

# Consensus Support Services Limited

## 8-10 Newlands Cottages

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

8 -10 Newlands Cottages is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 8 -10 Newlands Cottages provides personal care and support for up to four male adults with Autistic Spectrum Disorders and associated behaviours. The accommodation is divided into two cottages. Three people live in one cottage and another person lives in the other. At the time of the inspection the home was providing care and support to four people.

The home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left employment in June 2016. A number of different managers had run the home during that time. The current manager had managed the home for one month prior to this inspection. At the time of this inspection they were in the process of applying to the CQC to become the registered manager for the home.

This inspection was carried out on 18 January 2018. At our last inspection of this service on 13 of October 2015 the service was rated Good. At this inspection we found two breaches of our regulations because action had not been taken to support a person where risks to them had been identified and not all staff had received training relevant to the needs of the people living at the home.

We found that people had not experienced consistent support because there had been a high turnover of staff at the home and a frequent change of managers. The manager and regional manager told us they were trying to establish a staff team to address this. The manager and two staff had recently started working at the home and recruitment was underway to employ further staff. People using the service were actively involved in the recruitment of staff.

The provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was enough staff on duty to meet people's needs. Appropriate recruitment checks took place before staff started work. People received their medicines as prescribed by health care professionals.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the home acted according to this legislation. Peoples care files included assessments relating to their dietary needs and preferences and people said they enjoyed the food at the home. People had access to a GP and other healthcare professionals when they needed them.

Most people said staff were kind and caring; however one person felt that staff were sometimes disrespectful towards them. The manager took immediate action to address this issue. People had care plans and risk assessments that provided guidance for staff on how to support people with their needs.

People's privacy and dignity was respected. People said they had been consulted about their care and support needs. People received appropriate end of life care and support when required. Peoples care plans included a section that referred to diverse needs such as their religion, culture, sexuality and lifestyles. People were supported by staff to partake in activities that met their needs. The home had a complaints procedure in place and people said they were confident their complaints would be investigated and action taken if necessary.

The manager and area manager had identified a number of areas where improvement was required and were taking steps to address these areas. Staff said they enjoyed working at the home and they received good support from the manager and area manager.

## 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 not always safe.

Action had not been taken to support a person where risks to them had been identified.

Appropriate recruitment checks took place before staff started work.

The provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures.

There was enough staff on duty to meet people's needs.

People received their medicines as prescribed by health care professionals.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Not all staff had received training relevant to people's needs.

Staff were supported in their roles through regular supervision.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the home acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences. People said they enjoyed the food at the home.

People had access to a GP and other healthcare professionals when they needed them.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Most people said staff were kind and caring; however one person felt that staff were sometimes disrespectful towards them. The

**Good** ●

manager took immediate action to address this issue.

People's privacy and dignity was respected.

People had been consulted about their care and support needs.

### Is the service responsive?

Good 

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support people with their needs.

Staff supported people with their diverse needs. Peoples care plans included a section that referred to diverse needs such as their religion, culture, sexuality and lifestyles.

People told us there were supported by staff to partake in activities that met their needs.

People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The home did not have a registered manager in post since June 2016. A number of different managers had run the home during that time. The current manager was in the process of applying to the CQC to become the registered manager for the home.

The manager and area manager had identified a number of areas where improvement was required and were taking steps to address these areas.

The manager had carried out an unannounced visit to the home to make sure people where receiving appropriate care and support.

The provider had taken steps make sure that people were actively involved in the running of the home.

Staff said they enjoyed working at the home and they received good support from the manager and area manager.

# 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 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 was carried out on the 18 January 2018. The inspection was unannounced and carried out by one inspector. We spent time observing care and support being provided. We looked at records, including two people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with four people who used the service, two people's relatives, and two members of staff the home manager, the regional manager and the operations manager.

Before the inspection we looked at the information we held about the service including notifications they had sent us. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

Following our inspection the manager sent us information we had requested about staff training and a risk assessment and interim guidelines for staff to follow to support a person relating to their medical condition. We have referred to this information in our report.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "I feel safe living here." Another person said, "I don't need to worry about anything here, I'm safe." Despite these positive comments we found that the service was not always safe.

Appropriate action had not always been taken to support people where risks to them had been identified. Individual risk assessments had been completed for example on using public transport, behaviours that required a response and personal finances. These included risk management plans with information for staff about actions to be taken to minimise the chance of these risks occurring. However we found that one person had a medical condition that could require a response from staff to keep them safe. The manager was not aware when the person last had an episode of this condition or how an episode of this condition would present. There was no risk assessment or agreed guidelines from professionals in place for staff to follow to support a person with this condition.

