

Consensus Support Services Limited

The Pines

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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 19 September 2017 and was announced. We gave the provider 24 hours' notice as the service is small and we needed to be sure someone would be at home. The Pines is a service that provides personal care and accommodation for up to 12 people who have a learning disability and who may be living with autism. On the day of the inspection, there were 11 people living at the service.

There was a registered manager in post at the time of our inspection however they were away from work and not available to meet with us. 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.

At our last inspection in June 2016 we rated The Pines 'Requires Improvement' in caring and responsive and as a result 'Requires Improvement' overall. This was because we were concerned that staff practices were not consistently good and staff did not always act in a way which fully promoted people's independence and rights. We were also concerned at our last inspection that the range of activities for people was limited by a number of factors including staffing levels, transportation and the range of different needs people had which was not conducive to individualised care. We found at this inspection that improvements had been made to these areas however we were concerned about the environment. There was damaged paintwork, stained carpets and the lighting needed enhancing.

Staff were recruited safely and received an induction when they first started working at the service. People were supported by sufficient staff who knew them well. Senior staff were requesting to review the number of support hours with the local authority.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and to help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

All medicines were administered by staff who were trained to do so. We identified some issue with record keeping around medicines however were assured by additional records in place that people were having their medicines as the prescribed intended.

Staff had received training and supervision and were able to describe how they worked with people to meet their needs.

Support files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People received a service that was caring. Staff knew people's needs well and were responsive and supportive. Staff treated people with dignity and respect. People were offered a range of activities both at the service and in the local community. Staff sought to gain people's views.

Staff understood the need to support people to remain as independent as possible. Some people were able to go out unaccompanied by staff. Support plans showed that this had been risk assessed and systems had been put in place to enable them to contact the service if needed.

Good leadership was in place that provided staff with the necessary support and training to make sure people received good quality care. The management team assessed and monitored the quality of the service. A number of audits had taken place. This ensured the service continued to be monitored and improvements were made when they were identified.

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

There were sufficient numbers of staff to provide people with the support they needed.

People felt safe and were supported by staff who were knowledgeable about safeguarding people from harm.

People received their medicines when they needed them.

Is the service effective?

Requires Improvement ●

The service was effective

Improvements were needed to the environment, paintwork, carpets and lighting.

Staff received appropriate training and support to enable them to care for people effectively.

People's consent to the care and support they received was sought.

People were supported to maintain a healthy, balanced diet.

People were supported to access health services.

Is the service caring?

Good ●

The service was caring

People were supported by staff that were kind, caring and friendly.

Staff relationships with people were caring and supportive. Staff knew about people's specific needs and how they liked to be supported.

Staff knew people well and showed concern for their well-being

Is the service responsive?

Good ●

The service was responsive

Care records reflected people's current needs. Care and support records were updated when there were changes to people support needs.

Staff delivered care that was in line with people's support plans.

People were encouraged and supported to participate in a range of activities, based upon their preferences.

Is the service well-led?

Good ●

The service was well-led

Systems were in place to monitor the quality and safety of the service.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

People were supported by a motivated and dedicated team of management and staff.

The Pines

Detailed findings

Background to this inspection

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

This was a comprehensive inspection that took place on 19 September 2017 and was announced. The provider was given 24 hours' notice because the location is a small service for people who have a learning disability and we needed to be sure someone would be at home. The inspection was undertaken by one inspector and an expert by experience.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

On the day of the inspection visit we spoke with seven people who used the service. Not all people who used the service were able to tell us verbally about their experience of care. We used observation to help us understand people's experience of the care and support they received. We spoke with four people's relatives.

In the absence of the registered manager we spoke with the operations manager, a team leader, six care staff and the strategic head of operations. We looked at records relating to three people living at the service. We looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information, staff meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At our last inspection 'Safe' was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a safe service.

People we spoke with told us they felt safe living at their home. One person said, "Yes, I feel safe. I love living here." Another person told us, "I like it that there's someone here at night, I can use my mobile phone to contact them if I need to". A third person told us, "I can go to staff if I have a problem."

