

Consensus Support Services Limited

46 The Grove

Inspection report

46 The Grove
Isleworth
Middlesex
TW7 4JF

Tel: 02085685660

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18 February 2016
19 February 2016

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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

This inspection took place on 17, 18 and 19 February 2016. The visit on 17 February was unannounced and we told the registered manager we would return on 18 February. On 19 February we met with the registered manager to feedback our findings from the inspection. The last inspection of the home was in May 2014 when we found the provider was meeting all of the standards we inspected.

46 The Grove is a care home for up to seven people living with a learning disability and complex needs. When we inspected, seven men were using the service, all of whom had been living at the service for at least five years. The service had a registered manager. 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.

The provider had systems to keep people safe and support staff followed these.

There were enough staff to meet people's care needs and the provider carried out pre-employment checks to make sure new staff were suitable to work in the service.

People received the medicines they needed safely.

Support staff had the skills and knowledge they needed to support people using the service.

The provider took action to identify and manage possible risks to people using the service.

People had access to the health care services they needed.

People's relatives told us people were well cared for in the service.

Staff treated people with kindness and patience.

Staff offered people choices about aspects of their daily lives.

The provider and support staff had assessed and recorded people's individual care and support needs.

There was an appropriate complaints procedure and the provider also produced this in an accessible format.

Support staff were aware of the provider's goals and values and they told us they enjoyed working for the organisation.

The provider had systems in place to gather the views of people using the service and others.

The registered manager and provider carried out a range of checks and audits to monitor quality in the service.

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.

The provider identified and managed possible risks to people using the service.

There were enough staff to meet people's support needs and the provider carried out pre-employment checks to make sure new staff were suitable to work with people using the service.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they needed to support people using the service.

We saw no examples of people being deprived of their liberty unlawfully.

People had access to the health care services they needed.

Is the service caring?

Good ●

The service was caring.

People's relatives told us people were well cared for in the service.

Support staff treated people with kindness and patience.

Support staff offered people choices about aspects of their daily lives.

Is the service responsive?

Good ●

The service was responsive.

The provider and support staff had assessed and recorded people's individual care and support needs.

There was an appropriate complaints procedure and the provider also produced this in an accessible format.

Is the service well-led?

Good ●

The service was well led.

Support staff were aware of the provider's goals and values and they told us they enjoyed working for the provider.

The provider had systems in place to gather the views of people using the service and others.

The registered manager and provider carried out a range of checks and audits to monitor the service.

46 The Grove

Detailed findings

Background to this inspection

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

This inspection took place on 17, 18 and 19 February 2016. The visit on 17 February was unannounced and we told the registered manager we would return on 18th February. On 19th February we met with the registered manager to feedback our findings from the inspection.

The inspection team comprised one inspector.

Before the inspection we looked at the information we held about the service. This included previous inspection reports and notifications the provider sent us about significant incidents that affected people using the service.

During the inspection we were unable to communicate with most of the people using the service due to their complex needs. We did spend time with people and observed the interactions they had with staff who supported them. We also spoke with six staff working in the service and the registered manager. We looked at the care records for two people and the staff recruitment records for two staff working in the service. We also reviewed other records, including medicines management records for four people using the service, staff training records and records of audits and checks the provider, registered manager and support staff carried out.

Following the inspection we spoke with three relatives of people using the service.

Is the service safe?

Our findings

The relatives of people using the service told us people were safe in the service. Their comments included, "I never worry about [relative's name] when I'm not there, I know they're safe" and "I'm sure [relative's name] is safe, they look after him very well."

The provider had policies and procedures for safeguarding people using the service, as well as a whistle blowing procedure and we saw they reviewed and updated these regularly. The provider trained staff in these areas and the training records confirmed this. Staff had the information they needed to recognise the types of abuse that could occur in a care home and they understood the importance of reporting concerns without delay to help prevent abuse occurring. All of the support staff we spoke with knew what to do if they suspected someone was being abused or at risk of abuse. Their comments included, "I'd tell my team leader or the manager," "I would tell [registered manager's name] immediately if I was worried about abuse" and "I would report to the manager immediately and if they did nothing, I'd go to the area manager or use the whistle blowing procedures."

The provider carried out checks to make sure staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. All staff had completed an application form detailing their employment history.

The provider took action to identify and manage possible risks to people using the service. People's care records included assessments of possible risks and guidance for support staff on how they should manage these. Risk assessments we saw covered the support people needed to manage their medicines, moving and handling, nutrition and fire safety. Risk management plans included clear guidance for support staff on how to manage identified risks. The information for staff was based on people's individual needs, methods of communication and preferences. While the guidance emphasised the importance of promoting people's independence, staff also had the information and procedures they needed to keep people safe. For example, providing two staff to support some individuals when they accessed community activities.

The provider's health and safety checks and environmental risk assessments included checks of opening restrictors on windows above the ground floor. Records showed staff checked the opening restrictors monthly, with the last check on 15 February 2016.

