

Consensus Support Services Limited

8-10 Newlands Cottages

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Newlands Cottages provides personal care and support for up to four male adults with learning disabilities or autism. The accommodation is divided into two cottages. Three people live in one cottage and another person lives in the other. At the time of our inspection four people were using the service.

At the time of the provider's registration, the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, we found care was provided in line with these values which include choice, promotion of independence and inclusion. People living with learning disabilities and autism at Newlands cottages were supported to live as ordinary a life as any citizen.

People's experience of using this service: Since our last inspection in January 2018, the provider had made the required improvements to address the previous two breaches of regulations. Risks to people's health and wellbeing had been more fully assessed and staff had the information they needed to support people and keep them safe. Arrangements for staff training had improved to ensure that people received appropriate care and support. In addition, a registered manager had been recruited and people, relatives and staff spoke positively about how management of the service had improved.

People received support from staff who were trained and supported to carry out their role. There were enough qualified and skilled staff at the service and staff worked flexibly to meet people's needs. This meant people received their care and support when they needed it. The provider followed an appropriate recruitment process to employ suitable staff.

Newlands Cottages was kept clean and health and safety checks were carried out to make sure people lived in a safe environment. Although there had been home improvements, parts of the premises remained in need of redecoration or repair. The provider had a refurbishment plan to improve these areas and people were involved in deciding on the changes, for example, choosing a new kitchen and paint colours for redecoration.

Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse. Medicines were managed safely and people had their medicines at the times they needed them.

People were supported to be healthy and their healthcare needs were monitored to help keep them safe and well. The staff worked with and referred people to other health care service to support people's wellbeing. Where people needed support with their emotional needs, relevant health and social care professionals were involved.

People were involved in planning and preparing their meals according to their choices. They took part in

activities they were interested in and staff encouraged people to try new ones.

Staff promoted and respected people's diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

People were encouraged to remain as independent as possible and develop their skills. Support plans recorded what was important to the person and were current. Where people's needs changed, the provider responded and reviewed the care provided.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff showed understanding, patience and people were treated with respect and dignity.

People were involved in the running of the service and were consulted on key issues that may affect them. The provider used a range of audits and checks to monitor and assess the quality and safety of the service. Where issues were identified, action was taken to improve the care and support people received.

The service worked in partnership with other agencies for the benefit of the people living there.

We found the provider had taken action to meet legal requirements and the service has met the characteristics of Good in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 7 March 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection schedule or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service improved to Good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service improved to Good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service improved to Good

Details are in our Well-Led findings below.

8-10 Newlands Cottages

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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.

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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in January 2018. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people to ask about their experiences of the care provided. We spoke with the registered manager and four members of staff. We reviewed care records for two people using the service. We checked recruitment records for one staff member and training and supervision arrangements for the staff team. We looked around the premises and at records for the management of the

service including quality assurance systems, audits and health and safety records. We reviewed how medicines were managed and the records relating to this.