This was a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Following our inspection the manager sent us a copy of a risk assessment and interim guidelines for staff to follow to support this person relating to their medical condition. They had also arranged to attend an appointment with this person with their GP for an evaluation of the condition and to obtain professionally agreed guidelines for staff to follow to keep the person safe.

There were safeguarding procedures in place and staff had a clear understanding of these procedures. A member of staff told us if they would report safeguarding concerns to the manager. If they needed to they could also report their concerns to social services or the CQC. Training records confirmed that staff had received training on safeguarding adults from abuse.

There were enough staff on duty to meet people care and support needs. We observed a good staff presence at the home. One person using the service said, "There is always plenty of staff here when we need them." A member of staff commented they were never rushed and had plenty of time to carry out their duties. The manager showed us a rota and told us that staffing levels were arranged according to people's needs. The staffing rota corresponded with the identities and the number of staff on duty. The manager said if extra support was required for people to attend activities or health care appointments, additional staff cover was arranged. The home had a small staff team. Some shifts were covered by regular agency staff that knew people well. Two members of staff had started working at the home two months ago and the manager started working at the home one month ago. The manager told us that they were interviewing for new staff the day following our inspection.

Appropriate pre-employment checks were carried out before staff started working at the home. We looked at the recruitment records for three members of staff. These included a completed application forms, employment references, evidence that criminal record checks had been carried out, health declarations and

proof of identification. These checks ensured that staff were suitable to be employed in a social care environment.

There were arrangements in place to deal with foreseeable emergencies. Staff told us they knew what to do in the event of a fire and training records confirmed that staff had received training in fire safety. Records showed that regular fire drills and evacuations were conducted. The provider was available 'on-call' outside of office hours to respond to staff requests for support and to deal with emergencies. We saw that infection control audits were carried out at the home. Training records confirmed that staff had completed training on infection control and food hygiene. Staff told us that personal protective equipment was always available to them when they needed it.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. Medicines were stored securely in a locked cupboard. People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. Training records confirmed that staff responsible for administering medicine had received medicines training. MAR records had been completed in full and there were no gaps in recording. We saw records of medicines received into the home and reports from a recent medication audit carried out by the manager. These audits were carried out to reduce the risk of medicines errors.

# Is the service effective?

## Our findings

People said staff knew them well and knew what they needed help with. One person told us, "The staff know me very well." However we found that not all staff had received training relevant to the needs of the people living at the home.

The provider required that staff new to care were to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. One member of staff told us they had completed an induction and they were up to date with the provider's mandatory training. A new member of staff told us they were completing the care certificate and had completed most of their mandatory training.

We looked at staff training records which confirmed that all staff had completed or were on the process of completing an induction. Some staff had completed most of the training the provider considered mandatory. New staff were in the process of completing mandatory training subjects. Mandatory training included infection control, safeguarding adults, first aid, fire safety, health and safety, manual handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager showed us a training needs analysis for the home that included a number of training topics relevant to the needs of the people living there for example diabetes, epilepsy awareness, autism and sexuality and relationships. Training records showed that only one member of staff had completed training on epilepsy awareness and two members of staff had completed training on autism. None of the staff had completed training on diabetes or sexuality and relationships. The manager told us they had completed training on epilepsy with their previous employer in 2015. A member of staff that had worked at the home for over three years told us they had not completed any training on epilepsy. Without appropriate training there was a risk that staff would not have knowledge and skills to support people with their specific needs.

This was a breach of regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Following the inspection manager confirmed with us that two staff had completed training on diabetes awareness. They sent us a training plan for the home which indicated that three staff were to attend training on epilepsy on 31 January 2018 and two staff would receive training on epilepsy on 8 March 2018. Two staff were due to attend training on autism awareness on 14 February 2018. Staff would also be receiving training on sexuality and relationships and information governance at the team meeting on 23 January 2018. The manager told us they were meeting with the training manager to arrange further training for staff.

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care and support plans and risk assessments. Care plans and risk assessments had been kept under regular review.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager demonstrated a good understanding of the MCA and DoLS. They said that people using the service had capacity to make most decisions about their own care. We saw that where the provider had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that an application to deprive one person of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review and the conditions of the authorisation were being followed by staff. Staff we spoke with were aware of the importance of seeking consent from people when offering them support. One member of staff told us, "I would not do something for someone unless it was okay with them. I wouldn't make them do something they didn't want to."

