiatric nurse and behavioural psychologist. Care reviews showed incident records were used to monitor and identify any patterns or triggers in people's communication or behaviour changes.

There were sufficient staff with the right competencies, knowledge and skill mix to meet people's needs. For example, staff employed had previous experience in supporting people with a learning disability and had received training in supporting people with complex behaviours. Staffing levels had been assessed in accordance with people's care needs. A team leader told us they regularly reviewed staffing levels and when required, additional support workers were employed to ensure people were supported effectively. A support worker told us they employed additional staff to meet the emotional needs of one person in the service.

Arrangements were in place for the safe storage and management of medicines, including the facility for the storage of controlled drugs if required. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly. Only senior staff who had received the appropriate training were responsible for administering medicines. A training record showed support workers had been booked to undertake training in how to administer medicines.

Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff

and others knew how to evacuate them safely and quickly in the event of a fire. The provider ensured the premises and equipment were maintained. Health and safety records we looked at confirmed regular environmental checks were undertaken and any issues swiftly remedied.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

Healthcare professionals told us staff were knowledgeable about promoting people's rights. One healthcare professional said: "People are not restricted here, the staff seem to understand it is important to stand up for people and support them to access the community".

Staff were equipped with the necessary knowledge and skills to meet people's needs. For example, they were knowledgeable about best practice strategies to be used when applying restraint and described the interventions they used to de-escalate behaviours that were challenging. Records showed they had been appropriately trained and incident records documented the type of restraint used, length of time restraint was applied and reasons for its use. One support worker said: "Restraint is used as a last resort". Another support worker said: "I have had some really good training and I know what I have to do when I have to use physical interventions, it's not something I like to use and we use it much less now".

Staff received an effective induction into their role. Each member of staff had undertaken a programme of learning and development. Staff were supported in their role and had been through the provider's own corporate induction programme. This involved attending training sessions and shadowing more experienced staff. The provider had recently implemented the Care Certificate which new staff were required to complete as part of their development. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Support workers were observed by a senior member of staff to check they were competent to deliver effective care. Most staff had regular supervision and appraisal. The registered manager had a spread sheet which showed all staff were booked to receive a supervision and an appraisal for this year. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Support workers consistently told us they felt supported in their role and had access to help from their manager and their senior when they needed it. One support worker said: "There is an open door policy here and with the deputy manager now in place it has helped a lot already".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and healthcare professionals told us the food was of good nutritional quality and well balanced.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. There was an assumption that a person had mental capacity to take decisions unless there were clear indications to the contrary. Staff took what steps they could to support people in maintaining their decision-making capacity. Staff told us they were frequently involved in the assessments of people's mental capacity. Where it had been decided a person lacked capacity to make an informed decision, staff were involved in working out what measures would be in the person's best interests, whilst minimising any necessary restrictions of their liberty.

The provider's representatives were fully aware of their responsibility to ensure no person was deprived of their liberty unlawfully. They were able to demonstrate they had acted appropriately in line with the law in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. They had also engaged with the DoLS lead officer at the local authority to understand the local expectations for DoLS applications. At the time of our inspection five people were subject to DoLS. Staff were familiar with each person's authorisation document and said people's families had been involved when the restrictions were reviewed.

People were referred to healthcare services quickly when needed. Records showed staff regularly made contact with the intensive support team, psychiatrists, community psychiatric nurses, the speech and language team and GP practices to discuss specific behaviours and health needs. Documents showed people were supported to attend regular visits to the GP.

Is the service caring?

Our findings

Healthcare professionals told us people were treated with dignity and respect. One healthcare professional said: "Beech Court can be very complex but I feel the staff are caring in what can be a demanding environment". Another said: "The staff are great with people and show a lot of patience".

Most people living at Beech court were not able to tell us how caring the service was and so we spent time observing whether people were treated with kindness and compassion and their dignity and privacy respected. We observed interactions between staff and people which were relaxed and calm. Staff showed people kindness, patience and respect. Many of the people living at the home required one to one support from a staff member and we observed that this was managed in a sensitive and unobtrusive manner. People could move freely around the home and the gardens and could choose whether to spend time in their rooms or in the communal areas.

