

Consensus Support Services Limited

The Brambles

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

The Brambles is a 'care home' for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Brambles accommodates up to ten people in one adapted residential house in a residential area. At the time of the inspection there were seven people living there. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on the 10 and 11 April 2018 and was unannounced. We had previously inspected this service in April 2016, at that inspection the service was rated 'Good'. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on- going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were consistently protected from the risk of harm and received their prescribed medicines safely. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition and live fulfilled lives.

People developed positive relationships with the staff. The staff were friendly, passionate about their work and caring; they treated people with respect, kindness, dignity and compassion. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and

were being deprived of their liberty. People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received. Information was available in various formats to meet the communication needs of the individuals.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of the people in the home, and listened to staff and relatives. There were effective systems in place to monitor the quality of the service and drive improvements.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Brambles

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection, which took place on 10 and 11 April 2018 and was undertaken by one inspector. We made a site visit on the first day and contacted relatives for their feedback on the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in December 2017 and we considered this when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who placed people and monitored the service.

During this inspection, we spoke with one person and spent time observing the people living in the home to help us understand the experience of people who could not talk to us. We also spoke with the registered manager, a senior support worker and three support workers and contacted the relatives of two people.

We looked at the care records of two people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and arrangements for managing complaints.

Is the service safe?

Our findings

People were being cared for safely and staff provided consistent safe care and support. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, an assessment had been undertaken to identify any risk to people harming themselves through their behaviour; where risks had been identified appropriate controls had been put in place to reduce and manage the risk.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager knew that if any safeguarding issues arose that they would have to complete the relevant notification for the local authority and Care Quality Commission. There had been a number of safeguarding concerns raised within the last 12 months, which had been investigated, and appropriate action taken. Safeguarding was discussed at house meetings with the people who lived in the home and at staff meetings to maintain awareness amongst both the people and staff.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Staff were visible and responded to people in a timely way. A relative said, "The staffing levels always seem good; staff always seem happy and have a good attitude." Another relative said, "I feel they [family member] are safe."

Medicines were safely managed. Staff had received training and their competencies were tested annually. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines within appropriate periods.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place. There were effective systems in place to monitor the health and safety of people, which included regular fire tests, and maintenance checks of equipment and the building. Accidents and incidents were monitored and action taken to address any identified concerns. We saw that where an area of the garden had been identified as potentially causing a risk to people that plans were in place to make the area safe and fully accessible to everyone.

Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again. For example, when it was identified that a protocol for how a person received pain relief on a flexible basis was not in place the registered manager had ensured one was put in place so that staff were fully aware of their responsibilities.

Is the service effective?

Our findings

People's needs were assessed prior to them moving into The Brambles to ensure that the service was able to meet their care and support needs. Particular attention was also paid to the compatibility of the people living in the home. At the time of the inspection, the people had lived together for several years. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We heard staff asking people what they wanted to do, for example, whether someone wanted to go out for a walk and whether someone wanted to help in the kitchen. Detailed assessments had been conducted to determine people's ability to make specific decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and The British Institute for Learning Disabilities (BILD) best practice guidance and training. Service specific training had been identified to support people's individual needs such as training in mental health awareness and positive behavioural support awareness. A relative told us they felt the staff were well trained and knew how to support their family member, which had greatly improved their well-being and life experiences.

All new staff undertook a thorough induction programme and all staff were encouraged to take relevant qualifications. One member of staff said, "My first week I spent time reading through the care files and meeting the people; I shadowed more experienced staff and then there was lots of eLearning to do and face to face training." We saw from the information the registered manager gave us that training such as manual handling, infection control and safeguarding were regularly refreshed. Staff received regular supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. One member of staff said, "We meet monthly and you get the opportunity to discuss things and suggest things we can try with people."

Staff said they were well supported and encouraged to do more training. The registered manager told us that they were in the process of arranging TEACCH (Treatment and Education of Autistic and related Communication-Handicapped Children) training to equip the staff to better support people's individual communication needs. One relative told us they were pleased to see the service adopting the TEACCH approach.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietitian and speech and language therapist had been made when required and advice followed. People were involved in deciding what meals they had each day and were encouraged to help to prepare them.

