

# Consensus Support Services Limited

# Vale House

## Inspection report

Vale Avenue  
Horwich  
Bolton  
Lancashire  
BL6 5RF

Tel: 01204639539

Date of inspection visit:  
22 March 2016

Date of publication:  
13 June 2016

## 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

This is the first inspection since the service registered in 2015. This unannounced inspection took place on 22 March 2016.

The service is registered to provide 24 hour nursing and residential support for up to six gentlemen with learning disabilities. On the day of our inspection there were two gentlemen living in the home. A third person was visiting Vale House and was in the process of transitioning over from another service.

The service consists of six self contained flats and two communal lounges. Vale House is in a residential area Horwich and is close to the town centre and other local amenities.

The service had two registered managers who share the responsibilities of managing the service. 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 and associated Regulations about how the service is run.

Staff were able to demonstrate their understanding of whistle-blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found that people were supported by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

People who used the service told us that they felt the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff.

We found the system for managing medicines was safe. Each person had their own locked medicines cupboard in their flat. People who used the service were supported by staff to manage their own medicines.

We saw there were risk assessments in place for the safety of the premises. We saw in the care records that people had a personal emergency evacuation plan (PEEPs) which informs the emergency services of the layout of the building and what assistance each person required to get them out the service safely. All areas of the home were clean and well maintained.

People's care records contained detailed information to guide staff on the care and support required. The care records showed that risks to people's health and well-being were identified and plans were in place to help reduce and eliminate the risk. People and their relatives (where appropriate) were involved and consulted about the development of their care records. This helped to ensure the wishes of people who

used the service were considered and planned for.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of both MCA and DoLS.

Staff we spoke with had a good understanding of the care and support that people required. People's independence was encouraged and staff were available to assist and offer advice and support.

To help ensure that people received safe and effective care and support, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of running the service and opportunities were available for people to comment on the facilities of the service and support provided.

## 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 was safe.

Suitable arrangements were in place to help safeguard people from abuse.

Sufficient suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

The system for managing medicines was safe and people were supported to take their medications at the prescribed times.

Risk assessments were in place for the safety of the premises. People's flats were well designed, safe, clean and well maintained.

### Is the service effective?

Good ●

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular supervision and support.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment plans. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff to purchase healthy food options to help maintain a well balanced and nutritional diet.

### Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the support they received from staff. We observed that staff spoke with people in a respectful and kind manner.

The staff were able to demonstrate they had a good

understanding of the care and support people required.

People who used the service were encouraged and supported in maintaining links with family and friends.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The care records contained detailed information to guide staff on the care and support to be provided. The care records were regularly reviewed to ensure the information was reflective of the person's current support needs.

People who used the service were encouraged and supported with a range of suitable activities to meet their needs.

The provider had systems in place for receiving, handling and responding to complaints or concerns.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff spoke positively about working at the service. They told us that management team was approachable and supportive.

Systems were in place to assess and monitor the quality of the service and arrangements were in place to seek feedback from people who use the service.

# Vale House

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 22 March 2016 and was unannounced. As this was a small service the inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the information that the service had sent to for example notifications of any incidents that had occurred.

During the inspection we spoke with the two people already living at Vale House and with the person who was in the process of moving in to the service. We spoke with a relative, all of the staff on duty, one of the registered managers and the operations manager. We also contacted a visiting healthcare professional. We did this to obtain their views about the service provided. People who used the service invited us to look at their flats and the person who was due to move in was pleased to show us their flat. With permission of the people who used the service we looked at care records of both people living at the home and the information that the staff had collated for the new person. We also looked staff recruitment, staff training records and records about the management of the home.

# Is the service safe?

## Our findings

We had discussions with staff, people who lived at Vale House and a relative felt there were sufficient staff on duty to meet the support needs of people. As the number of people living in Vale House increases the staffing levels will be reviewed and increased in line with people's assessed needs. One person told us, "I love my flat, it's great. The staff are nice and I have all my own things round me. I am safe here". A relative spoken with was very pleased with the care their [relative] received. They told us, "I have no concerns, my [relative] is safe and enjoys living at Vale House".

