

# Consensus Support Services Limited

## Brighton Road

### Inspection report

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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

Our inspection took place on 7 and 8 July 2015 and was unannounced.

Brighton Road is a residential care service that provides accommodation for up to 15 individuals with mild to moderate learning disabilities. At the time of our inspection 11 people were using the service. At our last inspection in February 2014 the service was meeting the regulations inspected.

The service had a registered manager in post. 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.

Staff helped make sure people were safe at Brighton Road and in the community by looking at the risks they may face and by taking steps to reduce those risks.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough staff to support people to live a full, active and independent life as possible at Brighton Road and in the community.

# Summary of findings

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

Staff helped people to keep healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

Care records focused on people as individuals and gave clear information to people and staff using a variety of

photographs, easy to read and pictorial information. People were appropriately supported by staff to make decisions about their care and support needs. These were reviewed with them regularly by staff.

Staff encouraged people to follow their own activities and interests. Relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

The provider regularly sought people's and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people experienced.

# 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. There were arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had an effective staff recruitment and selection process in place and there were enough staff on duty to meet people's needs.

Good



### Is the service effective?

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Good



### Is the service caring?

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

Good



### Is the service well-led?

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the manager. Staff told us that the manager was approachable, supportive and listened to them.

Good



# Summary of findings

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback about the service through regular house meetings and stakeholder surveys.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

# Brighton Road

## 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. The registered manager had also completed a Provider

Information Return (PIR). The PIR 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.

This inspection took place on 7 and 8 July 2015 and was unannounced.

The inspection was carried out by one inspector. We spoke with seven people who used the service, six members of staff and the operational manager. We conducted observations throughout the inspection. We looked at five people's care records, three staff records and other documents which related to the management of the service, such as training records and policies and procedures.

After the inspection we spoke with two relatives of people who used the service to obtain their views about the care provided.

# Is the service safe?

## Our findings

People we spoke with and their relatives told us they felt their family members were safe living at the service. One person said, “The staff are nice to me.” Relatives told us, “[My relative] feels safe” and “[My relative] has been at Brighton Road for a while, they always say how they feel and in general they say they are happy.”

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority’s safeguarding team and the Care Quality Commission. Contact details for the local authority’s safeguarding adults’ team were displayed where staff could easily access them and information booklets on safeguarding adults were given to all staff. Records confirmed staff and managers had received safeguarding training. People’s finances were protected and there were procedures in place to reconcile and audit people’s money.

Safeguarding guidance and information was given to people using the service in a clear pictorial and easy read format and monthly meetings for people who used the service discussed the type of abuse people could experience and how they were protected. This helped people to understand what they should do and who they should contact if they did not feel safe or felt they were being abused.

There were systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us they would report concerns if they needed to and the provider offered a whistleblowing reporting line. This allowed staff to report their concerns anonymously if they were uncomfortable speaking with their manager. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents.

Staff followed effective risk management strategies to keep people safe. People’s care records contained a set of risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face both at home and in the community and the support they needed to receive from staff to prevent or appropriately

manage these risks. We saw risk assessments related to people’s day to day lives and supported them to take positive risks to enhance their independence such as managing finances, keeping keys safe, utilising the kitchen equipment and the use of cleaning products. Staff gave examples such as encouraging one person to use the washing machine independently while remaining safe and how they would support another person if they experienced a seizure.

Staff had completed relevant training on how to respond to behaviours that may be challenging. They described the different ways people expressed that they were unhappy or upset and how to support them. One staff member told us how they would support a person when they became upset and told us how they put this into practice following a recent incident. Care records supported what staff told us.

