

# Consensus Community Support Limited

## Consensus Community Support Limited - Europa House

### 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

### About the service

Consensus Community Support Limited - Europa House provides a supported living service to people living in their own homes. At the time of the inspection the service provided a supported living service to three people in three individual homes.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

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

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

Risks were well managed and people were kept safe from abuse. Medicines were managed safely and people's health needs were met.

Staff recruitment procedures were robust, staff were well trained and supported.

The provider was meeting the requirements of the MCA. People who used the service were at the centre of all decisions that affected them, they were actively supported to have choice and control in how their

support was provided.

Care records were detailed and very person centred. Activities were based on people's individual interests, hobbies and wishes.

The registered manager and staff all knew people really well. Interactions were respectful, warm and friendly. They demonstrated a genuine fondness for the people they supported and took pride in people's achievements. Promoting and maintaining people's independence was at the heart of the service.

The registered manager and staff shared a clear vision and very strong values. The registered manager led by example and was passionately committed to providing exceptionally good quality individualised care and support. Staff were highly motivated and shared the enthusiasm, commitment and passion of the registered manager and providers.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our published inspection schedules for new services.

Follow up

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

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Consensus Community Support Limited - Europa House

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

The inspection was undertaken by one inspector.

### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 11 July 2019 and ended on 12 July 2019.

### What we did before inspection

We sought feedback from the local authority and professionals who work with the service. We also asked Healthwatch Bury for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who used the service about their experience of the care provided. With their permission we visited them in their home. As well as our discussion, they wanted us to use information from a film they had made about the staff and the support they received, we have done this throughout the report. We spoke with eight members of staff including the registered manager, operations manager, managers, care workers and the behaviour practitioner.

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. Staff had received training in safeguarding people from abuse. People felt safe using the service.
- Staff spoke passionately about ensuring people were protected from abuse. They were very confident if they raised any concerns they would be dealt with appropriately. One staff member said, "Yes, people are safe. If we didn't think they were, all the staff would be confident raising anything." Another said, "If it was about poor practise, I wouldn't hesitate [telling managers]."

Assessing risk, safety monitoring and management

- There was a positive 'can do' approach to managing risk. Risks to individuals were identified and risk assessments were person centred. They guided staff on what the risks were and what action they needed to take to reduce the risk. One staff member said, "We never say no to something, it's about how can we do it safely."
- Health and safety checks in the home had been carried out. We saw that one person was actively involved in health and safety checks. They were encouraged to lead fire evacuation drills and smoke alarm tests. To support them to do this, records were available in an accessible format.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service. These included, fire, flood, severe weather and utilities failure.

Staffing and recruitment

- We found there was a safe system of staff recruitment in place.
- We saw people who used the service were involved in the recruitment of staff. People were supported by staff to complete their own interview questions relating to what was important to them, using an easy-read questionnaire. They asked questions about things that were important to them, and to find out if the potential employee had similar interests to them.
- Each person had a small team of staff specifically arranged around their individual needs and interests. The registered manager said this helped provided consistent support to people. Staffing was provided at consistent levels and we saw that additional staffing was provided if people's needs changed or specific activities were taking place. Staff said, "The support [person who used the service] gets is consistent. [Person] needs that and knows all the staff" and "We have consistent staffing."

Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully

completed and people received their medicines as prescribed.

- Medicines were stored safely and securely. Stocks of medicines we checked were accurate.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.

#### Preventing and controlling infection

- There were robust systems in place to prevent the spread of infection or disease.
- When needed, staff wore personal protective equipment such as disposable gloves.

#### Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- Managers of the service reviewed the action taken to identify any patterns or lessons that could be learned to prevent future occurrences.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records included a detailed preadmission assessment. These included information about people's wishes, choices and the support they needed. The assessment process ensured people were suitably placed and that staff knew about people's needs and goals before they started to use the service. This helped to ensure staff could meet people's needs.
- Where people had behaviours that at times challenged the service, managers and staff were proactive in ensuring people received the support they needed. We saw that very detailed assessments were completed in line with positive behaviour support (PBS) principles. These identified, in a staged approach, ways staff could help deescalate situations where people who used the service may become upset or angry. We saw staff always had an opportunity to talk with a manager after any incidents and detailed records were kept of any incidents and staff and managers looked in depth at what happened and what could be done to try to prevent future incidents.
- Records we looked at, and staff we spoke with, showed the support provided to one person had significantly reduced the number of instances when they had become upset or angry. One staff member said, "It's great. [Person who used the service] now reflects on things. We have supported [person] with that. We work through things together." Others said, "It's about making sure [person] gets the right information. It's about sitting talking to them and doing that at the right time" and "You have to be adaptable and willing to learn [about the person]."
- We saw that if physical intervention was identified as possibly needed, it was identified as being part of a staged approach and was clearly identified as only to be used as a last resort. We saw there was continuous monitoring of this by the registered manager and senior managers of the provider as well as the providers behaviour practitioner. Recent training had taken place so that staff could review plans in place for the management of behaviours that challenge. All the staff we spoke with were confident that every member of staff followed PBS principles and always used the least restrictive option when supporting people who used the service.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. Staff had regular supervision and told us they felt really supported.
- Records showed staff completed a range of training the provider considered mandatory. Staff told us the training was very good. Staff members said, "It's better than anywhere else I have ever worked. If you think of something you can ask, and they will sort it" and "The training is amazing."
- Staff received in depth training in PBS. This included in-depth face to face training and online training.