Following our inspection we spoke with three people's relatives to ask their views about the service. The registered manager also sent us records we requested. This included results of quality assurance surveys, health and safety records, infection control audit, maintenance and redecoration plans, risk assessments and a summary of incidents/ accidents.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection on 18 January 2018 we asked the provider to make improvements to managing risks for people. We found this action had been completed.
- Risk assessments provided clear guidance for staff on how to keep people safe in their home and in the local community. These were current, personalised in line with people's individual needs and reviewed as soon as there were changes. For example, when a person's behaviour or health need changed or when they undertook a new activity.
- Where people may behave in a way that might harm them or others, staff knew how to support people with their emotional needs. Care plans were individual and explained what may cause the person to become anxious or upset and how staff should respond. Staff completed relevant training every year to support their understanding and practice.
- People had the equipment they needed to promote their safety whilst maintaining their independence. This included two-way radios for people to communicate with staff when they needed support. We saw staff respond promptly when these were used.
- Health and safety checks were regularly carried out to ensure the premises and equipment remained safe. They included checking water hygiene, gas and electrical safety. Fire systems and equipment were monitored and checked. People told us they took part in practice fire drills and knew what to do in the event of an emergency.
- Staff reviewed the safety and maintenance of the building by undertaking regular checks. These identified where areas in the home required repair or redecoration. Staff told us repairs were managed by the provider and addressed promptly where there were risks to people's safety.
- There was out of hours management support in the event of emergencies or if staff needed advice and support. Staff told us this on call system was reliable.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and staff supported them to understand what abuse was and how to report any concerns. One person said, "Staff help me feel safe."
- Staff knew what action to take if they had concerns for people's safety, including how to report suspected abuse to the relevant agencies. Staff could describe the different signs and types of abuse and understood their responsibilities to protect people from harm. They kept their safeguarding knowledge up to date through training every year.
- The provider had a safeguarding policy in place which they followed. We noted contact numbers for people, visitors and staff to report abuse to the local authority were not clearly displayed. The registered manager agreed to address this.
- Records showed concerns and allegations were acted on to make sure people were protected from harm.

Staffing and recruitment

- Since our last inspection, stability in the staff team had improved and people told us they experienced consistent support and there were enough staff. Staffing was flexible so people could do the activities they wanted, with the right staff support. During our visit, people were busy with their chosen activities and staff were available for them when needed.
- The registered manager told us there were two staff vacancies and recruitment was in process. If staff were unavailable, because of sickness or other reasons, the same agency workers were used to support continuity of care.
- The provider's recruitment process was thorough and people were protected from those who may be unsuitable to care for them. People were involved in staff interviews and asked their own questions. For example, a staff member told us one person asked if they would be prepared to support them with a farm activity.
- All required checks were made before new staff began working in the service. These included a criminal records check and references to confirm staff were of good character and had the right skills and experience to support people.

Using medicines safely

- People received their medicines when they needed them. People told us they had regular medicine reviews with relevant professionals to help them stay well.
- Staff had information about people's prescribed medicines. Where people needed medicines at additional times, there was guidance for staff about when people might need these and how they should be given. Examples related to medicines used for anxiety, pain relief and managing epilepsy.
- People's medicines were managed, stored and disposed of safely. Records were available to support this. Staff checked medicines weekly to ensure any issues or errors were picked up and addressed.
- Staff were trained and their competency to administer medicines was assessed every six months or following any error to make sure their practice was safe.
- The pharmacist had recently completed a full medicines audit and staff had addressed their recommendations.

Preventing and controlling infection

- People were encouraged and assisted to keep their home clean, with staff support where needed. Risk assessments were also in place to support people's understanding of hygiene management.
- Staff monitored cleanliness standards and where they identified concerns, these were addressed. A recent audit showed there were plans to replace bins throughout the service and display hand hygiene guidance in the refurbished bathroom.
- Staff completed training on infection control and food hygiene. This meant the likelihood of people experiencing poor health was reduced.
- People told us they were looking forward to getting a new kitchen. The provider had plans to complete this work later in the year.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses. Incidents and accidents were reviewed to identify any learning which may help prevent a reoccurrence. Any changes to practice were discussed at staff meetings.
- The provider maintained oversight of all accidents and incidents to ensure appropriate action had been taken to support people safely.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection on 18 January 2018 we asked the provider to take action to improve staff training, and this action had been completed.
- People were confident the staff team had the right skills to support them. One person told us staff knew how to help them if they felt anxious or upset about something.
- Staff had a good understanding of the care and support people needed. They undertook training to enable them to meet people's individual needs. Since our last inspection staff had refreshed their training in epilepsy and undertaken further training to update or develop their knowledge and skills. Courses included mental health awareness, diabetes, autism, sexuality and relationships and person centred care.
- A staff member told us their induction process was managed well, and they had good support from other staff. The induction involved shadowing experienced staff, getting to know people and reading their care plan records and the provider's key policies.
- Our observations showed people received effective support and staff had the expertise to support their individual needs. For example, staff recognised where people were becoming anxious and took time to provide reassurance or explain what was happening. We saw this support helped people to relax and continue with their activities.
- Staff said the provider's training was relevant and described it as "very thorough". Staff were expected to keep their learning up to date and repeat courses at regular intervals. For example, yearly training on learning how to respond to behaviour that may be challenging. Records confirmed staff had undertaken the training required of them.
- The registered manager met regularly with staff to review their performance and development needs. Staff felt well supported and had opportunity to discuss all aspects of their work.