There were sufficient numbers of staff on duty to meet people’s needs. On the day of our inspection there were three staff on duty in the morning and four in the afternoon. Nights were covered by two sleeping staff. The manager also undertook the occasional shift during the week to allow them to work with the team and the people who used the service. Staffing numbers were flexible and there were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Where people stayed at the service, during the day, staff were always visible and on hand to meet their needs and requests. Staff we spoke with told us they felt there was enough staff on duty. Some shifts were covered by regular bank staff to help provide consistent care. We observed two members of bank staff during our inspection, they told us they worked at the service frequently and knew people well. Our observations confirmed this. We looked at staff rotas which confirmed people received appropriate staff support.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

## Is the service safe?

There were arrangements in place for the management of people's medicines. Policy and guidance about the safe handling of medicines was available for staff to refer to. Medicines were stored securely in a locked cabinet. People received their prescribed medicines as and when they should. We looked at a sample of the Medicine Administration Records (MARs) and noted these were completed accurately and there were no gaps in the signatures for administration. Where people needed medicines 'as required' or only at certain times there were individual guidelines about the circumstances and frequency they should be given. If people needed their medicine during the day and were absent from the service appropriate forms were completed to sign medicine in and out of the service and record any medicine administered.

Only those staff who had received regular training in medicines management were able to administer people's medicines. In addition staff undertook yearly competency checks to ensure they handled people's medicine safely, records confirmed this. Daily and monthly medicine audits were undertaken and the external supplying pharmacist had recently conducted a full medicine audit. Any issues

that had been highlighted for improvement had been actioned. People's capacity to manage their own medicines had been individually assessed and risk assessments were in place for those people who were able to self-medicate.

The building and surrounding gardens were adequately maintained to keep people safe. However, when we first arrived we noted the lock on the COSHH (Control of Substances Hazardous to Health) storage area was not in use, allowing people to have access to cleaning chemicals. We spoke with the operations manager about our concerns and later noted that the door was locked. We also noted some areas were in need of maintenance and the general decoration looked tired, we spoke with the operations manager about our findings.

Health and safety checks were routinely carried out at the premises and systems were in place to report any issues of concern. People had specific risk plans on how staff should support them to leave the building in the event of a fire. Regular fire alarm tests were carried out and practice evacuation drills were held involving both people using the service and staff.

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. Staff told us “The induction when I started gave me everything I needed ...training is always being offered to us”, “I have done all my mandatory training and the manager supports us with any additional training” and “The whole company gives good training.”

Records were kept of the training undertaken by staff. We were shown how the manager monitored the system to ensure all staff had completed their mandatory training within the specified time scales. This included subjects such as, emergency first aid, fire safety, food hygiene, infection control, and health and safety. Most staff had completed all of their mandatory training and we saw overdue training had been identified and was being addressed. Staff received additional specialist training to meet people’s needs such as epilepsy and dementia. Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. One staff member told us, “Supervision is helpful, you get to know your manager more...there’s time for you to discuss things and it keeps communication going.” We saw records of regular staff supervision and appraisals.

The registered manager and staff had received training and understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act legislation which aims to protect people who lack mental capacity and maximise their ability to make decisions or participate in decision-making.

Most people using the service were able to make their own decisions about everyday life and care records confirmed this. However, when staff felt a person’s freedom and rights were being significantly restricted applications had been made to the supervisory body for people, this included decisions about lawfully depriving people of their liberty so that they would get the care and treatment that they needed. The authorisations we saw were in process and had not been returned by the local authorities at the time of our inspection.

People told us they liked the food at Brighton Road and could choose what they ate. One person told us about the

BBQ food they had eaten the night before, they told us, “It was really nice.” People were supported to have a balanced diet and staff involved them in decisions about their food and drink. The daily menu was displayed in the kitchen. People’s preferences and special dietary needs were recorded in their care records but also noted in the kitchen for staff to refer to. For example, one person was unable to eat certain foods because of the medicine they were taking and guidance was readily available for staff to follow.

Staff told us weekly meetings were held so people could decide what they would like to eat for the following week. People were also asked about their food choices during regular monthly house meetings. People were encouraged to be involved with the preparation of their own meals as much as they were able to. For example, they were supported to make their own packed lunch when they went to work on a local farm and get involved in the kitchen when cooking. We observed some people making their own breakfast during our inspection and that staff remained observant and supported them when they needed to. One person had just returned from a blood test which had meant a period of fasting beforehand, a staff member saw they were eating breakfast but asked if they would like a yogurt as well as they may be feeling more hungry than usual.