Some staff had received additional 'trainer the trainer' courses so that they could deliver PBS training. The registered manager held a degree in behavioural analysis and intervention.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the provider was working within the principles of the MCA. Where required applications had been made to the court of protection.
- Records we saw, and people we spoke with, showed that people had been involved in all decisions about their care. People who used the service were at the heart of all decisions that affected them.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- We found people's nutritional needs were met. Food was stored and prepared safely.
- People's likes and dislikes were identified in their care records. People chose what they ate and helped staff shop for and, where they could, prepare food.
- People's homes had been chosen specifically to meet their needs. People were actively encouraged and supported by staff to make their homes individual to their own preferences. They chose the decoration and furnishings of their homes.

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

- People were supported with their health needs and had access to a range of health care professionals.
- People had access to range of regular health check-ups.
- The service was working with consultants as part of the NHS 'stopping over medication of people (STOMP) initiative. One example was working with a consultant to help reduce the occasions 'as required' medicines were used when people became upset. We saw that the use of alternative strategies to help people become calm was being used very successfully to reduce the number of occasions these medicines were used.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated as individuals. Their life history and preferences were valued and respected.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff and people demonstrated that people's individuality was celebrated. Discrimination was not a feature of the service. The service had a positive and proactive approach to supporting people as individuals.
- During our inspection we observed the registered manager and staff all knew people really well. Interactions were respectful, warm and friendly. They demonstrated a genuine fondness for the people they supported and took pride in people's achievements. One person who used the service said, "Staff are nice." Staff enjoyed their work and were proud of the support they provided. They told us, "I have never seen such good care", "I would 100% recommend it" and "I think the team have done a tremendous job. They are consistently good."

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

- People were involved in decisions about their care and were actively supported to have choice and control in how their support was provided.
- We saw that one person often sent staff thank you and compliments cards. Staff we spoke with showed us they genuinely appreciated knowing the person was happy with their support and they really valued these thank you cards.

Respecting and promoting people's privacy, dignity and independence

- Promoting independence was at the heart of the service. For some people who used the service, this was the first time they had lived in their own homes. One staff member said, "Answering [persons] own front door was such a big thing. We had to explain what to do and how to stay safe. I am immensely proud of what [person] has achieved". Another said [person who used the service] is gaining confidence." We saw photographs of one person doing their gardening and household tasks.
- A person who used the service wanted us to share their story in this report. They showed us a film they had made about their experience. They had some time back painted a picture of themselves living in their own home with a lovely tree in the garden. The film helped them describe how, with staff support, they had moved from a long stay hospital into their own home, where they now live. They were very proud of what they had achieved and so were their staff team. The person had a long-time goal of wanting to have

Christmas lunch with a member of their family. The person was not at that time able to move into the house. Staff arranged a visit to the house on Christmas day and also arranged for the persons home to be decorated with a Christmas tree, lights and other decorations. The person was able to have their first ever Christmas with their family member.

- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information. Staff clearly understood and respected people's right to privacy and that they were providing a service in the persons own home. One staff member said, "It's about [person who used the service] it's not just a service, it's their home."

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records included very detailed risk assessments and care plans. They covered all aspects of the care and support the people needed. We saw they identified what was important to and for the person and what people wanted to achieve with the support, their dreams and aspirations and how staff could help make these happen. A staff member said, "[Care records] are about the person, how do they want the support, what do they want staff to know?"
- Care records were reviewed regularly and updated when people's needs changed.
- A staff member said of one person who used the service, "[Person] is achieving everything [person] wants to." Another staff member said of another person's service, "It a very good service. It's so person centred. [Person] has painted their own flat. It's a case of 'it's my flat and I am proud of it'. Because [person] is proud, [person] feels good about themselves. And we [staff] are proud of [person]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Activities were based on people's individual interests, hobbies and wishes. One person was planning a trip to watch a musical show. We saw that they and the staff had spent a lot of time planning the trip. The person told us they were really looking forward to it. We saw photographs of the concerts and shows they had attended. We saw that they and the staff dressed up to match the concert or event. The photographs showed the person smiling and clearly having fun. One person had been supported to go on their first ever holiday.
- We saw that staff had helped the person arrange events; such as baking and selling cakes to raise money for Alzheimer charities. We saw that these were also a way for the person to meet other people and be part of their wider community. One staff member said, "We have enabled [person who used the service] to live in the community. [Person] is an active member of the community. The team have adapted so well to [the persons] needs." Another said, "All the staff recognise [person who used the service] needed to develop relationships." A person had completed voluntary work and had been supported by staff to develop a CV, so they could apply for work they wanted to do.
- A person had identified that they wanted a car, they wanted one in a specific colour that was the same as their favourite football team. Staff had supported them to get a car. The person told us that staff now took them out when they wanted. The person told us, "I can go places." We saw a thank you card the person had written to staff. It read; "I would like to say thank you to you all for helping me get my car. This has already been a big help. I would like to tell you how much I appreciate your hard work."

