

Consensus Support Services Limited

Consensus Support Services Limited - Shrewsbury

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Consensus Support Services Limited - Shrewsbury is a residential care home providing personal care to up to 15 people. The service provides support to adults with learning disabilities and autism. At the time of our inspection there were 14 people using the service. The service consists of two properties that are next door to one another and share a driveway. Both homes offer individual en-suite bedrooms and the use of shared communal facilities.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The provider was aware of the principles of Right support, right care, right culture. However, we found areas of improvement were required to ensure the principles were fully realised for each individual.

Right Support:

People were supported by staff who were safely recruited and had received training relevant to their role. Some additional training was required and supervisors told us they wanted to spend more time supporting the new staff.

People's medicines were not always stored correctly, and guidance was not always where the care plan directed.

People's records were not always completed fully and there were times when reviews of the records did not happen within the time scales set. People had access to activities, but we received feedback that the activities were limited, and more was needed both in the community and in the home.

Right Care:

Risks to people's safety were not always considered. We found a number of risks in the environment which the provider needed to address. People were supported by staff who had been trained in recognising abuse and felt confident speaking up on people's behalf.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found some of the paperwork needed to be reviewed to ensure the decisions being assessed were not written as a forgone conclusion even when it was apparent the person lacked capacity in the areas being assessed.

Right Culture:

People were supported by staff who were dedicated to their needs however staff felt better leadership was required. Governance systems were in place, but these were not always effective at highlighting the improvements needed.

The views of stakeholder's were sourced and the feedback was used to inform future planning. The service did work in partnership with others however we received some feedback to say better dissemination of information was required. The provider was responsive to the concerns raised and has taken action to address the shortfalls.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 November 2019).

Why we inspected

We undertook this inspection following concerns that the overall quality of care was not meeting people's needs. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to the management of risk, people's medicines and the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Consensus Support Services Limited - Shrewsbury

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 3 inspectors.

Service and service type

Consensus Support Services Limited - Shrewsbury is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Consensus Support Services Limited - Shrewsbury is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We spoke with 5 professionals who work with the service on a regular basis. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During this inspection we reviewed 4 care plans, we spoke with 1 person, and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 3 relatives and received email feedback from a further 4 relatives. We spoke with 15 staff, including support workers, team leaders and members of the senior management and quality team. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 3 people's medicine records and 3 staff files. We also looked at other records used by the service including policies and procedures and maintenance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Risks to people's safety were not always being mitigated. We found a number of issues within the environment which had the potential to cause harm. For example, a split fire door, a broken radiator cover, hazardous cleaning products in accessible areas, refrigerated food stored incorrectly and areas which should be locked were unsecure.
- People's relatives were not always confident the staff on duty knew how to manage the risks their relative presented. One relative told us, "I feel [relative name] is safe but they use a lot of agency staff so people don't always get to go out and this leads to behaviours which could be avoided."
- The provider's policies and procedures around the management of risk were not always being followed. People's individual risks were assessed however the assessment documentation was not always reviewed within the time scales set out by the provider. This meant the effectiveness of the risk reduction measures were not being routinely considered.
- A process was in place to ensure accidents and incidents were recorded however we found the forms were often poorly completed with minimum detail to enable a full analysis. For example, one person was frequently described as being 'in a behaviour'. There was limited information to enable an analysis of potential triggers and whether the strategies deployed by staff had been effective. We also found one incident where staff had been harmed which had not been reviewed by the management team. This compromised the safety of staff as it meant potential lessons could be missed.
- People's medicines were not always managed in line with requirements. We found one person's diabetic medicine in the main fridge instead of in a lockable medicine's fridge. We found another person's creams were out of date and drinks thickener which was not kept secure. We also found the instructions for the use of Oxygen in an emergency situation were not being displayed where specified in the care plan. This put the person at risk of not getting their treatment as directed.
- The provider had a system in place for checking people's tablets after each dose to ensure people had received their medicine on time. When we reviewed the counts, we found the numbers recorded did not always tally meaning there was a risk of errors being missed.

Risks to people safety were not being fully mitigated. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection the provider did take action to address the risks identified during the inspection.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We noted in some areas additional cleaning was required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors to the home and the staff supported people to visit their family home, when necessary.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The provider had the correct process in place to ensure the principles of the MCA were upheld. However, we found some assessments were not being used within the principles of the MCA. This was because some of the wording on the documentation suggested the outcome of assessments were a forgone conclusion. For example, we saw the use of statements such a person could not manage their finances due to having learning disabilities. There was no reflection on how a person's learning disability affected them as an individual.
- Appropriate legal authorisations had been applied for to deprive a person of their liberty but there had been a delay in notifying CQC of assessment outcomes. The provider had identified this and taken action prior to our arrival.
- Staff had received training in MCA, and we observed people being involved in day to day decisions about what they wanted to do.