People told us about their visits to the GP and other healthcare professionals. One person said, “I have been to the doctors for a blood test.” Another said, “I’m going to see the doctor later” and explained to us why they needed to go. When people needed to see a healthcare professional staff took the time to give information to people and clarified what was happening. We observed staff explaining to one person when their GP appointment was, where they needed to go and the staff member that would be supporting them, this helped put the person at ease.

We saw from care records that there were good links with local health services and GP’s. There was evidence of regular visits to GPs, consultants and other healthcare professionals such as the dentist and optician. We saw detailed guidance for staff on how to recognise when a person may be unwell. For example, it was recognised that one person may not tell staff when they were in pain. Records gave staff information about the signs and physical gestures that could indicate the person was in discomfort. Records contained hospital passports which included personal details about people and their healthcare needs.



## Is the service effective?

Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

# Is the service caring?

## Our findings

People and their relatives told us they were happy living at Brighton Road and that staff were caring. One person said, “I’m Ok, the staff are nice.” Another person told us, “They [the staff] are alright.” Relatives commented, “It’s an excellent service and staff are definitely caring” and “I would say staff are caring...when we speak to [my relative] they say they like him or like her.”

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. Staff sat with people and talked with them in a kind and friendly way. We observed one staff member and two people using the service talking and laughing about the things they liked to do. Later in the afternoon some people and staff were in the lounge watching a film, they were singing, laughing and clapping and it was clear they were relaxed in each other’s company and enjoying themselves.

People were involved in making their own decisions and planning their care. We saw people making choices about their day to day life. For example, during our inspection, one person decided not to get up until later in the day and wanted to stay at home. Another person told us how they had helped to clean the local church the day before but was now taking the day off. Care records were centred on people as individuals and contained detailed information about people’s diverse needs, life stories, strengths, interests, likes and dislikes. People had signed their care records to indicate they had been involved in their creation and reviews.

Peoples cultural and religious needs were respected, staff encouraged people to follow their beliefs if this was important to them and people told us about their visits to the local church every Sunday.

People had a named keyworker and regular meetings helped people discuss their care and make decisions and choices to the best of their ability. Discussion topics included people’s support plans, what was working for them and what more could be done, if people felt listened to and felt happy to discuss what was on their mind with staff, if they felt respected and if their choice was respected. In addition people were asked if there were any particular activities they wanted to take part in.

Staff knew people well and were able to tell us about people’s individual needs, preferences and personalities. A staff member told us about one person’s achievements while they had been at the service and how they had encouraged them to be as independent as they could be, they said, “We want to get everyone involved as much as they can.” Another staff member told us about one person who like to get involved in the health and safety check at the home, they explained how they would do the checks together. Later we spoke with the person who told us all about the type of checks they did to help keep everyone safe, they were happy and proud of the job they did.

Staff spoke about people in a caring way, they told us, “I love this job, they guys who live here, they are so happy when they can do things for themselves”, “Having a positive attitude helps make people happy”, “I like working here, every day is different, everyone has a different personality...it’s just brilliant” and “I spend time with [people] we have a laugh and a giggle, it’s really nice.”

We observed that people’s privacy and dignity were respected; for example, staff always knocked on people’s doors before entering and called people by their preferred name. Staff told us how they gave people privacy while still being there to give support if required.

Relatives told us they were made to feel welcome and could visit at any time.

# Is the service responsive?

## Our findings

People were involved in planning their care and were able to make choices about how they lived their lives. People told us they could decide what time they got up and went to bed, what they ate and drank and how they spent their time. One person told us about their favourite food, another said they were going to go to the shops later that day and talked about the new phone they wanted to buy. One person had decided they wanted to stay at home and talked about the music and pictures they had in their room.

