

Consensa Care Limited

Consensa Care Limited - 167 Chandos Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on the 4 February 2015 and was unannounced. The service met all of the regulations we looked at when we last inspected in March 2014.

The service provides accommodation and support with personal care for up to seven adults with an acquired brain injury. At the time of our inspection six people were using the service. The service did not have a registered manager in place. The previous registered manager left the service in July 2014. The service appointed a new

manager on 7 January 2015 who is the registered manager of another service run by the same provider. 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.

Summary of findings

People told us they felt safe using the service. Systems were in place for dealing with safeguarding allegations. The service did not use physical restraint and staff understood how to support people who exhibited behaviours that challenged others. There were enough staff to provide safe support. Medicines were administered in a safe manner.

Staff undertook regular training and had supervision with their manager. However, staff had not received any appraisal of their performance and development needs within the past year. The service operated within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had sufficient amounts to eat and drink and were able to choose what they ate. People had access to health care professionals.

People were treated with dignity and respect. The service sought to promote people's privacy, independence and choice.

People told us the service met their needs. We saw people were supported to access various leisure activities. Care plans were in place which set out how to meet people's individual and assessed needs. Systems were in place for responding to complaints, however the complaints procedure on display had some inaccurate information.

People that used the service and staff told us they found the manager to be supportive and approachable. The service had various quality assurance and monitoring systems in place that identified areas to develop such as redecoration of the hallway that we saw was taking place.

We found breaches of Regulation 19 and Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff had undertaken training about safeguarding people and safeguarding allegations had been responded to appropriately.

Risk assessments were in place which included information about how to manage and reduce risks people faced.

There were enough staff working at the service to keep people safe and robust staff recruitment procedures were in place.

Medicines were stored, administered and recorded in a safe manner.

Good



Is the service effective?

The service was not always effective. Although staff had regular training and supervision they did not have any appraisal of their performance and development needs.

People were able to make choices for themselves about most aspects of their lives. Where people lacked capacity the service operated in line with the Mental Capacity Act 2005 and DoLS.

People were supported to eat and drink sufficient amounts and they had choice about what they ate.

The service took steps to promote people's health and they had access to health care professionals.

Requires Improvement



Is the service caring?

The service was caring. People were treated with dignity and respect. The service sought to promote people's privacy, independence and choice.

Staff were able to communicate effectively with people and needs were met relating to people's culture and religion.

Good



Is the service responsive?

Aspects of the service were not responsive. Care plans were in place which were subject to review. These set out how to meet people's assessed and individual needs.

The service had a complaints procedure and people were aware of how to make a complaint. However, a complaint had not been investigated and the complaints procedure on display had some inaccurate information.

Requires Improvement



Summary of findings

Is the service well-led?

Aspects of the service were not well-led. There was not a registered manager in place but a new manager had recently been appointed who told us they planned to apply for registration with the Care Quality Commission in the near future. People and staff said they found the manager to be supportive and approachable.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Requires Improvement



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Detailed findings

Background to this inspection

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

This inspection took place on 4 February 2015 and was unannounced. The inspection was carried out by one inspector and a business manager from the Care Quality Commission's Strategy and Intelligence Directorate.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, details of its registration, notifications sent to CQC, whistleblowing information and safeguarding alerts. During the inspection we spoke with five people that used the service and one relative. We observed how staff worked and interacted with people that used the service. We examined various records including three sets of care plans, seven staff files, training records, medicines charts and minutes of meetings and various policies and procedures including safeguarding and complaints procedures.

Is the service safe?

Our findings

People and their relatives told us they thought the service was safe. A relative told us, "He is safe there."

The service had a safeguarding procedure in place which made clear their responsibility to report any safeguarding allegations to the relevant local authority and to the Care Quality Commission (CQC). Information we held about the service showed they had notified CQC of safeguarding allegations and records confirmed the local authority had also been informed.

Staff said they had undertaken training on safeguarding adults and records confirmed this. They were aware of their responsibility for reporting any safeguarding allegations. Staff were also aware of issues relating to whistleblowing and of their right to raise concerns to outside agencies if appropriate.

Checks were in place to reduce the risks of financial abuse. Audits were carried out of people's finances regularly. Monies held at the service were stored securely and records and receipts were kept of financial transactions. We checked people's financial records and found that the amounts of money held on behalf of people tallied with the amounts recorded.

Risk assessments were in place which included information about how to manage and reduce risks people faced, for example in relation to medicines and healthy eating. There were also risk assessments in place for people who exhibited behaviours that were a challenge to others. These included guidelines about how to manage the behaviour. Staff told us and records showed that they had undertaken training on working with people whose behaviour challenged others. The manager told us they did not use any physical restraint at the service but instead relied on other techniques to de-escalate situations such as giving people space and using diversions to steer them away from behaviours that challenged. One staff member told us, "If someone is getting aggressive I talk to them and try to calm them down."