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

- The same people had lived at Newlands Cottages for many years. Their needs were assessed at the time of admission and regularly reviewed thereafter to ensure the service continued to be right for them. The provider considered best practice guidance as part of these reviews.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they always had choice and met with staff each week to discuss and plan their meals. People said they could always have an alternative if they wanted. Staff shared an example where all four people chose a different take away meal one evening.
- People's food preferences and dietary needs were reflected in their care plans. Where people had specialist diets, these were catered for. Staff knew how to manage any risks associated with people's nutritional needs. Staff discussed the benefits of a healthy diet with people and supported them to shop for

their chosen foods.

- People were supported with preparing and cooking their meals. One person told us they liked doing cooking every day.

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

- People told us staff encouraged them to keep healthy and accompanied them to appointments when needed. One person told us they had been supported to follow a healthier lifestyle by giving up smoking and drinking. A second person had asked staff to help them with a weight loss plan and staff had discussed the best ways to do this with them.
- Health action plans included personalised details about people's past and current health needs. Where people had health conditions, staff knew how these affected their lives and what action to take to keep people safe and well.
- Staff worked closely with healthcare professionals and arranged support for people when it was required. They shared examples where people were referred for additional services to support their health and wellbeing. Records confirmed what they told us and showed staff followed advice or guidance from other professionals.
- People received effective and coordinated care when they were referred to or moved between services. A relative was complimentary about the responsive staff support their family member received during a critical time of illness.
- Information was shared appropriately with other professionals to help ensure people received consistent care and support. People had hospital passports in their support plans which provided an overview of their health needs should they need to attend hospital or appointments with the GP.

Adapting service, design, decoration to meet people's needs

- The design and layout of the home was suitable for people's needs. People had a choice of areas to meet with visitors, do activities or spend time in private.
- People were involved in decisions about the premises and environment. For example, people had chosen new paint colours for their bedrooms and helped redecorate them with support from staff. One person told us they were buying a new bed and also helped repaint the games room.
- People told us they were happy with their rooms and had furnished them how they liked.
- Since our last inspection, improvements had also included refurbishment of the first floor bathroom, toilet and installation of outside lighting along the driveway. However, we found other areas required attention in respect of re-decoration and maintenance. The registered manager had identified where the property had not been well maintained and reported these issues to the provider.
- Records showed there were continuing plans to improve the environment. Following our inspection, we were provided with information about planned improvements. These included a new kitchen, redecoration of the laundry, ground floor bathroom and cottage where one person lived. We will check for progress at our next inspection.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to make day to day choices and decisions. Systems were in place to support people in the least restrictive way and ensure their rights were protected.
- Records showed people had contributed and signed in agreement with records about their care. Where they had declined, staff respected this.
- Staff completed yearly training in MCA and DoLS. They were aware of the legal requirements and how this applied in practice.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this. This showed the provider acted lawfully and in line with the MCA.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked the staff and were treated with kindness and respect. One person told us, "They [staff] help me go out every day." Another person said they enjoyed going out with their keyworker [named staff member] on trips to London. Relatives spoke about how well their family members got on with certain members of staff and had formed trusting relationships.
- People looked comfortable and relaxed in the company of staff. They shared humour and conversation and staff showed interest and patience when chatting with people.
- Staff understood how to support people's individual needs. Staff described how they supported people if they were feeling unhappy or upset. They developed ways to work with people to overcome their anxiety and manage their emotions. For example, by spending time talking with the person and sharing jokes together.
- Staff had developed positive relationships with people. They knew people well and shared detailed information about how people preferred their care and support to be given. These details were reflected in people's care plans.
- People's diverse needs were recorded in their care plans. This included the support people required in relation to their culture, expressing sexuality and lifestyle choices and their beliefs. Staff respected people's individuality and diversity. Staff shared examples where they supported people with relationships and understanding their rights.
- Discussions with staff showed they understood how to protect people from discrimination.

