

Consensus Support Services Limited

Four Winds

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 ●

Summary of findings

Overall summary

The inspection took place on 13 April 2016 and was unannounced. Four Winds is a care service, without nursing, registered to provide care for up to six people with a learning disability. The service is based in a residential property located in Brightlingsea. At the time of our visit, five people were living at Four Winds.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People who lived at the service indicated and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included safe staff recruitment processes, staff training and systems for protecting people against the risk of abuse. There were procedures in place for managing medicines safely.

Staff were caring and supportive to people throughout our visit. There were enough suitably trained staff to meet their individual care needs. We saw staff spent time with people and provided assistance to people who needed it. Staff were available to support people to go on trips or visits within the local and wider community.

Training was available to ensure that staff had the necessary skills and knowledge to be able to support people appropriately and safely. There were systems in place to ensure that staff received support through supervision and an annual appraisal to review their on-going development.

Staff understood they needed to respect people's choice and decisions if they had the capacity to do so. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family members where appropriate, and relevant health care professionals. This meant the service was adhering to the Mental Capacity Act 2005. Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. People were supported effectively with their health needs and had access to a range of healthcare professionals. People were involved in making decisions about what kind of support they wanted where they were able.

People had developed caring relationships with staff and were treated with dignity and respect. Staff told us they valued the people they cared for and strived to provide a high quality of care. Staff were caring and we

saw positive interactions between staff and people. People, where able were enabled to have choice and control over the things that were important to them.

The manager was a visible presence within the service and welcomed open and transparent communication processes. People, relatives and staff were confident that they could raise concerns or complaints and they would be listened to. Staff and relatives felt able to speak with the manager and provided feedback on the home. They knew how to make complaints and there was a complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the service's policy.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service, staff meetings and a programme of audits and checks.

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 systems and processes in place to identify and minimise risks related to the care people received. Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all required pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Is the service effective?

Good ●

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided. There were systems in place to make sure people, family members and other professionals were involved in supporting people's care decisions.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals. Staff understood people's preferences and knew how people wanted to spend their time.

People were supported with kindness, respect and dignity. Staff were patient and attentive to people's needs.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

There were systems in place to make sure changes in people's care needs were managed and responded to, including regular care plan reviews with people's involvement. Staff were aware of people's individual health needs and supported people appropriately.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care. Staff told us they felt supported by the manager and were able to raise any concerns they had.

Systems were in place that supported and encouraged people to share their views of the service they received. The registered manager used this feedback to support continuous improvements.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and

people were asked for their views.

Four Winds

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.

The inspection took place on 13 April 2016 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service.

We spoke with two people who lived in the service. These were people who were able to and wanted to communicate with us. We also spoke briefly with two other people, with three care staff members, one team leader, the manager and the care services manager carrying out an audit at the time of our visit. We made phone calls to two relatives and a healthcare professional after the inspection.

We looked at three people's care records, six staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe. One person told us, "I like it here, the staff keep me safe." Another person nodded when we asked them if they felt safe in the service. One relative who recently commented on a survey sent out by the service stated, "My [relative] feels safe and is loved by staff here and I am very happy they are here."

We asked staff how they made sure people who lived at the home were safe and protected. One staff member told us, "With some people here it is easy to tell when they are upset as they use specific signs or noises. I can ask people how they feel as well but we always try to stop a situation escalating as we know the people here so well." They also told us that although the people at the service could be quite challenging they would always ensure a person felt safe and asked them how they felt regularly. Staff we spoke with said they would recognise changes in people's emotional behaviour if things were not right. Staff understood the different kinds of abuse and knew how and where to make a referral and also knew what action they would take if they suspected abuse had happened within the service. For example an incident between two people in the service had occurred earlier that day. One person had since gone out but all staff were aware of the need to be vigilant when that person returned as their behaviour could be unpredictable. An extra member of staff had been rostered on and appropriate risk assessments were seen which showed staff what actions to take if this person displayed any upset, which could lead to a challenging behaviour episode. Staff were aware of, and had access to, the provider's safeguarding policies and they had received safeguarding training. The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

The service had plans in place for any unexpected emergencies. This provided staff with the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building. Staff told us they knew what action to take in such an emergency situation that made sure people's safety was maintained.

