

Consensus Community Support Limited







Consensus Community Support Limited- 55 Headlands

Inspection report

55 Headlands
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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	

Overall summary

This announced inspection took place on the 4 and 11 March 2015.

55 Headlands provides personal care for people who live in four of the provider's supported living premises. The people who use the service have a learning disability.

The service had been without a registered manager for a period of six weeks. The provider had appointed a new manager to run the service and they were in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At the last inspection in February 2014, we asked the provider to make improvements to the arrangements for supporting workers and this has been completed.

There were systems in place to calculate staffing based on people's needs and people received enough support to meet their care needs. Medicine management systems were in place and people received the support they needed to take their medicines as prescribed. People received a detailed assessment of risk relating to their care and staff understood the measures they needed to take to reduce the risk of unsafe care. Staff were of good character and there were robust recruitment processes in place. People were safeguarded from the risk of abuse. There were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

The system of staff training and development had been improved and staff were appropriately supported by the manager. The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were procedures in place to assess people's ability to make

decisions about their care. Staff understood how to make best interest decisions when people were unable to make decisions about their care. People were supported to choose a nutritious diet and staff monitored people at risk of not eating and drinking enough. People were supported to access a range of health services including that of the GP and dental service.

People received care that was respectful of their need for privacy and dignity. There were systems in place to support people to make decisions about their daily care. People were encouraged to care for themselves and to live an independent life, where this was possible.

The system of care planning was responsive to people's needs and people received a regular review of their care. People were supported to undertake a range of activities to support their social development. The provider had a system of complaints management which ensured people's complaints were investigated and fully resolved.

Quality assurance systems were in place and identified potential failings in the service. People were encouraged to feedback about the service and the provider responded by improving the service in line with this feedback. The provider promoted an open and honest culture and staff raised any concerns about the service. The provider had clear aims and objectives in place and expected a good level of care to be provided to people.

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.

The provider followed safe recruitment practices.

There were enough staff to provide people with their care.

There were systems in place to manage people's medicines in a safe way.

The provider had a system of risk management in place and this included assessing risks to people's health and safety.

Good



Is the service effective?

The service was effective

People gave their consent for their care. When people did not have capacity to make decisions about their care best interest decisions were made.

The staff supported people to access a range of nutritious meals and drinks.

People were supported to access a range of health and wellbeing services.

Good



Is the service caring?

The service was caring.

People received care that was respectful of the need for privacy and dignity.

People were supported to make decisions about their daily care.

Good



Is the service responsive?

The service was responsive

There was a system of care planning and people were involved in planning and reviewing their care.

The provider had a complaints system in place and responded to any complaints appropriately.

Good



Is the service well-led?

The service was well-led

People were asked for their feedback and improvements were made to the service.

There was a system of quality assurance and the provider monitored all aspects of the service to check for safety and effectiveness.

Good



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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 announced inspection took place on 4 and 11 March 2015 and was carried out by an inspector. We also conducted two site visits to two of the provider's supported living premises to speak with people using the service.

We also looked at information we held about the service including statutory notifications. A notification is important

information about events which the provider is required to send us by law. We also spoke to health and social care professionals and service commissioners. They provided us with information about recent monitoring visits to the service including the outcomes of safeguarding investigations.

During this inspection we spoke to a senior manager who worked for the provider, the manager of the service and five care workers. We spoke with six people who were using the service.

We reviewed the care records of five people who used the service and eight staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People spoke positively about the staff and told us they were involved in the recruitment process. One person said “We pick the staff who work here and they are nice people”. A member of staff told us “The service users are part of the recruitment process and they ask the staff lots of questions in the interview; they particularly like asking questions about hobbies and interests and whether they can cook”. We found that the provider had a recruitment procedure in place which aimed to recruit the right staff and this was based upon their skills, experiences and values. We also found that the provider had a robust recruitment process in place to ensure staff were of suitable character. This included making sure staff had a Disclosure and Barring Service check (DBS) and checking their work history by obtaining references from previous employers. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Staffing was calculated based upon people’s care needs and people were happy with the support arrangements in place. One person said “There are always enough staff around to help when we need it”. Another person said “There are staff on duty; 24 hours a day”. We saw that the provider completed detailed needs assessment for each person to plan the number of staffing hours required. This calculation also allowed for staffing variances such training, sickness and annual leave. The staff working rota’s showed that the required number of staff were planned to work each week. The staff told us that there was usually a good level of staffing at the service. One staff said “We are a good team and sometimes we do need to pick up extra shifts when needed; we also use bank staff to cover any unfilled shifts and occasionally agency staff”. Another staff said “There are always enough staff on duty and we provider a consistent level of staffing”.

Risk assessments were undertaken to reduce the risk of poor care. One person said “There are risk assessments in the house and for when we go into the community. I have one in case I get lost and I have the phone number and name of my keyworker just in case”. We saw that a range of risk assessments were in place and considered risks to people’s physical, social and mental health. One person had risks assessments to meet a range of individual needs

such as risk of accessing the local community, risk of going swimming and risk of challenging behaviour. The assessments also included sufficient information to enable to the staff to reduce risks to people’s health and safety. For example, one staff said “[person’s name] can have challenging behaviour and this gets worse when they can’t get out and about. We get around this by doing lots of activities and it works”. Another staff explained how the risk of not being able to communicate had been minimised. They said “We have found different ways of communicating such as copying their gestures and interactions and this has had a positive effect on their behaviour”.