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

- People were encouraged and supported to make decisions about their lives and what they wanted to achieve. One person told us about their plans to get married and they had discussed this with staff.
- Staff understood how individuals liked to communicate and used this knowledge so people had the support they wanted. One member of staff told us due to one person's communication needs, it was important to "speak slowly and explain clearly."
- Care records included people's choices, for example, their preferred times to get up/go to bed, times of meals, gender of staff to support them and whether they like a bath or shower.
- Each person had a named member of staff who was their key worker and worked closely together with them. People met with their key worker each month to review their care plan and make sure it remained up to date and relevant to them.
- One person told us, "We have [group] meetings to talk about jobs in the house, food, activities and people sharing jobs fairly." Records of these meetings showed staff also shared information with people to ask for their feedback. For example, people gave their views about redecoration and home improvement plans.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity. One person told us staff supported their privacy when they went out for meals with their partner by sitting at a different table.
- We saw staff gave people individual time and attention when needed and respected people's choice to be alone when they wanted.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support. People told us they were encouraged to be involved with cooking and keeping their home clean and tidy.
- People maintained relationships with those who were important to them. Relatives told us staff kept them informed about people's welfare and they could visit or contact the service any time. Relatives were invited to key events such as reviews or other meetings as appropriate.
- People's personal information was kept secure and their records were stored appropriately in the service. Staff maintained confidentiality when discussing individuals' care needs.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes, needs and preferences were reflected in their care plans. Plans were individual and highlighted what was important to the person now, and in the future. There was information about people's histories and relationships which mattered to them. A summary document provided essential details about the person's needs and how best to support them whilst keeping them safe.
- Staff were clear about the outcomes they were supporting people to achieve. These included their social, emotional and health related needs and goals, both short and long term.
- Care plans described people's social and leisure needs and outlined how staff should support them. This information corresponded with what people told us about their interests. These included working on a farm, bowling, cinema, shopping and trips to places in London, music, arts and crafts and eating out.
- People enjoyed varied activities that met their needs and preferences. Staff encouraged people to try new activities and employment opportunities.
- People were involved in reviewing their care with their families, staff and other professionals as necessary. Staff spent time with people discussing their goals and aspirations for the future. Ongoing reviews of people's support plans ensured they were an accurate reflection of where people were with their achievements and all other aspects of their care.
- Detailed daily records were kept by staff. These reflected how people had spent their day, what they had enjoyed doing and any changes in their health and wellbeing. Staff reviewed these details regularly to check that people were receiving their agreed care and support.
- The provider supported people's needs in line with the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people have information available to them that they can access and understand. Where people could not understand written words, they were provided with pictures and photos to help them communicate their preferences and promote their independence. For example, one person had food and drink pictures to enable them to plan and shop for their meals. Another person helped staff monitor cleanliness and safety in the home and had a checklist with pictures to support their understanding.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they were unhappy with the service and told us they felt listened to. Relatives told us they were confident to raise concerns and these would be addressed by the registered manager.
- The provider had appropriate procedures for responding to and dealing with complaints. Records showed how these were managed. They included the nature of the complaint, what action was taken and how it was resolved and reported back to the person.
- Where concerns had been raised these were discussed with staff to improve the quality of the service.