People told us there was enough staff to support them and that staff were available when they needed any support. We observed there were enough staff on duty during our visit to meet people's needs. Staff were not rushed or hurried and were able to respond to people in a prompt manner as required. There was a staff rota on display and

the staff levels on the day of our inspection reflected the staff rota. We saw one member of staff had to leave work early due to sickness and the service was able to get a replacement staff to cover this at short notice.

A member of staff told us that the service only had one staff on duty during the evening. They said this was enough to provide safe support within the home but it meant it was not possible to support people to participate in activities outside of the home. We discussed this with the manager who agreed that the staff shift patterns were not sufficiently flexible to allow them to best deploy staff hours to meet people's personal needs. They said overall they believed they had enough staff hours but the shift patterns were set by the provider. They told us there had been an organisation wide consultation with staff about this matter and as a result it had been agreed that from June 2015 the manager of the service would have responsibility for planning when staff worked. They said this would enable them to deploy staff at the times best suited to meet people's needs including in the evening.

We checked the recruitment records of staff and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included details of previous employment histories, references, proof of identification and criminal records checks. This meant systems were in place to help ensure staff recruited were suitable for the job.

The service supported people with the medicines. One person told us, "The staff always remind me when it is time for my medicines." Staff told us and records confirmed that they had undertaken training about the safe administration of medicines. Staff were able to tell us what action they would take if they made an error with the administration of medicines. Medicines were stored securely in locked cabinets inside a locked medicines room. We saw controlled drugs were stored appropriately. We examined medicine administration records for a six week period leading up to the date of our visit and found these to be accurate and up to date. The service carried out audits of its medicines. We checked the amounts of medicines held in stock and found these tallied with the amounts recorded as being in stock. Records were maintained of medicines entering the home and of those that were returned to the pharmacist because they were no longer required.

Is the service effective?

Our findings

People told us that the service was effective. One person said, "It's fine. I get all my needs met."

Staff told us they received induction training when they began working at the service. This included working alongside experienced colleagues to learn how to support individuals. The manager told us staff undertook an induction based on the Skills for Care Common Induction Standards and that they were preparing to support new staff to gain the Care Certificate when it is introduced in April 2015. Staff said they had access to regular training that was relevant to the people they supported. This included first aid, food hygiene and working with people with an acquired brain injury. We saw the staff training matrix which confirmed training was up to date. The training matrix gave notice to the manager when individual staff were next due to do any training courses which helped the service keep up to date with staff training.

Staff supervision records showed they had had only two formal one to one supervisions in the past six months since the registered manager left the service. We discussed this with the manager who told us they had made sure all staff had received at least one supervision since their appointment and they planned to provide monthly supervision to all staff. Staff told us they found supervision helpful and said they discussed issues including their performance, training needs and issues relating to people that used the service.

We did not see any evidence in staff files that they had received an appraisal of their performance and development needs within the past year. The manager told us as far as they were aware no such appraisals had taken place. They told us it was a priority for them to ensure all staff received an annual appraisal on an on-going basis.

We found that the registered person had not protected people against the risk of staff that were not appropriately supported. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are to make sure that

people are looked after in a way that does not restrict their freedom. Services should only deprive someone of their liberty when it is in their best interests and there is no other way to look after them. This should be done in a safe and correct way. The manager knew how to make an application for consideration to deprive a person of their liberty.

One person was subject to a DoLS authorisation. We saw that the proper processes had been followed in applying for this authorisation, including seeking the views of medical professionals on the person's capacity to understand the risks involved of them leaving the service during the night. The manager told us they had sought to implement the DoLS in the least restrictive way possible and we noted the person was able to leave the home unescorted during the day time. Other people we spoke with said there were no restrictions placed upon their freedom. One person told us, "I can come and go as I please" and another person said, "I get a lot of freedom, there are no restrictions." We observed people leaving the premises to attend various activities during the course of our inspection without the support of staff.

People had capacity to make most decisions about their lives and were able to do so. However five people lacked the capacity to manage their financial affairs. Four people had appointees that were appointed by the court of protection to manage their finances. For one person a mental capacity assessment had been carried out and a best interest decision had been taken that the local authority should apply to the court of protection to appoint someone to manage the person's finance. One person had the capacity to manage their finances independently and was able to do so. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and records showed they had undertaken training about this.