People’s medicines were managed in a safe way. One person said “The staff support me to take my medicine but I’m more independent now and they just need to remind me”. Another person said “They keep the medication in a cupboard and the staff help me to take it, it works ok”. We observed that each person had medicines support arrangements in place that were relevant to their needs. People’s medicines were stored safely and securely in their bedrooms and there were procedures in place for administering people’s medicines and for administering medicines as and when required (PRN). Staff maintained accurate medication records and there were procedures in place for the obtaining, administering and disposal of medicines. A regular system of daily checks and medicine audits was in place which was designed to check for medicine errors so action could be taken promptly.

People were safeguarded from the risk of abuse and were able to confide in staff with any concerns or worries. One person said “I could tell [staff’s name] anything. This is a safe place to live. I like living here”. Another person said “This is a safe place and staff keep us safe when we go out”. The staff demonstrated a good awareness of the types of abuse people might be at risk of and understood the provider’s safeguarding policy and procedure. One staff said “We are all aware of how to report safeguarding concerns”. Another staff said “I report safeguarding concerns to my line manager and I know the county council are responsible for safeguarding investigations”. We saw that the provider had a safeguarding policy and procedure in place and this had also been produced in an easier to read format to enable people using the service to understand the meaning of safeguarding adults.

Is the service effective?

Our findings

At our last inspection visit we found that improvements were required with the arrangements to support workers. This was because staff did not receive regular supervision and did not have enough training to do their jobs.

At this inspection visit we found that the provider had implemented a robust system of training and development and staff received a regular supervision time with their manager. One staff said “I have had a good induction to the service and this included health and safety and fire evacuation. I have also had training in how to de-escalate people’s behaviours”. The provider had also recruited a new member of staff to deliver and manage training events at the service. This included proving staff with practical sessions in moving and handling, first aid, safeguarding adults and managing behaviours that challenge the service. The staff told us there were opportunities to undertake additional vocational training to enhance their knowledge of providing care to people. We observed that staff were knowledgeable about providing people with care and had a professional approach to caring for people.

There was a regular system of staff supervision in place and staff told us they were well supported to do their jobs. One staff said “We have supervision with a manager and we talk about people’s wellbeing and if we have any training requirements”. Another staff said “There are regular one to one supervisions and we are supported by the manager”.

The manager was aware of their responsibilities under the Mental Capacity Act 2005 and in relation to the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We saw that when people needed to make specific decisions about their care there were processes in place to assess their capacity and make best interest decisions. For example, one person wanted to buy a new piece of

equipment and we saw that their family and health professionals involved in their care made a best interest decision to make sure any decision made was in the person’s interests.

The staff understood people’s nutritional needs and provided support which was tailored to their nutritional requirements. We saw that several people had nutritional needs and staff demonstrated a good understanding of the diets needed to improve their health. One staff said “We try to provide foods that are rich in iron to support their dietary needs; this includes foods such as liver casserole and fruits and vegetables”. Another staff said “I try and take [person’s name] shopping each week and we spend time looking at what he likes to eat and also what is good for him; we encourage him to make healthy choices such as vegetables and fruit”. We also saw that the staff monitored people’s eating and drinking needs by keeping a record of foods eaten each day and by regularly monitoring people weights. We also saw that staff used a range of techniques to engage people to understand their nutritional needs. This included a pictorial “mind map” used to communicate the risks of not eating and drinking. People also received appropriate referrals to the dietician and psychiatrist where this was needed.

People were supported to access a range of health and wellbeing services. One person said “I see the dentist and last week I saw the doctor, I also have regular check-ups on my heart”. Another person said “The staff help me to see the dentist and to keep my teeth clean”. We also saw that people records showed that a variety of health professionals had been involved in their care; this included the doctor, dentist, physiotherapist and the psychiatrist. The staff also told us that “everyone has had an annual health check with their GP and they have had regular medicine reviews”. We observed that staff worked well with health professionals involved in people’s care and could describe advice given from health professionals such as the physiotherapist and explained how this was incorporated into people’s care regimes.

Is the service caring?

Our findings

People told us the staff had a caring approach to providing care. One person said “I get on well with [staff’s name] he is one of my pals”. Another person said [staff name] is very caring and all of the staff are good”. We observed that staff responded positively to people’s support needs and had a good understanding of people’s individual needs including that of cultural and religious diversity. We saw that people and staff had a good rapport with one another and people were excited about doing activities with the staff.

People were supported to express their views and make decisions about their care. One person said “We are off to play snooker tonight, we decide what we want to do and the staff support us to do it.” Another person said “I like going shopping with staff and choose my meals for the week”. The staff told us that they gave people choices about their daily lives and used different techniques to enable people with communication needs to express themselves and make choices. One staff said “We use

objects of reference to communicate choices with [person’s name] and to assist them to choose things like food and drinks. We also use techniques such as copying their gestures and this has helped [person’s name] to express themselves”. Another staff told us “I support [person’s name] to make daily choices and give them time to make their decisions”.