### Meeting people's communication needs

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

- We saw that important information was made available in accessible formats such as photograph, symbols and pictures. Staff understood how this helped people understand information and communicate their needs and wishes. Staff also described how they understood what people's facial expressions and body language meant.
- With staff support people had created weekly planners to help them remember what they were doing each day. We saw these contained photographs and pictures to help the person understand what each activity was.
- We saw collections of photographs were kept of important events and activities. These were to help the people remember what they had done. They also helped people who used the service communicate things and people that were important to them. Staff clearly understood the importance of helping people communicate, not just by using words. One staff member said, "[Person who used the service] likes to see things, very visual. We use the scrap book."

### Improving care quality in response to complaints or concerns;

- There was an appropriate system in place to manage complaints. Complaints were handled in the correct way and a response was sent in a timely manner.
- People were supported to raise any concern or complaints.

### End of life care and support

- Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found the registered manager and providers shared a clear vision and very strong values. They led by example and were passionately committed to providing individualised, responsive care and support to people. We found the registered manager to be enthusiastic, knowledgeable and focussed on promoting good quality person centred care.
- Staff we spoke with, and our observations during the inspection, showed that staff were highly motivated and shared the enthusiasm, commitment and passion of the registered manager and providers. One person who used the service said they really liked the registered manager and the staff. They said, "The staff are doing their best."
- Staff spoke with exceptional pride about working for Consensus Community Support Limited. They said, "I think it's a brilliant service", "I am really proud of the team we have got and [registered manager]" and "We are all strong. We just want what's best for [person who used the service]."

Continuous learning and improving care

- The providers and registered manager were continually striving to ensure care and support was person centred and reflective of best practice.
- The provider had a clear career pathway for staff and extensive programme of management training. Staff performance was measured against the service values statement. One pathway included 'Stepping Stones' This was a programme of training and support that helped recognise good practice, helped staff access additional management training and access promotion to more senior roles. One staff member said, "It's great. It progresses you to a different level."
- The registered manager had won an award at the 'Making a Difference Award' at the National Learning Disability and Autism Awards in 2019. It was for 'dedication to empowering the people she is supporting to succeed, achieve and meet their outcomes.' The nomination had said the registered manager had, "led a team that supported an individual with a learning disability and complex needs to move into their own home within the community after 23 years in a long stay hospital. From getting [persons] own car and finding employment, to going on holiday and nurturing a relationship with [persons] family – the transformation in this individual has been incredible." We saw that in response to the award the registered manager had reflected their inclusive approach. They had said, 'The credit for this award must be shared with my colleagues and the individuals we support who inspire me every day.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Everyone spoke very highly of the registered manager. A person who used the service said the registered manager was; "Brilliant." Staff said of the registered manager, "[Registered manager] is caring, person centre and hardworking. [Registered manager] will make sure people have what they need. [Registered manager] has a standard she expects and we all have to work to that standard. We want to, I like it", "I think the registered manager is 'mint'. She is very approachable. She is so committed, so it makes you committed", "You can sit and have a chat. I feel so at ease with [registered manager]."
- We found there were well established and effective governance systems to support the service to continually improve. People's experience of care and support were at the core of these systems. There were very good systems of daily, weekly, monthly and annual quality assurance checks and audits in place. We saw evidence that where issues were found, action was taken promptly to ensure improvements were made.
- The provider had a range of quality auditing and monitoring systems. We saw that as part of this process people who used the service had been recruited as 'quality checkers.' They took part in quality audit visits of the provider services throughout the UK.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and provider recognised the importance of involving people in developing the service, listening and acting on feedback. There was a system in place for gathering people's view
- We saw that regular key worker meetings were held with people who used the service. These were used to ensure the person had been involved and consulted with about their support. Also to find out if the person wanted any changes or there were any improvements that could be made to the service. We saw the record of these included the heading, 'Team work makes the dream work'.
- The service worked extremely well with local authorities who commissioned the service and health care professionals to achieve excellent outcomes for people and ensured people were receiving the support they needed.
- Staff told us they were listened to and their suggestions for improvements were valued. One staff member said, "All the managers are approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager kept an overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned. We saw these were also reviewed by senior managers of the providers. The registered manager had notified CQC of significant events such as safeguarding concerns.