Relatives we spoke with also told us they felt their family member was safe living at The Pines. One relative told us, "I feel my [family member] is safe, they have technology in place that means they [family member] can call for help if they need it." Another relative said, "My [family member] has all the equipment they need to help them and keep them safe."

There were systems in place to protect people from the risk of harm. Staff spoke knowledgeably about how to ensure people were safeguarded from the risks of potential harm and abuse. We saw there was up to date information and telephone numbers visible and displayed at the service for people, visitors and staff to use if they needed to report concerns. Staff we spoke with knew how to recognise signs of abuse and they understood their responsibility to report any concerns to the provider and, if necessary, to the relevant external agencies.

People were supported by staff that understood and managed risk effectively. Risk assessments were in place and reviewed regularly, to enable people's support to be provided in a way that helped them to live their lives safely. Staff were able to give examples of specific areas of risk for people and explained how they worked with individuals to help them understand the risks. For example one member of staff told us the steps that were in place to support people to go out independently such as the use of mobile phones to ensure people could call home if they needed support. They told us, and we saw, risk assessments were in place to cover this effectively.

Potential hazards in the service were risk assessed and managed. There were up-to-date maintenance contractors' reports, including the landlord's gas safety certificate. Fire safety checks were in place, the fire equipment was mostly checked according to recommended standards. We noted a few gaps in the records which the team leader stated was due to incorrect paperwork being used and staff oversight however the majority of checks were completed. The operations manager told us this would be addressed and monitored.

We were not able to view staff recruitment files during our inspection because the registered manager held the keys to the secure storage and staff including the team leader and operations manager were not able to access the records. Staff told us about their recruitment process and we asked the operations manager for confirmation that they had audited the recruitment files and that the checks carried out prior to staff commencing employment were in line with the Regulations. After our visit we were told that an audit of the staff files had been completed on 9 August 2017 and in addition a random check of staff files takes place

monthly during routine audits. The operations manager told us that the organisation complied fully with safe recruitment practices and that this included obtaining a Disclosure and Barring Service check (DBS) check for staff prior to them commencing employment and supporting people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff to keep people safe and meet their individual needs with the exception of when staff were away from work unwell and the provider was not able to cover the hours, however this was infrequent. The provider determined staffing levels based on people's assessed needs and any additional hours they received for one to one activities with staff. The operations manager told us that they were reviewing specific support hours for some people with the local authority with a view to trying to increase further the amount of support hours some people received.

Since our last inspection the provider had made some changes to the staffing arrangements and had moved from having two waking night staff to employing one waking night staff and one sleep in staff member. This was due to the change in people's support needs which meant the additional waking night staff were no longer required. Staff told us how this had enabled the introduction of two additional day staff for activities with people. One member of staff told us, "The activities shifts we now have made a difference. It gives the people we support the opportunity to go out more."

We saw that staff had the time to support people in an unhurried manner. There were opportunities for staff to interact with people and to accompany them out into the community, including at short notice and in response to people's requests to go out.

Medicines were stored in people's rooms in locked cabinets which were fixed to the wall. Staff had been trained to administer medicines to people and had their training followed up with a competency assessment of their practices. We viewed people's medicine administration (MAR) charts. We saw that on a number of days staff had failed to sign the MAR charts in full and gaps in signature were evident. Despite the gaps in recording there was evidence to demonstrate that people were receiving their medicines as their prescriber intended. Stock check sheets were in use and we could see that these were consistently used and the amounts recorded as in stock tallied with the audits of stocks of medicines we undertook.

Where appropriate, people were supported to be as independent as possible with the administration of their medicines. This was supported by a detailed risk assessment and support plan. One person told us how they had been supported by staff to develop their skills and be independent with the administration of their own medicines with staff support for record keeping. They told us, "I do my own medication. Staff record when I've taken my medication."

Is the service effective?

Our findings

At our last inspection Effective was rated as good. At this inspection we had concerns about the environment and standards of decoration at the service. As a result we have rated Effective as requires improvement.