Staff knew how to manage risks associated with people's care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. For example, one person had been involved in an incident with another service user on the day of our inspection and was quite upset about it. Staff were all aware that there was an increased risk with these two people being in the same areas. All of the staff spoken with knew about the situation and what they needed to do, to keep this person safe. We saw care records had been reviewed and provided up to date information for staff as to how to ensure this person was kept safe.

Records showed incidents and accidents had been recorded and where appropriate, people had received the support they needed. The system in place showed any trends or patterns that emerged so that they could be responded to. The manager told us they monitored this system to make sure people were not placed at additional risks.

We spoke with staff about the recruitment process to see if the required checks had been carried out before

they worked in the service. Staff spoken with told us they had to wait until their police check and reference checks were completed before they could start work. People were protected by the service's recruitment procedures which checked that staff were of good character, had the required skills and attitude and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before staff were allowed to work in the service which included references sought from previous employers.

We saw there were enough staff to meet people's needs. All of the people we spoke with told us or indicated to us that they received the help they needed, when they needed it. One person we spoke with said, "When I need help, I just ask someone. They helped me this morning." Staff told us they could meet people's individual needs. One staff member said, "It is very busy here most of the time but we have to be aware of everyone's needs." We also saw that one person who returned from an outing required some immediate personal care upon their return. They were helped to shower and change their clothes so they felt comfortable again. Another staff member said, "I think we have enough staff we can still do the cleaning, cooking and washing for the people here as well as make sure they are well looked after and supervised. The manager told us they had flexibility in staffing levels to increase staff numbers when required. For example, if people needed to be supported on day trips or when people had to attend appointments. The manager and staff told us they also operated an on call system if staff required assistance or had issues that may impact on people who use the service. On the day of inspection an additional member of staff was called to cover the morning shift as one person needed to attend hospital unexpectedly.

Systems were in place to make sure people received their medicines safely. We saw care staff supported people to take their prescribed medicines when required. Medicines were stored at the correct temperatures and were disposed of safely and appropriately at the end of each medicines cycle. Medicine administration records (MAR) sheets confirmed each person had oxygen therapy and appropriate protocols were seen to be in place. Medicines had been administered and signed for at the appropriate time. We checked five people's medicines and found no anomalies in the stocks of available medicines. One person took their medicines with food, however the manager assured us that this was not being done without the person's knowledge as it was all done in front of the person. This method of administration was the best way for this person as if they were just presented with the tablet they may refuse to take it. Another person had oxygen therapy and appropriate protocols were seen to be in place. The manager told us they were confident people always received their medicines and this was supported by the actions taken by staff for the people we saw. Medication audits were completed to reduce the potential of errors being made. Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One person told us the staff were, "Lovely and very helpful." One relative who recently commented on a survey sent out by the service stated, "The service is very good – staff work hard to enrich the clients' lives often under very difficult circumstances."

Staffing levels and consistency of staff meant staff knew what people wanted to do on a day to day basis and what support people required. The manager said, "We have a good staff team here which helps provide people with stability and routine which is essential to supporting people with learning disabilities." The manager was aware of the National Institute for Clinical Excellence guidelines in relation to caring for people with learning disabilities. They told us that people's health and well-being had improved because people had continuity of care. The manager gave us one example where a person who used the service had not engaged well with staff due to them having a very difficult time recently. The manager said, "The persistence of staff working with this person, and some needed changes to their medication had seen this person become more responsive and calmer."

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. For example, we observed staff supporting a person who had recently returned from an outing and could be quite challenging. Staff provided constant reassurance and supported this person to reduce any anxieties they had because of their condition. Staff also explained to others living in the home why this person needed extra support. One person said, "[Person's name] needs us to be quiet and look after them."

Staff we spoke with told us they felt confident and suitably trained to support people effectively. Staff told us they completed an induction when they started at the service and they completed all their training during their induction period. Staff told us they had regular supervision and appraisal meetings about their individual performance, and they felt supported by their colleagues and managers. One staff member said, "When I first started I got good support from everyone as people here are highly challenging. I met some of the people here first when I had my interview and that helped prepare me so I felt more confident."