The provider ensured there were enough staff to meet people's care and support needs. We saw support staff worked well together and people did not have to wait for help or support. People were able to take part in activities they chose and there were enough staff to support them to do this. Staff rotas showed a minimum of five staff each morning and afternoon. During the night, one waking staff was on duty, with a second member of staff asleep in the home to provide support, if required.

Staff told us they felt there were enough staff to support people in the home and to access activities in the local community. They told us the manager also worked directly with people using the service when needed. Their comments included, "We're a good team, we work well together to help the people living here" and

"It's a very good place to work. We all understand we must work together to support people."

People received the medicines they needed in a safe way. The provider had a policy and procedures for managing people's medicines and they had reviewed and updated these regularly. Care records included information for staff on the reasons for, the dose and possible side effects of each medicine. There was also individual guidance on 'homely remedies' written and signed by the person's GP. Records showed support staff recorded the reason these medicines were used each time they administered them. Support staff we spoke with told us the provider had trained them to give people their medicines and the training records confirmed this. We looked at a sample of the medicines held and the records relating to this. The records were accurate and medicines were appropriately stored.

Is the service effective?

Our findings

Staff had the skills and knowledge they needed to support people using the service. They told us they were well supported and had the training and information they needed to care for and support people. One member of staff said, "The training is very good and I have regular supervision with one of the team leaders." A second member of staff told us, "The training is one of the best things about Consensus. I get all the training I need and if there's something extra, I just have to ask."

Training records showed new staff completed a planned induction to their work in the service, shadowed experienced members of staff and completed a range of training. Training for all staff included health and safety, safeguarding adults, first aid, food hygiene, manual handling and medicines administration. Support staff told us the provider recorded all training and reminded them when refresher training was due. Training records confirmed this.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood their responsibilities under the MCA and had sent applications to the local authorities responsible for funding people's care for authorisation to restrict people's liberty in order to keep them safe. For example, where people needed constant supervision, the registered manager obtained authorisation from the local authority. We saw no examples of people being deprived of their liberty unlawfully.

We saw people enjoyed the food provided in the service. During the inspection we saw support staff prepared a variety of nutritious meals from fresh ingredients. Support staff recorded people's preferences and dietary needs. For example, they prepared gluten-free and vegetarian meals at each meal time. People using the service and support staff were involved in planning the weekly menu for the home, shopping and preparing meals. Support staff used a number of methods, including objects of reference and pictures to help people understand the food choices that were available.

People had access to the health care services they needed. People's care records included information about their health care needs and who would support them with these. People's care records included evidence of regular consultation with health care professionals. Support staff had also included information from these professionals in people's support plans. The registered manager told us they worked closely with GP's and specialist health services for people with a learning disability or mental health needs. For example,

the Speech and Language Therapy service, psychiatrist and community nurses.

The provider also produced an annual Health Action Plan and Hospital Passport for each person using pictures and plain English to make the information easier for people to understand. This meant people using the service and healthcare professionals working with them had the information they needed to meet their health care needs. However, we noted some of these documents were not signed or dated and it was not possible to see when staff had reviewed these and updated them. For example, one person's hospital passport was well completed but there was no evidence it had been reviewed since 2013. We discussed this with the registered manager who told us they would ensure team leaders and support staff checked all care records to make sure they were up to date.

Is the service caring?

Our findings

Most people's relatives told us people were well cared for in the service. Their comments included, "The home is good, the staff are very good, very caring" and "It's a good home with staff who really care about people." One person did comment, "The staff are caring but they are not always sure what's happening with [relative's name]. Communication could be better."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day during our visits.

The registered manager and some of the team leaders and support staff we spoke with had worked in the service for some time and knew people's care and support needs well. They were able to tell us about significant events and people in each person's life, their individual daily routines and preferences. People's care records included a biography and information about their 'perfect week'. The registered manager also told us they had asked staff to provide this information about themselves to make it easier to match people with key workers who shared their interests.

People using the service were able to choose where they spent their time. During the inspection, people spent time in their rooms when they wanted privacy and in communal areas when they wanted to be with other people. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed bedroom or bathroom doors if they supported people with their personal care and always knocked on the door and waited for people to invite them in.

During the inspection, support staff offered people choices about aspects of their daily lives. We saw people made choices about what to eat and how and where they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. Staff used objects of reference, pictures and signs and symbols from the Makaton Vocabulary to explain choices to individuals. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. If staff were not able to respond immediately to a person's request, we saw they explained the reasons why and agreed a time when they would be able to support the person. If people chose not to accept the support they were offered, we saw support staff respected this choice and offered the support later.

The provider produced information for people using the service in a format they could understand. We saw the provider's care planning and risk management forms included pictures and symbols to make the information easier for people to understand. Easy-read versions of the provider's complaints and safeguarding procedures were also available. The registered manager also told us some people had personalised tablet computers to help with communication and exchange information with staff and family members.

