Consensus Support Services Limited

Burnham House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 19 December 2016. At our previous inspection in June 2014, we found that the provider was meeting the regulations we inspected.

The service is registered to accommodate eight people with learning and physical disabilities. People are accommodated in a detached house which is suitably adapted to meet people's needs. At the time of our inspection, the home was providing care and support to seven people.

The provider of the service is Consensus Support Services Ltd. The home has 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.

People were safe at the service and were cared for by staff who were knowledgeable about safeguarding people and knew how to report concerns.

Medicines at the service were managed safely by staff who were trained and assessed as competent to administer medicines as prescribed.

The recruitment process was robust, to make sure that the right staff were recruited to keep people safe. Personnel records showed that appropriate checks were carried out before they began working at the home.
Staff understood how to gain consent from people who used the service. The principles of the Mental Capacity Act 2005 were followed when people could not make specific decisions themselves.

Staff were supported through regular supervision and received an annual appraisal of their practice and performance.

There were sufficient qualified and experienced staff to meet people's needs. Staff received the support and training they needed to provide an effective service that met people's needs. The staffing levels were flexible to support people with planned activities and appointments.

People received the care they needed. Care plans were person centred, but needed to be regularly reviewed and updated where relevant when people's needs changed.

People were supported to have a varied and nutritionally balanced diet to promote their health and wellbeing.

People were supported to see specialist healthcare professionals according to their needs in order to ensure

their health and well being were adequately maintained.

People were looked after by staff who understood their needs, were caring, compassionate and promoted their privacy and dignity.

A pictorial complaints procedure was available. People's relatives were made aware of the complaints procedure and they knew who to speak with if they had any concerns.

Systems were in place to evaluate and monitor the quality of the service. However, improvements were needed to ensure there was continued monitoring of the progress made, where actions 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. Medicines were stored, managed and administered safely by competent staff.

Risk assessments were in place to ensure people's safety and well-being.

Staff received training with regard to keeping people safe and knew the
action to take if they suspected any abuse.

There were safe staff recruitment practices in place and sufficient numbers of staff on duty to ensure people were safe.

Is the service effective?

Good

The service was effective. Sufficient processes were in place to ensure the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People were supported by staff who had the necessary skills and knowledge to meet their needs. Staff were supported through regular supervision.

People were supported to maintain good health and had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring. Caring relationships had developed between people who used the service and staff.

Staff knew people well and treated them with kindness and compassion.

People were treated with respect and dignity.

People were supported to maintain relationships with relatives and friends.

Is the service responsive?

Requires Improvement

The service was responsive. Care plans were person centred but needed to be reviewed and updated where relevant when people's needs changed.

People were supported by staff to participate in activities of their choice.

People and their relatives were provided with information about how to make a complaint and felt confident to do so.

Is the service well-led?

Good

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.

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.

Burnham House

Detailed findings

Background to this inspection

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

This inspection took place on 19 December 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, three relatives, two members of staff, the deputy manager and we spoke on the phone with the manager. We looked at care and other relevant records of three people who used the service, staff records and a range of records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and were happy living at the home. We saw that people interacted positively with the staff and were comfortable with them. One person nodded and said, " Yes safe." Another person said, "The staff are good. I feel safe." Relatives told us, "Absolutely she is safe" and "She is definitely safe."

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 how staff supported them to take positive risks to enhance their independence such as managing their health conditions, finances, keeping keys safe, using kitchen equipment and travelling. Staff gave examples such as encouraging one person to go out independently while remaining safe and how they would support another person if they had a seizure.

We observed that staff were available to offer support to people when they needed it. Staff explained how they would recognise and report any safeguarding concerns they had about people's safety and wellbeing. They told us if they had any concerns, they would inform the manager. Procedures were in place that ensured concerns about people's safety were appropriately reported to the manager, to the local safeguarding team and other relevant agencies. A whistleblowing policy was in place. Staff were aware of this and knew the process to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about the service they work at.

The provider had a satisfactory recruitment and selection procedure in place. They carried out relevant checks when they employed staff in order to make sure they were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks. At least two references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of their passport, driving licence and birth certificate. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom.

There was a system in place to assess and monitor staffing levels in relation to people's needs and the number of people accommodated at the service. People told us that staff were always available to assist when needed. We saw that staffing levels were suitable to ensure people's needs were met and staff were available to supervise and support people when venturing out and when participating in activities. The deputy manager told us that staffing levels were managed according to people's needs and when people required extra support for arranged activities or events, additional staff cover was sought.

Appropriate systems were in place for medicines management and people received their medicines safely. Senior staff on each shift managed and administered medicines to people. Staff completed medicine administration training and their competence to administer medicines was assessed by the manager, prior to them carrying out this task. The registered manager was responsible for conducting monthly medicines

audits, to check that medicines were being administered safely and appropriately.

Systems were in place to ensure that the medicines were ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored in a locked cupboard in the office. We saw that people received their medicines at the times they needed them. A current photograph of each person was attached to their medicine administration record (MAR), to assist staff to correctly identify people. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The staff member checked people's medicines on the MAR and medicine label, prior to supporting them, to ensure they were getting the correct medicines. A record of people's allergies was noted on their medicine records, which provided staff with clear guidance regarding allergies.

The premises and equipment were appropriately maintained. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use.

A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency . Accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Good

Is the service effective?

Our findings

People who used the service and relatives spoke positively about the staff. They told us that staff were competent and knew how to support their family member. When asked if they were happy with staff support, they told us "The staff are good" and "The staff are lovely and helpful."

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).