Staff told us how they gained consent from people they provided care to. For example, one staff member said, "Even though it is difficult sometimes we must give people a choice. The people here all have a voice so we listen." Other staff spoken with explained how they sought consent and how they sought people's agreement, if they could not understand. The responses staff provided showed us staff recognised the importance of ensuring people agreed to care before they carried it out. Some of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs known, such as how people communicated if they were unhappy or distressed.

People's capacity to make decisions was taken into consideration when supporting them and people's freedoms were protected. People told us that staff always asked their permission before providing care or support. For example we saw that staff asked people if they could enter their rooms.

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. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. When people lacked capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests. In all cases the least restrictive options were considered.

People told us they enjoyed the food and drinks and we saw they were given a choice of what they wanted on a daily basis. We saw people were provided with their choices and they ate their meals where they wanted. Staff told us if people did not want the choices on the menu, alternatives would be provided. Staff carried out nutritional risk assessments to identify if there were any risks to people associated with their nutritional needs and people's weight was monitored regularly.

Records showed people had received care and treatment from health care professionals when required. Examples of these were speech and language therapists (SALT), psychiatrists and behavioural support specialist teams. Appropriate referrals had been made and these were made in a timely way to make sure people received the necessary support to manage their health and well being. For example one person had been regularly monitored for changes in their sleep patterns as they could not sleep at night properly. It was felt this was due to their medicines so medication changes were made. This helped ensure that they were now sleeping longer during the night which meant they were less tired during the day.

Is the service caring?

Our findings

People told us they thought staff were caring and kind. People who were unable to express themselves verbally related well to the staff they engaged with. They did not look unhappy and smiled often. One relative who had recently completed a survey sent out by the service stated, "the service is very satisfactory. It's nice to spend a couple of hours with my relative and also if I have a friend with me they are also made very welcome."

Staff engaged people in conversations that made people feel relaxed and involved. The atmosphere within the service was calm and relaxed and we saw people laughed and chatted to staff and each other.

We saw people were laughing and looked happy. Staff spent time with people, discussing day to day things such as the weather, what people wanted to do and what they wanted to eat. Staff were also talking openly with people about the activities they had enjoyed that day and what their plans were later in the week. Staff told us they set people individual goals, with their permission and agreement, to maintain people's levels of independence. One staff member said, "We always talk about what people want to do as part of our meetings." One person already had a holiday booked to go to Butlins.

Staff were polite and respectful when they talked with people. People we were able to speak with indicated that staff treated them with respect. People also told us they were able to do some things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care. Staff understood and gave us examples that showed how they protected people's privacy and dignity. One staff member said, "We make sure we maintain people's privacy at all times, we close doors and if more than one person have to attend to someone we don't overcrowd the person and are available a small distance away." Staff told us they cared for people ways they preferred and offered them choices at every opportunity.

All of the care plans we looked at showed people had been involved where able, and had agreed to the levels of care and support they required. Each care plan contained in relation to the individual's background, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people's individual choices.

People were encouraged to maintain their independence and get involved in household tasks. Staff told us one person enjoyed tidying up glasses and pens which were lying around. We saw this person complete these tasks during our visit.

People where able were involved in regular meetings to discuss their care. We spoke with one person who told us, "Yes we talk about my care and you can look at my book (care plan)." They also confirmed they had a key worker that looked after them and they were happy with the care they received. People were able to participate in regular meetings either as a group or individually to discuss any concerns they had. Staff told us this gave people an opportunity to discuss anything such as hobbies, interests, planning events, holidays,

concerns or how they wanted to spend their time.

Is the service responsive?

Our findings

People told us they received care, support and treatment when they required it. People said staff listened to them and responded to their needs. For example, we saw a person wanted to listen to music in the communal lounge. We heard staff chatting with this person about what music they liked. This person told us, "I like music."

People were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. We spoke with one person and asked what hobbies they enjoyed. This person told us they go out most days. They were at college doing both drama and pottery courses. They also enjoyed shopping, the cinema and saw their parents twice a month. Other people we spoke with were visited by their family members. During our visit people went out locally for a drive. People told us they enjoyed these trips. One person loved cooking and beauty and made collages and posters, another person regularly attended hydrotherapy at a local day centre and was doing a computer course. People's goals were recorded in people's plans of care which documented what support people needed to help them achieve those goals.