Staff told us they encouraged people to eat healthy foods and cook for themselves. People's care plans included sections on their diet and nutritional needs and their food likes and dislikes. One person said, "We all help staff to cook meals. The food we have is very nice." Another person said, "I like what we have to eat here. The staff are good cooks. I go out a lot so I sometimes eat at a café."

Staff monitored people's mental and physical health and where there were concerns people were referred to appropriate health professionals. People had access to a range of health care professionals such as a GP, dentists, opticians and chiropodists when they needed them. People's care files included records of all appointments with health care professionals. Each person had a health action plan which contained important information about their healthcare needs and conditions. These records were taken with people to healthcare appointments to inform the attending healthcare professional of their needs. The manager told us that any advice received from healthcare professionals was recorded and passed onto staff. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

## Is the service caring?

### Our findings

Some people told us the staff were kind and caring. One person said, "The staff are brilliant and its brilliant living here." Another person told us, "The staff are good to me, they look after me, they make sure I am okay." A third person told us that a member of staff was disrespectful towards them and had raised their voice to them. We brought this to the attention of the manager who listened to the person's concerns. The manager took immediate action and made a referral to the local authority safeguarding team. The day after the inspection the manager told us that an internal investigation was being carried out by the provider.

People had been consulted about their care and support needs. The provider told us that some people had expressed a wish not to hold formal meetings with their keyworkers and their wishes were respected. This was confirmed in the minutes of the recent residents' meeting. Their care and support needs were monitored and reviewed on a monthly basis. Two people told us they had key workers to co-ordinate their care and they were happy with the support they received from them. We saw minutes from key worker meeting were held in these people's care files. One person said, "I have a key worker. I don't always like to meet with them but sometimes I do. I know I have a care plan but I haven't looked at it for a while." Another person told us, "I like meeting with my key worker to talk about things. She updates my care plan if it needs it."

The manager told us there had been no residents meetings at the home since July 2017 however they had reintroduced these meetings. We saw the minutes from the first meeting held on 16 January 2018. The meeting was attended by the manager and all of the people using the service. They agreed that the meetings would be held on a monthly basis and people would chair the meeting in turn. Items discussed included cooking and cleaning arrangements, redecorating the home and key working sessions. One person told us, "It was good at the meeting. We all talked about what we need at the home. They are going to fix the upstairs toilet and decorate it nicely."

People told us their privacy and dignity was respected. One person said, "The staff would never come into my room uninvited, they would always knock first. I would say that my privacy is respected." Another person told us, "I wash and dress myself so don't need much help from staff. If I need the staff I can call them." Throughout our inspection we observed staff speaking to and treating people in a respectful and dignified manner. A member of staff told us how they made sure people's privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. They told us that most people did not require any support with personal care; however when they needed to do so they reminded people to have a shower, shave or change their clothing.

## Is the service responsive?

### Our findings

People told us staff were responsive to their care and support needs. One person told us, "If I need anything I can speak with the manager and staff and they will help me. Another person told us, "I go out a lot to activities. I couldn't do all of the things I like without the staff."

People's care files included care plans that described their health care and support needs and most provided guidelines for staff on how to best support them. They also included one page personal profiles, life histories, people's likes and dislikes, their social needs and interests and preferences. For example we saw information for staff for supporting a person to access the community and for managing their finances. A member of staff told us that care plans were easy to follow and were always kept up to date.

People's care plans included a section that referred to diverse needs such as their religion, culture, sexuality and lifestyles. Their religious and cultural needs were also referred to in their hospital passports. Two people told us about their diverse needs and said the staff was very helpful and supportive to them. Training records confirmed that some staff had received training on equality and diversity. The manager told us that new staff were due to receive this training as it was relevant to the specific needs of the people living at the home. Staff told us they would be happy to support people to express themselves and support them to do whatever they wanted to do.

People were supported by staff to take part in activities that met their needs and interests. One person told us they attended a farm three days a week and arts and drama sessions one day a week. They told us they enjoyed being on the farm and showed us some of their accomplished artwork. Another person told us they went to a club on Monday evenings and they liked to venture out alone into town to local cafes and places that interested them. A third person told us they went to the farm four days a week; they also went to the cinema and a local café. They told us they went on holiday with staff to the coast last summer.