The service was staffed twenty fours a day, seven days a week. There was always a learning disabilities nurse on shift during the day and a male learning disability nurse sleeping in on the night shift. Staff were also supported by an 'on call' service by senior management.

We looked at four staff personnel files and saw a safe system of recruitment was in place. The recruitment was robust and helped to protect people being cared for by unsuitable people. We saw that the files contained an application form, interview notes, references and terms and conditions of employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable adults.

We were invited to look in the flats of people who used the service. People were encouraged and supported to keep their flats clean and tidy. There were two communal lounges which were also clean and well equipped.

Records showed risk assessments were in place for all areas of the general environment and policies were in place ensuring compliance with health and safety regulations.

All small portable electrical appliances brought in to the service were checked to ensure they were safe to use.

We saw suitable arrangements were in place to help safeguard people from abuse. From the training matrix we saw that staff had received training in the protection of vulnerable adults. Policies and procedures were in place. These provided guidance on identifying and responding to the signs and allegations of abuse.

Staff spoken with were aware of and had access to whistle-blowing procedures and knew who to contact if they felt their concerns would not be listened to and acted upon.

The care records we looked showed that risks to people's health and well-being had been identified, such as risks of leaving the grounds unaccompanied and nutrition.

We saw the service kept records of any accidents or incidents and actions taken to prevent reoccurrence were recorded.

We looked to see how medicines were managed. Each person had a wall mounted locked medicines cabinet in their flat. The cabinets blended in with the décor of the flat and had no identifying signage of them. People were helped and supported to administer their own medications. People spoken with were happy to be involved in this process. Medication was recorded when administered on the individual medication administration record sheet (MARs). Staff assisted with the reordering and any disposal of medication as required.

We saw records for the weekly testing of the fire protection systems were accurate and up to date. A fire risk assessment was in place and some areas of the service were fitted with a sprinkler system which was activated in the event of fire. Fire exits were seen to be free from obstacles and clutter that could impede access in an emergency. In the care records we saw a personal emergency evacuation plan (PEEPs) which informs the emergency services of the layout of the building and the level of assistance each person required to get them out the service safely.



# Is the service effective?

## Our findings

We spoke with people who used the service. One person told us, "The staff are really good, they help me". A relative told us, "I have no concerns about the care and support my [relative] receives".

We asked the registered manager to tell us how they ensured that people received care, support and treatment to meet needs. We were told that people had comprehensive assessment before they were offered a flat at Vale House. The assessment involved a multi-disciplinary team and other parties such as families that were involved with the individual. The service offered accommodation for men only and any new people wishing to use the service would also be assessed on compatibility with others already living at the service. This helped to reduce any anxieties, friction and disruption within the service.

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give their consent to any care and treatment. We were told that any decisions were discussed and agreed with people who used the service and other relevant professionals. The people we spoke with confirmed this information was correct. People told us they were able to make decisions about their daily routines and activities they wished to participate in.

We were shown the induction programme that all newly employed staff had to undertake when they first started to work at Vale House. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the people who used the service. We were provided with the staff training matrix which showed that staff had completed all the essential training necessary to safely care and support the people living at Vale House. Staff spoke with confirmed that the training they received was good and relevant to their role.

Records showed that staff had received regular supervision. Supervision meetings help staff discuss their progress at work and also discuss any learning and developmental needs they may have.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA.

Staff members spoken with had a good understanding of MCA and decision making processes. We saw that the service had applied for an urgent DoLS authorisation for one person. This meant the service was acting in this person's best interest.

We asked the registered manager how people were supported to maintain a healthy diet. All the flats had a fully fitted kitchen and people who used the service were able to prepare meals for themselves. Staff assisted with shopping and offered advice and support in buying food and in preparing meals.

From the care records we looked at we saw that people who used the service had access to external health and social care professional such as GPs, psychiatrists, psychologists and forensic support services.

## Is the service caring?

### Our findings

People spoken with told us the staff were kind, caring and friendly. We observed that interactions between staff and people who used the service were respectful and friendly. We saw people were laughing and smiling with the staff.