In addition to the main kitchen the service also had a smaller kitchen. This was used to support people to develop cooking skills. One person told us, "I do my own cooking twice a week, staff help with that." People told us they were able to help themselves to drinks and snacks as they wanted and we observed one person making their own breakfast. People told us they were able to choose what they ate. We saw the evening meal appeared appetising and nutritious and people told us they enjoyed it. One said, "It's really nice." Another person told us, "I like the food here."

Is the service effective?

The manager told us that they had introduced a more personalised way of planning and choosing the menu. They said previously staff had planned the menu and then presented it to people at the residents meetings to see if they were happy with it. Now the menu was discussed and planned by people at the meetings rather than by staff. A relative told us, "They have changed the mealtimes so the main meal is now in the evening. That is better as some of them are out during the day."

Care plans provided information about how to support people to eat a healthy and balanced diet. For example, after input from the GP one person was supported to eat a high fibre and low salt diet. This helped promote their health and wellbeing and this was detailed in their care plan.

People were supported to attend medical appointments. One person told us they liked to go to medical

appointments on their own but staff helped them to make and keep appointments. One person told us, "I tell staff and they help me to make an appointment. They give me the number and hand me the phone" and "They write it in the day book then it's [the appointment] due." The service provided support to other people to attend medical appointments where required. One person told us, "I go to the optician, staff help me." Records confirmed that people had access to various health care professionals including GPs, dentists and opticians and a brain injury clinic.

People had Health Action Plans in place which set out how to promote their health, for example, through diet and exercise. Hospital passports were in place which provided information for hospital staff about key things they would need to know about the person in the event that they were admitted to hospital.

Is the service caring?

Our findings

People told us they were treated with dignity and respect by staff. One person said, "Staff are friendly, they never shout." Another person told us their keyworker was, "A nice person." Another person said, "Staff treat me very well, they are very polite and well mannered." A relative said, "It's more like his home than a care home. They are very friendly to him."

Care plans included information about people's likes and dislikes, such as preferred television programmes and what people liked to be called. People confirmed that staff called them by their preferred names.

The service supported people to develop their independence. People told us they had a large degree of independence over their daily lives. For example, one person said, "I go on my own to the shops." They told us they were able to buy their own clothes and chose what they wore, but added, "If you are wearing something not suitable they [staff] will suggest you wear something else to make sure you wear the right thing. So if I am going to be working with glue they tell me not to wear a suit." People said that the service had helped them to develop their independence. One person said about going shopping, "I used to go with staff and now I go on my own."

People had their own mobile phones which promoted both their independence and privacy. One person told us, "I phone my parents every day." Three people showed us their bedrooms. These had been personalised to their own tastes, for example with family photographs and their own personal possessions. People had keys to their bedroom which helped to promote their privacy.

We observed that the staff interacted with people in a respectful and friendly manner. People were at ease talking with staff and asking them for support. Staff told us how they promoted people's dignity. They said they supported people to be independent. One staff member told us, "I let people do as much for themselves as possible. All their choices are their own." They said people were supported to develop independent living skills, for example with laundry and cooking. Another staff member told us when supporting people with personal care they always asked their permission before they did anything to gain the person's consent. The staff member said, "I lock the door, close the curtains and try to make the person feel comfortable and at ease." People confirmed this. One person told us, "Oh yeah, privacy is respected. Staff knock on doors and that kind of thing."

We saw that most people at the service were able to communicate effectively through spoken English. Staff told us that although one person was able to understand the spoken language they had limited ability to express themselves verbally. Staff told us they used picture cards and objects of reference to help them communicate. For example, the person showed staff the tea pot to indicate they wanted a drink.

People were supported to meet their needs related to equality and diversity issues. The manager told us this was achieved by accepting each person was an individual and supporting people to meet their individual needs in a personalised manner. We saw that people were supported to attend a place of worship if they chose to and food reflected people's choices and cultural background.

Is the service responsive?

Our findings

People expressed satisfaction with the service and said it provided them with appropriate support. One said, "It's good compared to other places I've been in." Another person told us, "It's fine here, it's nice." One person told us, "There's no problems here, I've got no complaints."

The service had a complaints procedure in place and a pictorial version of this was on display within the communal area of the home. This helped to make it more accessible to people. The procedure included timescales for responding to complaints but contained inaccurate information about who people could complain to if they were not satisfied with the response from the service. We discussed this with the manager who sent us a revised version of the complaints procedure the day after our visit which contained accurate information. Staff were aware of their responsibility for reporting complaints to the manager if they were unable to deal with the issue themselves. We saw there had been one complaint received since the previous inspection. Although there was a record of this there was no evidence that it had been responded to. The manager told us this was not acceptable and said it happened because the complaint was made in the period between the previous manager leaving and their recent appointment to the post when there was no effective leadership at the service.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to access various education, leisure and employment activities. One person told us they were going to a mosaic making club on the day of our inspection, we saw them when they returned and they told us they had enjoyed it. The service supported people to take part in various leisure activities. One person said they had been to the Natural History Museum, on a boat trip and on the London Eye, which was arranged by staff and that had enjoyed it. We saw pictures of various activities taking place on display in the service. Activities were

arranged in line with people's personal preferences, for example two people enjoyed gardening and participated in gardening projects. Another person enjoyed music and was a member of a music group.