The home had a complaints procedure in place. People told us they were confident their complaints would be listened to. One person said, "I have seen the complaints procedure and I know what I would do. I would tell the manager if I wanted to make a complaint." The relatives of two people using the service told us they had not seen the home's complaints procedure. Following the inspection the manager confirmed with us that they had sent copies of the home's complaints procedure and service user's guide to the people's relatives. The service user's guide included the complaints procedure and the services provided at the home and ensured people were aware of the standard of care they should expect. We looked at the home's complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

People told us they were able to communicate their needs effectively and could understand information in the current written and picture format provided to them, for example the complaints procedure and the service users guide. The manager told us that if any person planning to move into the home was not able to

understand this information they would provide it in different formats for example different written languages or through interpreters.

Peoples care files included sections on end of life care and support. The manager told us that when required staff received advice from a nurse from a local hospice to support people with end of life care. They provided us with evidence confirming that they and a team leader were due to attend a six month training course [One session each month] with the local hospice from 22nd January 2018. They said they would feed back to staff what they had learned during this training in order to keep them up to date with the aspects of end of life care.

## Is the service well-led?

### Our findings

People and their relatives expressed their views with us about the running of the home. One person told us there had been a lot of changes with managers and staff. They said, "I like the new manager, he's brilliant, I get on well with him, I hope he stays." Another person said, "We have had a lot of changes with staff and managers." A relative told us, "There has been about five managers running the home since the registered manager left. The inconsistency of staffing has been unsettling for my son. I have met with the area manager who seems to be pulling things together quite well. I am meeting with the new manager soon too." Another relative said, "We got a letter from the manager introducing themselves to us but there has been quite a few managers here. There are a good few things that need to improve here for my son, like the meals and the décor."

The home did not have a registered manager in post. The previous registered manager left employment in June 2016. The current manager had managed the home for one month prior to this inspection. At the time of this inspection they were in the process of applying to the CQC to become the registered manager for the home. The manager told us the area manager visited the home two to three times a week to provide them with support and supervision and they were receiving management training from the provider.

The manager told us they had identified a number of areas where improvement was required at the home. These included recruiting, training and supervising staff and meeting with people's relatives. They acknowledged that there had been a high turnover of staff and told us the provider was taking steps to establish a stable staff team at the home so that people would receive consistent support. For example they had offered incentives to staff such as promotion to team leader and flexible working. They wanted to make sure that people were actively involved in the running of the home. One person told us they were part of the staff recruitment panel. They told us, and the manager confirmed that they would be interviewing potential staff at the home the following day. They said, "I love interviewing staff. I like the staff and the manager we have now. I hope we get someone else good to work with us."

We saw that the manager had supervised all of the staff since they had started working at the home and that residents' meetings had been reinstated. The manager told us they also planned to meet with people's relatives to talk about the home. They met with one person's relatives during the inspection. Following the inspection the manager confirmed with us that they had carried out an unannounced spot check at the home to make sure people were being supported in line with their care and support needs.

The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular health and safety, maintenance, infection control, medicines, fire safety, complaints, care file and medicines audits were being carried out at the home. We saw records confirming the fire alarm system, fire safety equipment, gas boiler and portable appliances had been tested by engineers in 2017. Accidents and incidents and complaints were recorded on a computer system and monitored by senior managers. The regional manager told us they looked for any trends and they discussed any issues they had with the manager.

Senior manager visited the home on a monthly basis to monitor the quality of the service being provided. We saw a copy of the senior manager's report for December 2017. Areas identified for improvement included service specific training needs for staff, developing a cleaning rota for the home and holding staff and residents meetings. We saw that the manager had taken action to address these issues.

Staff said they enjoyed working at the home and they received good support from the manager and area manager. They told us there had been no staff meetings at the home since July 2017 however the manager had arranged for a staff meeting to be held on 23rd January 2018. A member of staff said, "It was a bit hectic here a few months ago as there wasn't a manager but things have improved 100 per cent since the new manager started working here."

The manager told us that no satisfaction surveys had been carried out with people using the service since 2015. The manager and regional manager said that survey forms were due to be provided to people the week following the inspection. Once completed the forms would be sent to the head office and analysed. The manager told us that when they received feedback from the office they would draw up a report and an action plan for any areas where improvements could be made and share it with people using the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Appropriate action had not always been taken to support people where risks to them had been identified. |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Not all staff had received training relevant to the needs of the people living at the home.                            |