We saw people were able to spend time how they wanted. Some people chose to listen to music or watch television in the communal lounge. We spoke with this person who said, "I like singing to Elvis songs." We saw this person actively sang songs and was enrolled on a crafty drama course which encouraged this creativity. Other people were supported to go out in the wider community. Staff told us that one person was difficult to get to go out as they would not get off the bus when they returned. They told us they had developed strategies to address this and this person, although quiet was now more confident on trips out. During our visit other people were taken out for a drive and one person had their nails painted and went out to lunch with a member of staff feeling as they put it, "Pretty".

We looked at three care plans and found they contained detailed information that enabled staff to meet people's needs. Care plans contained life histories, personal preferences and focussed on individual needs, with appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example we looked at a care plan for a person who was supported by a psychiatrist and the community nursing team. The care records contained appropriate information for staff, such as how to provide specific care for day and night time routines. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. For example sleep deprivation had been identified as an issue and was now better due to a change in medication. Staff were confident they could manage this person by observing them closely until their anxieties reduced and ensuring they noted the triggers for this.

Staff responded quickly when people's needs had changed. For example, one person had recently had a change in their behaviours and therefore needed to be more closely supervised. The registered manager arranged for the staffing levels to be reviewed to ensure this person received ongoing one to one support. Staff were made aware of this change at handover meetings so were given the information they needed to know to provide appropriate support. Staff showed care and reassured this person and others who lived in

the service that these changes were important to monitor the person's well being. For example, staff were able to tell us that this person showed happiness through hand clapping and smiling or wandering around talking to themselves. Another person disliked a lot of noise so staff were receptive to this and actively helped this person move somewhere quieter when this person started to display some agitation through making known noises. When changes occurred, care plans were reviewed and changed.

Records showed the service had not received any formal complaints in the last 12 months. People and staff we spoke with told us the manager was approachable and if they had any concerns, they would speak with the manager. Relatives were aware of the complaints process and the complaints process was available in the service. The manager told us they held regular group meetings, one to one meetings and had an open door policy so people were given opportunities to raise any issues. The manager said, "It is important to acknowledge any concerns as we can learn from these also. I aim to resolve issues before they escalate."

Is the service well-led?

Our findings

People living in the service and staff told us they found the management team and staff approachable and understanding when issues had been raised. For example, one person told us, "the manager is approachable and very fair." The manager told us their goals and objectives were to make Four Winds a, "Home for people to call home that was relaxed and as calm as possible." People we spoke with told us they were very happy living at the home.

The manager told us they supported staff by ensuring training was provided for them that enabled staff to support the people they looked after. Staff spoken with told us there were regular meetings where they were able to discuss their personal development objectives and goals. Staff said they found meetings useful because it helped them to discuss people's needs, but also any learning opportunities or training needs for them. One staff member said, "At the last meeting we discussed management strategies for [person] and I found that helpful."

The manager told us they sought the best options for people, where there was an impact on their care, even if it was not always supported by advice being given from other professionals. An example of this was seen where staff persistently requested a person's medicines were reviewed because it affected their sleep pattern. The registered manager said, "We are looking after the people and we consulted with the family at all stages so they were aware of things." The manager displayed a confidence that showed us they accepted advice and guidance, but were prepared to challenge this if it was in people's best interests.

The provider sought the views of people about the quality of service provided. People who used the service had regular meetings where able, with the staff and management to discuss any issues they had and regular one to one meetings about the care and support they received. One person told us, "I like to talk to [staff member]. If I'm unhappy, he (points at staff member) would help me." One staff member told us "We have them every month and they allow us to discuss anything."

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised management for their openness. Staff told us they had regular work supervision meetings to discuss their performance and training needs, an annual appraisal and team meetings. Staff told us the service supported whistleblowing and staff felt confident to voice any concerns they had about the service. One staff member told us, "The manager is always available to talk to, they are very approachable and fair." None of the staff spoken with had raised any concerns to the manager recently.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Some of these audits identified areas for

improvements, for example, care plan reviews and an analysis of when people had an accident. A service quality and safety audit had been completed in Sept/October 2015 and once the results were analysed showed a 90% compliance rate with the providers internal audit ratings. Action plans were followed to make sure any improvements were taken so people received their care and support in a way that continued to protect them from potential risk and improve the quality of service people received.