People who used the service were self-caring and did not require assistance of staff for any personal care. Staff were available if people wanted advice or reassurance on anything that was worrying them.

A relative told us they could visit at any time and were always made welcome by the staff. Visitors were able to go to their relatives flat or use the communal lounges.

From discussion with staff showed they had a good understanding of the people they were supporting. Staff had a good understanding of what person centred care intailed and treated each person as an individual. Staff considered people's preferences and supported people to build relationships and achieve goals and aims.

Policies and procedures were in place to ensure that confidentiality was maintained between people who use the service and staff. Any discussions took place in the privacy of people's own flats.

We received written feedback from a visiting professional about the services provided at Vale House. Comments included, 'Vale House provides an excellent service for the clients it manages. It provides the next best step, in the least restrictive environment for those who can live independently. The residents are encouraged to be independent but are provided with the appropriate amount of support both in their flat and in the community, dependent on residents need. The staff work well with the clients whilst being able to maintain professional boundaries'.

Information about the service was readily available to people who wished to consider living at the service.

## Is the service responsive?

### Our findings

People told us that staff responded well to their needs. One person told us, "The staff are good, they help me, they take me shopping and we go out".

With permission from people who used the service we looked at the care records for the two people living at Vale House. The records contained detailed information to guide staff on the support to be provided. There was good information about the individual's social needs and preferences and routines had been incorporated into the care records. Both people had a planned activity programme that had been discussed and agreed with the person and with a member of staff. Some of the planned events included: curry night, shopping, bus rides out to local place of interest and family visits. On the day of the inspection we observed one person who liked to garden going out with a member of staff to the garden centre to buy plants and compost.

People who used the service and the relative spoken with told us about the fund raising coffee morning they attended and that it had been so successful another coffee morning had been planned.

We saw in the care records that in the event of a person being transferred to hospital, information in the form of a 'hospital passport' would be sent with them. A 'hospital passport' would inform hospital staff about the person's support needs and the medication they were receiving.

We spoke with the person who was preparing to move into Vale House. They told us they had visited several times and had started to move some of their belongings into their flat. They were just waiting for everything to be finalised before they could move in.

We received written feedback from a visiting professional who told us, 'New residents to the house have an excellent, person centred transition plan which is agreed by all involved, internally and externally, and this is monitored regularly for its effectiveness. I have personally been involved in transition meetings which have also included the potential resident. This is an excellent way of ensuring the new placement is successful'.

We saw the provider had a clear procedure in place with regard to responding to complaints. People we spoke with told us they would feel able to raise any concerns with any of the staff and with the management.

# Is the service well-led?

## Our findings

The service had two registered manager who share the responsibilities of managing the service. 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 and associated Regulations about how the service is run.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received the support they required safely and effectively. We were told that regular checks were undertaken on all aspects of running the service. These checks were also audited by the operations manager who was at the service during the inspection. We saw some checks that had been undertaken, for example care records, medication and environmental checks.

We saw that 'handover' meetings were undertaken on each shift to inform staff coming on duty of any changes in a persons well-being or subsequent alterations to the plan of care.

Records we looked at showed that regular staff meetings were held. The staff spoke positively about working at the home. One person who had recently joined the service told us they enjoyed working at the service and they felt well support by the whole team and by the management.

We received written feedback from a visiting healthcare professional who told us, 'The service is well managed by the management team, The feedback from staff to myself about the two managers is excellent and staff feel well supported by them. They feel included in the decisions made about the service and feel their view are taken into consideration. The satisfaction with the managers and the service is reflected in the very low turnover of staff the service has. My own dealings with staff have been extremely positive and they have been receptive to suggestions in the management of residents, writing of support plans and risk management.'

We were provided with a copy of the Quality Assurance Staff Feedback Report for March 2016. The results of the survey were positive and exceeded the benchmark score set by the company at 80%. The survey covered areas of: Receiving key information on starting work at the service, support provided, communication, development and values.

We checked our records before the inspection and saw that the service had reported any incidents that the CQC needed to be informed about. This meant we able to see if appropriate action had been taken by the management to ensure people were kept safe.