People's relatives told us they felt involved in the care their family member received. They told us, "We are totally involved in [my relatives] care...we are always invited to reviews" and "It's better now than it was, [the manager] keeps in touch with what is going on."

Care records gave staff important information about people's care needs. All the staff we spoke with told us they looked at people's care records to find out important information and this helped them support people as individuals. Care records were person centred and showed that the individual was central to the care and support they received. The plans included personalised and accurate details about people's needs and preferences and considered all aspects of a person's life, including their like, dislikes, strengths, hobbies, social needs, dietary preferences, health and personal care needs. One example gave guidance to staff about how to support one person when they met with new people with advice on how to encourage them to talk to people without pressurising them.

People were supported to follow their interests and take part in social activities. One person told us about a show

they had been rehearsing for and sang a song that they would be performing. Another person told us about their love of aeroplanes, they talked about watching the plans from a local airport and showed us pictures of some aeroplanes they really liked. People were coming and going from activities over the two days we were inspecting and they told us about all the things they had done and were going to do, one person told us about their holiday last summer and another spoke about their plans to see their favourite band.

Each person had an individual activities planner which included visits to the cinema, bowling, college, working on the farm, trips to the shops and the pub. People were also supported to get involved in household chores such as laundry, cleaning and baking to help encourage their independence.

People and their relatives told us they knew who they would speak with if they were unhappy and wanted to complain. One relative told us, "I have never had to complain but I would speak to the manager." Another relative said, "We have complained in the past, small issues... it was all sorted." The service took concerns and complaints seriously with any issues recorded and acted upon. Information on how to make a complaint was available for people in the reception area which was in an easy read and pictorial format. People were also asked if they were unhappy during the regular house meetings and key worker sessions and records confirmed this. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged centrally with the provider and were regularly monitored.

# Is the service well-led?

## Our findings

People and their relatives knew who the management team were and spoke positively about how the service was run. One person said, “I like [the manager] she is nice.” Relatives told us, “The manager is very supportive and on the ball” and “The manager seems really good.”

The registered manager was away at the time of our inspection. However, we were able to speak with the operations manager and the team leader during our inspection. We observed people were comfortable approaching the operations manager and other staff and conversations were friendly and open.

People were involved in developing the service. Yearly surveys were sent to people who used the service and other stakeholders such as staff and healthcare professionals. We looked at the results from the most recent survey and noted people's comments were mainly positive. Results of the survey had been analysed and used to highlight areas of weakness and to make improvements. We noted two people had made suggestions for improvement, one person said they would like a laptop and staff told us how funding was being arranged for this. Another person wanted to go and see their favourite band. When we spoke to that person they told us they were going to get tickets and hoped to go soon.

People's views were also gathered during regular house meetings and key worker sessions. Minutes from these meetings covered issues such as menus, up and coming birthdays and parties, activities, health and safety, complaints and safeguarding. Staff meetings, handovers and one to one supervision were used by staff to relay information about the people who used the service and improvements that could be made during. Records we saw confirmed this.

Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us, “Since the new manager has been here I have been really happy”, “The manager is absolutely supportive” and “Any issues or concerns I can always go to [the manager] she does everything she can to support you.”

Staff told us they felt they worked well as a team they told us, “The staff team are very supportive...I feel confident to say if anything is wrong”, “The team that work here are great” and “The team are very helpful...I am learning a lot.” Staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about people's general wellbeing, updates including new legislation staff should be aware of, information on any safeguarding, accidents or incidents and guidance on the day to day running of the service.

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine. The provider also carried out regular reviews of the service including checks on care records, people's involvement of their care, accidents, incidents and complaints. Any issues identified were noted and monitored for improvement. This helped to ensure that people were safe and appropriate care was being provided. At provider level there were various systems in place to analyse complaints, accidents and incidents and identified areas for improvement across the organisation. We were shown how this information helped the organisation identify ways to drive improvement by learning from past events and looking at different ways to make things better.