End of life care and support

- The home was not supporting anyone with end of life care at the time of our inspection.
- Arrangements were in process for people to make decisions about their preferences. A relative told us they were due to have a meeting to discuss their family member's wishes.
- The registered manager had attended relevant training through a local hospice. This gave them the skills and confidence to support people at the end of their lives should this be needed in the future. There were plans for other staff to undertake similar training.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the last inspection on 18 January 2018, we found people had not experienced a well-run service due to ongoing changes of managers and staff. We asked the provider to take action to improve and this action had been completed.
- The registered manager had been at the service since April 2018 and there was better stability in the staff team, with only one staff member leaving in the last year. People and relatives spoke about improved consistency in the service and with the support people received.
- People told us the registered manager spent time with them and understood their needs.
- Relatives felt there had been improvements since the manager joined and expressed confidence in his leadership. One relative felt there was more work to do but welcomed the changes the manager had made so far.
- The manager encouraged open communication with people, relatives and staff and worked alongside the team to support people.
- The provider understood their responsibility to be honest with people and their representatives when things had not gone well. For example, correspondence between the registered manager and relatives showed he acknowledged where standards had not been as expected and the actions being taken.

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

- The registered manager provided effective leadership and guidance to staff.
- Staff told us they felt supported by the registered manager who was approachable and worked as part of the team. One staff member described the manager as, "very supportive and will listen if you have a problem."
- Staff understood the service's vision and values and told us how this shaped the way they supported people.
- Staff were supported to understand their roles and responsibilities through staff meetings, supervision and yearly reviews of their performance. Staff told us that they could share their ideas and felt listened to. Appropriate policies and procedures were also available to staff to support their practice.
- People could be confident that important events which affect their health, safety and welfare would be reported appropriately. Registered persons are required by law to notify CQC of certain changes, events or incidents that happen in the service. Notifications had been submitted appropriately since our last inspection.

- Effective quality assurance systems were used across all the provider's services to monitor that people were safe and appropriate care was being provided. They included checks on people's care records, risk assessments, finances, medicines, the premises and health and safety practice. Staff told us they had designated roles to help review these areas.
- The registered manager completed a monthly audit which included details of any accidents and incidents, safeguarding and DoLS events, staffing information, complaints and compliments. This information was shared with the provider and enabled them to have oversight of how the home was running.
- The provider had clear expectations of the registered manager and met with him regularly to assess the running of the service. An operations manager carried out a quality assurance audit every month. Reports from these visits explained how the service performed, areas of good practice and those that required improvement. We saw the registered manager acted promptly where areas requiring improvement were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for feedback and encouraged to participate in the development of the service. The provider reviewed this information to see if any improvements or changes were needed.
- Following the most recent surveys, we found the provider had acted on people's suggestions and comments. This had included recruiting and retaining staff, increasing activities for people and improving the décor and furnishings in the home.
- Regular team meetings gave staff opportunity to share information about people's care and support and matters that affected the service. Staff said they also discussed learning and development needs and reflected on their practice to check they were supporting people in the best ways.
- The provider involved people in checking the quality of their services. One person was due to take on this role as a 'quality checker' and had attended a conference to learn about the role and their responsibilities. They told us they were looking forward to visiting other care services and had been provided with a new laptop to undertake training and keep records of their checks.

Continuous learning and improving care; Working in partnership with others

- The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services. Management meetings were held to discuss legislative changes and lessons learnt. There were systems in place to analyse complaints, accidents and incidents. The provider ensured that any learning from these was shared across the organisation.
- Improvements had been made following our previous inspection to meet the regulatory requirements. The Provider Information Return (PIR) gave us accurate details about how the service was running and what improvements were planned. Our findings from the inspection corresponded with this information.
- Staff worked in partnership with other agencies and professionals to seek advice and guidance when people needed additional or specific support. Records showed how professionals had been involved in planning and reviewing people's care, well-being and overall health. This joint working had resulted in improved outcomes for people. For example, where people had support from the provider's behaviour specialist, this had helped them manage their anxieties and the number of incidents had reduced.