We found that the physical environment throughout the service needed redecoration and upgrade. Carpets were stained and worn and the décor needed improving as paintwork was damaged and peeling in places. In addition the main lounge area where most people spent the majority of their time and ate their meals was dimly lit and had limited natural light. One member of staff told us, "Several areas need improving here [The Pines]. The lounge area and even the garden would benefit from improvements and smartening up." We spoke with the operations manager about our observations they told us they had already discussed reviewing the lighting with the registered manager and would be following this up again on their return to work. The operations manager also told us that requests had been put in to the provider's maintenance team to improve the physical environment however this was not a quick process.

People's relatives told us the staff were skilled and provided people with effective care. One relative said, "My relative is looked after extremely well. All the staff are fantastic." Another relative said, "Staff are 'on the ball' and know exactly how to support my [family member]."

People could be confident that they received support from staff that had the skills and experience to meet their needs. Staff told us they'd been trained to meet people's needs safely and effectively. One staff member said, "I have had loads of training since I have worked here [The Pines]. The most training of anywhere I have worked. The training gives me another way of looking at things. We have training in supporting people in difficult situations and this really helps."

We were supplied with details of the training that staff undertook by the operations manager. We saw staff had received training in areas such as emergency first aid at work, medication systems, health and safety, moving and handling, safeguarding and fire safety. There were a number of staff who needed to repeat training courses as a refresher and to keep their knowledge up to date. We saw from records, and the operations manager confirmed, that overall compliance with service mandatory training had slipped a little with overall compliance of 88%. However there were plans in place to address this.

Staff were supported to complete the Care Certificate, a nationally-recognised qualification in care. The operations manager told us that 'buddy system' was in place where a designated staff member supported new staff to complete the Care Certificate. Face to face training sessions were also in place to help staff complete some of the units of the qualification.

The majority of staff told us they felt well supported and had regular supervision with their line manager. Supervisions provide an opportunity for management to meet with staff, give feedback on their performance, and identify any concerns, and offer support and learning opportunities to help staff develop. One member of staff told us, "In my supervision, I can talk about anything and open up." Another staff

member said, "We have supervision every four to six weeks. I can talk and say what I think."

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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People told us that staff sought their consent and they were involved in decision making. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. People told us they were involved in the decisions about their care and were able to express their preferences to staff. Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently. Throughout our visit, we saw staff asking people for their consent before providing support to them. People told us they were involved in deciding what they wished to do such as where they wanted to go during the day and what they ate and drank, amongst other decisions.

Staff were clear that they sought people's consent throughout their care and support. One member of staff said, "People are offered choices and are supported to make decisions on a daily basis. Some days they can manage this, some days they can't. We always offer." Another staff member said, "Some people lack capacity that live here. We deem people to have capacity unless it's proven otherwise."

People were supported with their nutrition and hydration needs and meals were planned in line with people's choices and preferences. One person told us how everyone living at the service was asked what they would like to eat and to contribute to the menu. They also told us however that this was very flexible and that they could change their mind at any time. Another person told us, "I like a fry up every now and then and I can get staff to help me do this on the day."

We saw that drinks and snacks including supplies of fresh fruit were freely available throughout the day. People were encouraged to make choices about what they ate and involved in the preparation of their food.

People were supported to maintain good health. People's health and medical needs were assessed. We saw records that showed us that community professionals were involved in the care of people who used the service, such as the GP, social work team and psychologist. People we spoke with confirmed that they had seen the dentist, chiropodist and optician in the last year and that staff helped them to access their GP if necessary.

Is the service caring?

Our findings

At our last inspection in February 2016 we were concerned that staff practices were not consistently good and staff did not always act in a way which fully promoted people's independence and rights. We rated this key question as Requires Improvement at that inspection. At this inspection we found improvements had been made and we have now rated this key question Good.

People spoke positively about the service and the staff. One person we spoke with told us, "Staff are really good, naturally kind people. We can build up a relationship with them." Another person said, "All staff are nice here [The Pines], they listen to me." A third person told us, "If I've got a problem I can talk to staff. They're kind and they listen to me."

People's relatives were equally positive about the caring nature of the staff. One relative told us, "The staff are approachable and I never feel that they don't have time for my [relative] or me." Another relative said, "My [family member] is treated with respect and dignity. They [staff] promote their independence skills."