Each person had a detailed and descriptive plan of care. The care plans were written in an individual manner and contained information about what was important to the person. Staff told us, the support plans contained relevant information which ensured they knew and understood the care needs of person. All of the staff we spoke with displayed an in depth knowledge of the support needs and daily routines of each person which we saw helped them to deliver personalised care. Each person had a keyworker. A key worker is a member of staff who works closely with the person and their families to ensure they receive coordinated and effective care.

Staff understood what privacy and dignity meant within the context of the home and were able to give examples of how they maintained people's dignity by, for example, knocking on people's doors before entering and encouraging people to make their own decisions. A support worker talked about the importance of making sure doors were shut when performing personal care but also about giving people space. They explained they tried to read the signs or observe body language which might mean the person wanted some time alone. They said, "We generally know if people here are happy or if they don't want to do something but at times we hear it in their tone of voice. Some people rock back and forward and some people scream". Care documents contained communication plans which provided staff with useful guidance on how to respond to various communication methods.

Is the service responsive?

Our findings

Healthcare professionals told us staff were responsive to people's needs. One healthcare professional said: "(Person) is very challenging and complex but the staff respond really really well. There are some good staff there who know exactly what they need to do".

Each person had a detailed support plan which contained information about their preferred daily routines and about what aspects of their behaviour might mean. These plans had been developed with input from the person where able, their families and the health and social care professionals involved in their support. The care plans and placement records contained information about what was important to the person, for example, their likes and dislikes, how they communicated and phrases staff should use, or not use, when interacting with the person. A support worker told us how one person communicated they were anxious or angry. They explained that through the use of specific communication when techniques, using pictures and symbols they had been able to work out what was wrong and take action to address the problem. This meant that staff knew the needs and preferences of the people they were caring for and this enabled them to be responsive to their needs.

The home had effective arrangements in place to ensure that people were supported to have regular contact with their families and visit friends. One person was supported to visit their friend on the day of their birthday after asking to see them in the morning. The homes communication book and diary showed people were generally active and involved with the local community. People took part in activities such as swimming, horse riding, bowling and going for walks. One person had recently returned from a holiday in Butlins. The support worker said: "He was absolutely brilliant, he was doing everything for himself, it was lovely to see, he was just like one of the guys enjoying himself".

Care plans and risk assessments were reviewed monthly with annual reviews taking place with input from healthcare professionals and relatives. Each person had a key worker who was responsible for keeping relatives or other important people updated about the person the supported, to discuss progress or any changes to their needs. Documentation provided staff with guidance on conflict prevention and resolution, restrictive physical intervention techniques and detailed particular behavioural traits and triggers. Any incidents where physical interventions were used were appropriately documented and investigated by the registered manager and staff.

Complaints had been investigated and dealt with in reasonable time. The services complaints procedure provided information as to how complaints would be dealt with and what people and their families could do if they were not satisfied with the response. Staff told us they would try and rectify any issue at the time it was raised otherwise they would refer the complaint to the registered manager. One person complained their clothes did not dry in time after they had used the tumble dryer. A written apology was provided to the person and the staff concerned were shown how to use the new tumble dryer.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, an incident record showed how staff responded effectively after someone

displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect the change in their care needs. The records relating to the person showed many healthcare professionals were involved in reviewing their care. These included an advocate, a community psychiatric nurse and a behaviour psychologist.

Is the service well-led?

Our findings

People were not able to tell us their views about how well led and organised the service was. However during our observations we saw the registered manager and team leaders interacted effectively with people who used the service. People were comfortable with the leadership team and responded to them in the same way as they did with other staff. One member of staff told us they enjoyed observing the registered manager interact with one person who had been diagnosed with Autism. They said: "I love watching how he supports (person) he is so calming and reassuring".

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received notifications from the registered manager notifying us of certain events that occurred in the service. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us to help with the auditing of the service.

The registered manager and staff were passionate about improving the care people received. They were knowledgeable about the fundamental standards which have been in place since April 2105. One member of staff said: "You (CQC) check the service is safe, caring, responsive, effective and well led" and "The new standards came in in April".

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. For example we saw actions had been put in place to keep people safe whilst additional staff had been employed. Quality assurance records also identified staff who required supervision and additional refresher training.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. A member of staff said: "We have started having more team meetings again" and "The support workers have team meetings and so do the team leaders and the manager". Another member of staff told us there were regular team meetings and staff also had the opportunity to provide feedback when they completed a staff survey.