Staffing and recruitment

- All staff reported to us that recent staffing issues had impacted on the service. One staff member said, "It has been hard going covering the shifts, we work extra to help out but it has left many staff to feeling close to burnout. The agency staff we have are usually really good but it takes them time to get to know people." Another staff member said, "Even when short we always make sure people are supported however it has meant checking paperwork and spending time with new staff has been impacted, now we are out of a crisis situation, it should hopefully improve."
- Staff were recruited following the application of robust recruitment procedures. These included checking potential candidates' qualification, character and background. The provider checked peoples criminal record via the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make

safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People's relatives all told us they felt their relative was safe. One relative told us, "I do believe [relative name] is safe, I've never worried they are being harmed at the service."
- At the time of our initial visit the home was supporting someone through a crisis situation and all staff showed a dedication to keeping everyone safe. A robust assessment was in place to consider the impact of the situation and identify effective strategies.
- Staff received training in recognising and reporting abuse. One staff member told us, "We might not be perfect, but I am very confident all staff would speak up if they thought someone was being harmed."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The governance systems were not always effective, and risks were not always identified and managed in a timely way. We identified numerous risks during the inspection which had the potential to cause harm including, multiple hazards in the environment.
- Audits carried out both internally and by other departments in the organisation were not always accurate. We found medicine audits which stated creams were being managed safely however we found out of date creams in one person medicine cabinet. Other audits suggested people were engaged in activities and had the necessary communication support. This was not in line with our observations and meant leaders in the organisation were not being given an accurate view of the situation.
- Records were not always being managed appropriately. We found information was not always stored where expected, there were gaps in the information recorded and the language used was not always person centred.

The governance processes in place were not adequately identifying risk or concern within the service. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider shared with us their plans for reviewing and improving the service and ensuing the governance process they used was fit for purpose. Following the inspection, the provider took decisive action to address the shortfalls found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The leadership in the service had been inconsistent and we were advised this had, had an impact on the overall progress of the service. Staff told us there had been several changes to the management which had been hard. One staff member said, "I am hopeful we are turning a corner, we are a great team but we need a good leader to ensure things get done properly and fairly. We have had a lot of management change." Another staff member said, "New managers always seem to want to change things so it can get confusing for us to all know what is expected." The nominated individual told us they were reviewing the management structure but in the interim period would continue to base senior managers at the service to oversee the work required and support the team.

- People did not always have the opportunity to achieve their desired outcomes. We reviewed the daily records for several people and found limited evidence of meaningful activity being recorded.
- We observed people going out during the inspection process. However, several relatives told us the activities were not always sufficient and there needed to be more opportunities. One relative told us, "I appreciate the home is outside of town, but I expected people to be doing more activities." Another relative said, "There has been a lot of agency staff which means [relative name] is limited to who can take them out in the community and there doesn't seem to be a lot to do at the house." We spoke to the provider about this, and we were advised bespoke activity plans were being looked at for each person.
- People did not always have access to communication support despite references being made in their care plans to use sign language or picture referencing. A high proportion of people living at main road had limited verbal communication however some staff did not know what was available to support communication and there was no reference to sign language on the training matrix or training plan. We were advised the longer term staff had received training and this was something that would be sourced in the future.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour and families told us they were contacted when something went wrong. One relative told us, "The staff have been great at keeping us updated with incidents we need to be aware of."

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

- The provider engaged stakeholders, relatives and staff in gathering their feedback on the quality of the support provided. The results of which were used to inform the overarching action plan and focus the improvements on areas people were concerned about.
- Relatives told us they did speak to staff but knowing who was in charge was the main worry. One relative told us, "It is a good home, but it is hard sometimes to know who to talk to, luckily [relative name] keyworker is great, so I go to them."
- Staff told us supervisions, team meeting and house meeting used to happen on a regular basis but there had been a period where the staffing issues impacted on their ability to facilitate. We saw that action was being taken to address this and ensure there was increased engagement with all parties.

Continuous learning and improving care

- The provider had the systems and process in place to ensure continuous learning however these were not being fully utilised at the time of the inspection.
- The provider was aware of and did implement best practice for adults with learning disabilities. For example, positive behaviour plans, oral health plans and health action plans were found within people's care files.

Working in partnership with others

- The provider worked in partnership with other agencies.
- We spoke to a range of professionals who provided mixed reviews on the service and how well the staff team followed the advice and recommendations given. It was suggested improvements to the recording of information and the dissemination of advice would benefit people living at the service. We discussed this with the provider and were advised work with other professionals was being prioritised, with a view to enhancing relationships and ensuring the correct guidance was in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not always mitigated
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems were not always effective at identifying shortfalls in the service