Some people who used the service had complex needs and some had difficulty with verbal communication. The atmosphere in the home was friendly and relaxed, with people interacting with staff in a way that demonstrated they liked and trusted each other. Staff were patient and supportive when they interacted with people and displayed a genuine interest in the people they were supporting. Members of staff used each person's preferred name and took the time to engage with people in conversation.

Each person had an individualised support plan that gave detailed guidance to staff on how to make sure personalised care was provided. Support plans were up to date, recently reviewed and contained detailed information about people and their preferences. We saw that the plans were individualised and person-centred and included information about a range of assessed needs including; health, care, social skills, community living, finances and communication. One person told us about how it was important to them that they were supported to increase their independence so they could move on to more independent accommodation. We saw that the support plan for this person reflected this.

We saw most people were supported to have choices and were supported to access kitchen facilities independently and with staff support to prepare their own drinks and snacks. People were involved in domestic tasks and carrying out their own laundry where they were able to do so. During our visit we observed those people fully involved in these tasks. This enabled people to live a more independent lifestyle. One person told us, "Staff help me when I do the cleaning and we cook together." Another person said, "I sweep the floor and mop up. Sometimes I cut the grass and the bushes too." A third person said, "I choose my clothes each day and I choose the shops we go into, my keyworker does my nails but I choose the colour."

People were encouraged to express their views and to make choices. There was information in people's support plans about their preferences and their choices regarding how they wanted to be supported by staff

and we saw that this was respected. One member of staff told us, "Choice is everything. We make sure when we help people with their personal care that it is dignified."

Staff respected people's privacy and dignity. Staff told us how one person had recently decided to follow a particular type of food preference and as a result they had supported them to revise their menus and supported them with their shopping. One member of staff told us, "We are very person centred here [The Pines]. Support people to maintain their privacy and dignity and help them chose what they want to wear, what time they want to get up."

People that were able to told us that they were aware of their support plan and what was recorded within it. We saw that people, where they had the capacity to do so, had signed their support plan to state that they were in agreement with it. One person told us how they were involved in reviewing their support plan.

We found that a key working system was used to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, as well as supporting them with changes in health, social and emotional needs. One person told us about their key worker, "My key worker talks to me. We talk about my family. I really miss my key worker when they are not here and they are on holiday." Another person said, "I really like my keyworker, [staff] is my friend and I can talk to them."

Is the service responsive?

Our findings

At our last inspection in February 2016 we were concerned that the range of activities for people was limited by a number of factors including staffing levels, transportation and the range of different needs people had which was not conducive to individualised care. We rated this key question as Requires Improvement at that inspection. At this inspection we found improvements had been made and we have now rated this key question Good.

Support plans were written with the involvement of the person using the service where possible and where people were able to do so. We spoke to two people about their support plans. Both were fully aware that they had a support plan and told us that they had been involved in writing it, making sure it was relevant and reflected their current support needs.

People were supported by a team of staff that knew them well and that had a good understanding of their care and support needs. Due to some people having low level behaviours that may have challenged themselves and others, the service followed an approach to supporting people, positive behavioural support (PBS). PBS is a way of supporting people who display, or are at risk of displaying, behaviour which challenges services. We saw staff interacting with people in a way which reflected their PBS. Staff were aware of the individual 'triggers' for people and reacted in an appropriate manner. One member of staff told us, "[Person] is unpredictable in their reactions to people today. [Person] seems a little on edge so we'll keep our interactions to a minimum." We saw that this was in line with the persons support plan.

One person's relative told us about how the consistency and actions of the staff had helped their family member manage their behaviours, "When my [family member] was having issues with their behaviour the staff brought in a behaviour specialist. All the staff got training and as a result a care plan was formed. All staff follow the four stages and as an absolute last resort there is additional medication that can be administered. The care plan is laid out so well and all staff are so consistent that we very rarely need the medication stage."