People received care that was respectful of their need for privacy and dignity. For example one person said “They [staff] always knock before they come in my room”. We also observed that people had access to their own bedrooms and some people had self-contained apartment facilities depending on their level of need. We observed that there was a strong focus on providing support that enabled people to live independent lives. One staff said “We focus on people’s independence and get them to do things themselves”. Another staff said “We help people to prepare a shopping list before they go shopping and we work on daily living skills such as cooking, cleaning and doing the laundry”.

Is the service responsive?

Our findings

People were involved in the planning and review of their care. One person showed us their care review and we saw that this contained pictures of family and friends and had information about their achievements to date. They told us “I decided I wanted my care review on DVD this year and staff helped me to put it together. It’s got everything about me and what I enjoy doing”. The person also told us they had made lots of achievements over the last year such as going to work and socialising with other people.

The manager told us there was a focus on providing individualised support and care planning. They said “We do person centred reviews and assessments of need. These are drawn up in partnership with people and their families, we then look at people’s longer term needs and how they can achieve their aims”. We saw that each person had an individualised plan of care in place and this included information about their physical, mental and social wellbeing. For example, one person’s physical health care plan contained information about how to monitor the person’s circulation and support them with going to the gym. The staff told us that there was a “key worker” system in place and they were responsible for planning care. One

staff said “The key workers work closely with people and identify any changes in people and their care”. Another staff said “The care planning is an ongoing assessment and we review this after six months. People invite their families to take part and they are involved in reviewing their progress and planning for the future”.

People enjoyed a range of social activities and were encouraged to be part of the local community. One person said “We like going to the pub and playing snooker”. Another person said “I enjoy going to work and we are always out somewhere different in the evenings. We have a good social life”. We saw that people had a full activity schedule and this included doing voluntary work and a range of leisure activities such as swimming and going out for lunch.

The provider had an appropriate system in place to manage people’s complaints. People told us they could make complaint to the manager and to the staff. One person said “You can make a complaint and they sort it out”. The staff had a good knowledge of how to deal with people’s complaints and told us they could usually sort day to day complaints out. We saw the manager maintained records of any complaints received at the service and these were investigated and dealt with to people’s satisfaction.

Is the service well-led?

Our findings

The staff told us that the provider promoted an open culture where people and staff could freely voice concerns about the service. One staff said “There is an open culture here and the manager has an open door policy, so we can raise any concerns as they come up”. Another staff said “I can raise any concerns and the manager listens to me”. There was a system of team meetings in place and staff expressed any concerns about the service; the results of audits were also discussed to enable staff to make improvements to their own area of care. One staff told us that they had recently improved the management of medicines as they had identified this was an area requiring improvement. They also told us that they had improved the management of medicines by implementing a new audit to improve the standard of care in place.

The provider had well defined aims and objectives for standards of care. A senior manager who worked for the provider said “We aim to enhance the independence and work in line with our values to provide individualised and tailored service”. The provider’s aims and values were clearly displayed for the staff and included giving people choice and respect and providing care with honesty and integrity. One member of staff said “The aim is for people to be as independent as possible and to provide full support to help them live the lives they want”. Another staff said “We aim to develop people and work towards achieving people’s goals”.

We also found that the provider had their own whistle-blowing telephone line and this was also displayed for staff to use. Staff told us that they could contact the provider’s whistleblowing line and could also contact external agencies such as the Care Quality Commission (CQC) and the local authority. One staff said “We have a whistle-blowing line and we can go to them independently; we can also go to the CQC if we have any concerns”. Whistle-blowing is when someone makes a disclosure in the public interest.

People were involved in monitoring the quality of the service and made suggestions about improvements. One person said “We have house meetings and tenants meetings and we talk about modernising the house and having it painted. We can say any changes we want to the home. It is all written down and given to the manager”. People told us that they were involved with doing medication and health and safety audits. One person said “I do the water checks and check the temperature of the water each day”. A senior manager who worked for the provider told us “We have been trying to empower the service users and getting them to complete health and safety audits. We have designed a series of audits which can be used by service users with the support of the staff. The audits have been used in practice and have enabled service users to develop new skills; one service user understands the purpose of their medicines and the possible side effect”.

There was a system of audits and checks in place and the provider monitored the service. One staff said “The idea of the medicines audit is to make sure medicines are given safely”. One staff said “There is a system of daily checks in place and this includes checking people medicines and checking that window restrictor’s work”. The provider continually monitored all aspects of the service; including that of training and development of staff, staffing numbers, recruitment processes, care planning and medicines management. We saw that when an area was identified as requiring improvement the provider took immediate action, for example staff supervision was improved in response to low figures identified of staff receiving their supervision. The provider also monitored risk by at the number of complaints, safeguarding concerns and incidents and the manager was expected to explain measures in place to mitigate any risks. The provider also had a system of regular meetings which each of the managers of services and this was used to discuss any concerns about providing care to people. We saw that the provider worked in partnership with the manager of the service and provided additional support, training and performance management where this was required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.