We saw staff recorded people's needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their

personal care and this was respected and reflected in the staff rotas we saw. Care records also included information about people's spiritual and cultural needs. For example, support staff prepared vegetarian meals to meet for one person's cultural needs.

Is the service responsive?

Our findings

Relatives told us they were fully involved in the admission process. One relative said, "[Relative's name] has lived at 46 for a long time. The staff took the time to make sure the move went well and now they know [person's name] so well." They also said, "[Person's name] doesn't like change, the staff know their routine and know how to support them with this." A second relative told us, "[relative's name] has improved in leaps and bounds. Staff work with him in a very calm way and have taught him so much." A third relative said, "There are plenty of activities but [relative's name] is never forced to do things he doesn't want to."

We observed that people's care and support was individually provided, based upon their needs and preferences. The registered manager told us that before people moved into the service they worked very closely with the person and their family. They carried out pre-admission assessments to ensure they could meet the support needs of people moving into the service and these needs were balanced with the needs of people already using the service. Each person had a care plan that guided staff on how they needed to support people to be in control of their daily lives. The plans detailed people's individual talents and skills and the things that were important to know about them. For example, one person liked to keep in contact with their family and staff supported them to do this.

Support staff completed a daily record of the support they gave each person. From our observations and the daily records we saw, we concluded that people received care and support that was based upon their individual preferences and needs. We saw that care reviews took place regularly and all the relatives we spoke with confirmed they were invited to attend the reviews and felt very much involved in any decision making. The reviews also included the input of professionals involved in the people's care.

People were encouraged and supported to engage in social and recreational activities. We saw that people's care records contained information detailing their interests and hobbies and people were encouraged to share information about their likes and dislikes, hobbies and interests. This enabled support staff to plan activities to suit individual needs and preferences. During the inspection, staff supported people to take part in planned activities, in the service and the local community. Support staff made sure they explained to people what they had planned for the day and offered alternatives when people did not want to participate in the planned activity.

We saw the provider made information available to people using the service and their relatives on how to make a complaint. Most people's relatives told us they had no reasons to complain about the care and support their family member received at the service. They said if they did, they would speak directly with the registered manager. One relative said they had made a complaint and they were satisfied with the way the provider dealt with this. The registered manager confirmed they had received one complaint over the past 12 months. We saw they recorded the complaint and the actions they had taken in response, including details of contact with the person making the complaint.

People were supported to maintain relationships with people that mattered to them. Relatives said the staff supported people to visit family members on a mutually agreed basis.

Is the service well-led?

Our findings

People and those important to them had opportunities to feedback their views about the service and the quality of the care and support they received. Relatives confirmed they were asked for their opinions and feedback through care reviews and annual quality assurance questionnaires. One relative told us, "I have been asked to care reviews and Consensus ask us each year what we think of the home." Staff supported people using the service to complete a satisfaction survey in January 2015 and the registered manager produced an action plan based on people's responses. For example, staff consulted people and supported them to choose colours when rooms were redecorated.

Staff held monthly service user meetings and supported people to give their views on activities, menus, staffing and choices they made. Staff produced the minutes using pictures and Plain English to make the information easier for some people to understand.

The provider's stated goal was "for people to see us as the best provider of personalised support for individuals with complex needs in the UK." Support staff were aware of the provider's goals and values and they told us they enjoyed working for the organisation.

The provider enabled staff to contribute to improving the service. Staff told us they were well supported and felt they could speak with the manager at any time about any concerns they might have. Regular team meetings were held and staff told us they "discussed what's working and what's not working." A member of staff said the service had a "Good manager, who tells you when you do well and if you get something wrong." Other staff told us "The team seems to work well, there's good communication". We saw the provider had sent quality assurance questionnaires to staff in September 2015. Most of the responses were positive and staff commented on the training they received and the support provided by service managers. The registered manager held and recorded monthly team meetings where staff discussed people using the service, staffing and activities.

The provider and registered manager completed audits to identify areas of improvement. There was a business continuity plan with guidance for staff on actions to take in the event of a fire or a power failure. However, this was not dated and there was no evidence it had been reviewed and updated. The provider's Operations Manager carried out monthly quality monitoring visits. The last visit was in January 2016 and the report included actions for the registered manager and staff to complete. The provider also carried out an infection control audit in January 2016. This identified one issue and the registered manager told us they had reminded staff to report any damage to the environment or equipment.

Team leaders and support staff carried out regular maintenance and safety checks. They checked and recorded water temperatures, food storage temperatures and the home's fire safety systems. The registered manager also held fire drills in September 2015 and January 2016. We also saw up to date gas and electric safety certificates and a record of legionella testing completed in September 2015.

The provider carried out a full health and safety audit in February 2016. The registered manager also carried

out monthly checks that included incidents, accidents, people's care records and risk assessments, complaints and medicines management.