People were supported to maintain hobbies or activities they enjoyed. They told us that sometimes they needed to compromise with other people they lived with according to staff and transport availability. We saw during our visit that people chose how to spend their time. For example, one person spent time with staff doing some craft activities. Another person spent some time drawing pictures. Some people went to work during the day and returned home later in the day when they had finished. We saw one person tell staff they wished to go out to the local pub for lunch which was arranged for them and they went. People were also supported to go on holidays of their choice. One person told us how they were really excited to be going on holiday three days later and told us what their plans were whilst they were away.

Some people were living with autism and as such their routines were very important to them. One person told us about how they had collaborated with the service to establish a routine where most of their allocated staff one to one time was in the afternoon as this suited them better. Another person was supported by staff through a pictorial diary that the person had designed the symbols for. We were told that

staff met with this person daily using the diary to confirm the activities the person wanted to take part in, the aim of which was to reduce any anxiety that could have been experienced.

People were encouraged where possible to be involved in reviews of their support. One person we spoke with told us they attended reviews of their care and were able to spend regular time with their keyworkers to prepare for these. They told us, "I meet with [key worker] and I tell them how I feel." Another person told us they were involved in their own support planning and reviews. They said, "I told them [staff] what I wanted to do, like going out on my own and we worked out how it could happen."

During our visit one person told us that they had raised a concern with the Operations Manager the previous evening. They told us that the Operations Manager had informed them that they would fully investigate their concerns and respond to them. We spoke with the Operations Manager about how they were addressing the concerns and what their plans were to address the issues raised. We were told that all concerns were fully explored and responded to. After our visit we were informed of follow up action taken in response to this persons concern.

Relatives we spoke with told us they had no current concerns or complaints and told us they would speak to the registered manager or staff if they needed to. One relative told us about a complaint that they had made in the past which they told us was dealt with professionally. They said, "I made a complaint however it was dealt with right and resolved efficiently and with understanding."

Is the service well-led?

Our findings

At our last inspection Well-led was rated as good. At this inspection we found that this rating had been sustained and the service continued to be well-led.

There was a registered manager in post at the time of our inspection however on the day of our visit the manager was not present and the service was being managed by a team leader with support from the Operations Manager.

People we were able to talk with knew who the registered manager was and were positive about the support they received from them. We were told, "I like [registered manager], and she gets things done. She's the best manager I've known." Another person said, "[Registered Manager] is alright, I can go and talk to her if I want." People were also complimentary about the additional support they received from the Operations Manager. One person told us, "[Operations Manager] is really nice, I can talk to him. He has told me if I am not happy I can complain."

People's relatives were equally positive about the management of the service. One relative told us, "[Registered Manager] is very approachable, she is really good." Another relative said, "My [family member] is very well looked after at The Pines. All staff are fantastic and are led by [registered manager]."

We asked staff about the culture and values of the service. Staff told us that they felt part of a close team. One staff member said, "It's a small personable and person centred service where we give people opportunities." Another staff member told us, "We have a great staff team, we have different strengths and we are very person centred."

The management team conducted regular audits and checks of the quality of the service. They checked people's support plans were regularly reviewed and up to date, that the premises and equipment were safe, regularly serviced and well-maintained. We saw checks identified most areas where improvement was needed and records showed when these had been completed. We spoke with the Operations Manager and Team Leader about the accuracy of the record keeping with regards to medicines and fire safety. We were assured that action would be taken in both of these instances. This ensured the service continuously improved.

Most staff said they felt supported and they felt informed. Staff received training, supervision and an annual appraisal of their performance. One member of staff said, "[Registered Manager] is fair but likes to get the job done. I could go to her to talk if I needed to." Another staff member said, "[Registered Manager] is lovely but sometimes doesn't always see my point of view."

Records showed that the provider had systems in place to monitor the quality of the service people received. A system of obtaining feedback about the service was in place and referred to as 'People We Support Feedback Report'. As part of this review, people, their relatives and stakeholders were asked about the quality of support people received. Overall we could see that the responses were very positive.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications to inform us about important events and incidents and had displayed their latest CQC rating in the home. The provider had also added a link on their website to the homes CQC inspection report. This ensured the public had information about the homes rating which is a legal requirement.