People had regular access to healthcare professionals and staff sought support from health professionals when needed. There was a health communication passport in place for each person; this ensured that there was information readily available for health professionals to understand how best to support people.

The home is a detached house, which had been modified to meet people's individual needs. The registered manager ensured that the environment was maintained and free from hazards. There was an accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms. The overall external appearance of the home was tired and would benefit from redecoration.

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with kindness and respect. We observed good interactions between the people and staff. As people were getting ready to go out for the day staff chatted with people and made sure they had the things they needed to take with them. As people returned home staff welcomed them; it was clear from their smiles that people were pleased to be home and welcomed back. One person said, "The staff are alright here."

People were relaxed in the company of staff and we observed friendly banter between people and staff. The staff knew people well and communicated well with them. A relative said, "The staff have a good attitude, they are helpful and friendly. Working there seems more than a job to some of them."

Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People's individuality was respected. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People's choices in relation to their daily routines and activities were listened to and respected by staff. A member of staff said, "People have the right to make choices for themselves, sometimes you may not think it is the right choice but if that is the person's choice we respect their decision."

People were encouraged to maintain their relationships; families and friends were welcomed at any time. Relatives told us they could visit when they wished and staff supported people to make visits to them when they wished.

People were treated with dignity and respect. Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and help themselves. We saw that staff asked people before they entered their rooms.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The registered manager had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Is the service responsive?

Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.

The plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs.

People were enabled and empowered to be involved in their care plans; staff ensured that review meetings were geared around the person's individual communication method. For example using symbols and pictures to support the person to express their views and any concerns they may have. One relative told us, "I am always kept informed of things and they contact me before any reviews of the care plan so feel involved; "[Name of registered manager] is very good, the difference in [family member] since [registered manager] came is absolutely amazing."

At the time of the inspection, nobody was receiving end of life care. The provider had plans in place for the staff to work sensitively with people to offer support to plan for future events taking into account people's wishes. The community team for learning disabilities (CTPLD) would support them with putting together a detailed bespoke end of life plan.

People were supported and encouraged to follow their interests. One relative said, "[Family member] is always out busy doing things." A number of people attended local day centres in the area and accessed various social events in the evening. A member of staff spoke to us about developing more activities for people in the home if they wanted and encouraging people to get involved in maintaining the garden. We saw pictures of various activities people had taken part in such as an Easter bonnet parade and outings to various county parks and the seaside. One person told us about a disco they were attending that evening.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. There were house meetings held each month and we saw from the minutes of those meetings that people were given an opportunity to raise any concerns. When a complaint had been raised we saw that it had been responded to appropriately and action taken to address the issue. A relative said, "[Registered manager] had already addressed an issue I raised with him."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. We observed people speaking to the registered manager who staff described as 'great' and 'very approachable'. A relative said, "[Registered manager] is good, not a forceful in your face type of person, he is collaborative, thoughtful and perceptive."

The atmosphere around the home was friendly and welcoming which led to an open and transparent culture. People, staff and families were asked for their feedback through surveys and care reviews. The provider kept everyone informed about how the service was developing. The provider ensured that any learning from complaints or experiences was shared across the organisation.

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; the minutes of meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There were effective systems in place to monitor the quality of the service. The provider spent time at the service on a regular basis and received monthly reports on audits undertaken; this ensured that the systems in place to monitor the standard and quality of the service were being managed effectively and appropriate action taken to address any shortfalls. For example, we saw that following one audit, unnecessary risk assessments had been removed from one person's file which ensured that the information available to staff was clearer and concise.

The provider ensured that the staff were kept up to date with what was going on across the organisation and enabled staff to feedback their suggestions, ideas and concerns. Staff received a monthly newsletter 'In Focus' which informed staff about issues that had been raised, trends around accidents and incidents and how the organisation was compliant in relation to standards set. There was an internal website with information about best practice.

We saw that people were encouraged to be part of their local community through attending local social and leisure groups. For example, people were enabled to go to the local pub, travel to a nearby town and visit various places to eat. The registered manager worked with the local authority and NHS commissioners and was receptive to any advice and support offered to enhance the life experiences of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.