We saw that care plans were in place for people which set out their assessed needs and how those needs were to be met. Care plans included information on supporting people with personal care, accessing the community and communicating. We saw staff signed care plans and were knowledgeable about their contents and the support needs of people. The manager told us that people were involved in developing and reviewing care plans and people we spoke with confirmed this. However, care plans had not been signed by people. We discussed this with the manager who said they would address this issue.

We saw that care plans had been reviewed within the past six months which meant the service was able to respond to people's needs as they changed over time. Daily records were maintained which monitored people's progress with their care plans. People told us they had regular meetings with their keyworker to discuss issues of importance to them. One person said, "We talk about food I like, day trips and other things I want to do." However, we saw that for one person there was no record of keyworker meetings taking place. We discussed this with the manager who told us they believed that meetings had taken place but that no record had been made. They told us they would address this issue with relevant staff.

People knew how to make a complaint. One person said, "Of course I do [know how to make a complaint]. I would go in the office and complain." Another person told us, "I would talk to the staff, they would help." Another person said, "If I have any problems and things staff sort it." One person told us they had a problem getting on with another person that used the service and staff helped them with this. One person told us they were not allowed to do their laundry in the evening. We discussed this with the manager who put the issue on the agenda for the staff meeting that was scheduled for the day after our inspection. They told us that they would ensure people could do their laundry when it was convenient for them. This showed the service responded to people's concerns. One person said, "Members of staff are very cooperative if there is a problem."

Is the service well-led?

Our findings

People told us they found the manager to be helpful and supportive. One person said of the manager, "She is good, no problems. You can talk to her."

The service did not have a registered manager in post. The previous registered manager left the service in July 2014. The service appointed a new manager on 7 January 2015 who is the registered manager of another service run by the same provider. The manager told us they planned to apply to be the registered manager of this service with the Care Quality Commission immediately after criminal record checks had been completed. This location has a condition of registration that it must have a registered manager. Within the time without a registered manager in place, the provider did not have appropriate processes in place to support staff appropriately and maintain the effective operation of the service.

Staff told us they found the manager to be accessible and approachable. One staff member said of the manager, "She listens to the staff and asks our views. I feel supported by her." Another staff member described the manager as "supportive" and "very good."

The service had a 24 hour on-call system in place. Staff told us that this was a reliable system and anytime they had called someone had answered. Staff said this helped them to feel supported when there were no senior staff working at the service.

The service had systems in place for seeking the views of people that used it. For example, people told us they had regular residents meetings. One person said, "We have them every week. We talk about anything we would like to do. Things we like and dislike, food we like. You can talk about what you want." Another person said, "We have a user's meeting every Sunday. We talk about general things, about how things are going." We saw records of monthly residents meetings. These evidenced discussions about holidays, menus, household tasks and activities.

Staff said they were consulted about the running of the service. For example, one staff member told us they completed a survey recently about their views on shift patterns within the service. Another member of staff said, "They had a staff survey, it asked about the job and if you want anything to change. They sit down with you and tell you the results." Staff told us the service had staff meetings about once a month. They said they found these of use and said they provided an opportunity to discuss as a team best practice and share ideas for working with individuals. Records confirmed monthly staff meetings took place.

The manager told us they had identified areas to develop and improve upon since they began working at the service. For example, they planned to make care plans more person-centred, involving people who are close to people that use the service where appropriate.

Various audits were carried out, including audits of finances, medicines and health and safety checks. We saw that one of these audits had highlighted there was a problem with the fridge temperature being too high which was subsequently addressed. An audit of the physical environment highlighted that the hallway was in need of decorating and we saw this as being done during the course of our inspection. This showed shortfalls identified in audits were acted upon.

Monthly monitoring visits were carried out by a senior manager from within the organisation. These focused on areas in line with the essential standards of the Care Quality Commission. We saw that areas highlighted at the most recent monitoring visit were being addressed by the manager, such as lack of detailed recording of fire drills. However, we noted the monitoring visits did not include speaking with people that used the service. We discussed this with the manager who said they would raise the issue with the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

People who use services and others were not provided with correct information about making a complaint and complaints were not always acted upon. Regulation 16

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not provide staff with adequate appraisal to provide people with safe and effective care. Regulation 18 (2)