Sufficient systems were in place to support people who lacked capacity to make their own decisions. Staff told us that they had completed training in this area. We saw that most people living at the home could make basic decisions but required assistance to make complex decisions.

We were informed that all the people living at the home had been assessed under the MCA and five people had been determined as not having the capacity to make complex decisions for themselves. We were informed that DoLS applications had been made for five people living at the home. We found that only two had so far been returned by the supervisory body (local authority) and the conditions were met for these to be approved.

Out of the seven people who lived at Burnham house, two people did not need formal capacity assessments because they had capacity to make decisions about their care, medical treatment and both accessed the community independently. The other five people had DOLS applications submitted with the local authorities.

For two of these people the full assessment and outcome of needs was available and the DoLs had been granted. For three other people, one person had an authorisation on file but this had expired and a reauthorisation had been sought . For the remaining two people, the service were awaiting the Best Interest Assessment from their care management.

However, we found it difficult to easily access all the information in the files checked. We recommend that the service keep all relevant information, current and up to date so that it is easily accessible and information is readily available on their files, to show how people were supported to make decisions appropriately or that any decisions made on their behalf were in their best interests and as least restrictive as possible.

Staff understood the importance of seeking consent before offering support to people. They told us that when supporting people who could not verbally communicate, they looked for signs from people's body

language and responses. A staff member said "We always check with people to see if they are happy with what we plan to do." Staff were patient and waited for people to answer them, before carrying out a task, such as clearing someone's plates or helping them to make a hot drink.

People who used the service and relatives spoke positively about the staff. They told us that staff were competent and knew how to support their family member. When asked if they were happy with staff support, they told us "The staff are good" and "The staff are lovely and helpful."

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff told us that they received training relevant to the work they did. They told us that they found the training valuable and it gave them confidence to carry out their role effectively.

Staff received the training they needed to support people effectively. Mandatory training was completed in areas including emergency procedures, falls awareness, infection control, safeguarding and medicines. Mandatory training is training the registered provider thinks is necessary to support people safely.

Training was organised centrally by the registered provider but the registered manager used a chart to monitor staff completion of training. New staff completed an induction programme consisting of shadowing more experienced members of staff, mandatory training and learning the service's policies and procedures. Staff spoke positively about the training they received. A staff member told us "The training is quite good. My induction was shadowing [named staff member] for two weeks, e-learning and I did all the mandatory training" Another said, "The training is really good. I have learnt a lot."

Staff felt supported by the management team. They confirmed and records showed that they had regular supervision sessions with their line manager. Supervision sessions are one to one meetings with their line managers to develop and motivate staff and review their practice or behaviours. Annual appraisals were planned to take place. Annual appraisals for staff members provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

People were involved in making decisions about the food they ate and were asked each day what they wanted. They were supported to eat and drink sufficiently in order to maintain a balanced diet and promote their health and wellbeing. A weekly menu was devised based on people's choice. People told us they liked the food and had a choice. Meals were flexible to meet people's needs. Culturally appropriate diets were provided. For example people who were from different faiths were not provided beef or pork. At lunchtime, we observed a relaxed atmosphere and staff discreetly assisted people who needed help in an unhurried manner.

People were supported to maintain good health and have access to healthcare services. The manager reported good working relationships with GPs and learning disability teams. Care records documented health care visits and appointments. People's care records contained individual health files and action plans which enabled staff to act responsively when they needed to communicate with health professionals.

Staff followed advice given to them to assist people's recovery. We saw detailed guidance for staff on how to recognise when a person may be unwell. For example, how a person may indicate to staff when they were in pain. People's healthcare needs were therefore identified and dealt with, to ensure that they received the necessary treatment to keep them in good health.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received and that the staff were very supportive. One person said, "Staff are kind and caring. They look after me." Another person said, "They are good." Comments from relatives about staff included, "supportive", "welcoming" and "very caring".

During the inspection, we spent time observing staff and people who used the service. Staff we spoke with knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. People's rooms were personalised which made it individual to the person that lived there. People told us they could have relatives visit when they wanted, or go and stay with their relatives if they wished.

Staff told us there was a regular staff team, good teamwork and that they worked flexibly to ensure that people were consistently cared for in a way that they preferred and needed. People were encouraged to remain as independent as possible and to do as much as they could for themselves.

People's privacy and dignity were maintained. Staff said they respected people's privacy and dignity by knocking on doors before entering rooms. When supporting people with personal care they ensured people were not too exposed and that doors and curtains were closed.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people decided what they did, where they spent their time and what they ate. Separate residents meetings had taken place, to seek their opinions about what happened at the service and to them.

The home provided support for people to practice their religion and have their social, cultural and spiritual needs met. For example, catering for special dietary needs. Staff also supported people to celebrate different religious festivals and observances if they wished.

Requires Improvement

Is the service responsive?

Our findings

All the people we met required varying levels of personal care and support with all aspects of daily living. People told us that staff were "nice" and "looked after them." A relative told us "The staff are very very good, they seem to genuinely care and look after my [family member] extremely well." Another relative said, "I am happy with the way they look after my [family member]."

We reviewed care planning for three people who lived at the home. People's needs were assessed before they were admitted to the home, to ensure this was a suitable place for them. We saw that people received the care they needed. The care plans were person centred and reflected people's needs, preferences, likes and dislikes and how their care was to be delivered. The records contained sufficient information to enable staff to provide personalised care and support in line with people's wishes. For example, "[The person] likes to have a bath instead of a shower" and "[The person] continues to support staff with their own personal care, requires minimal support." Relatives told us that they were involved in discussions about their family member's care plans and that staff were aware of people's individual needs and how best to meet these. The staff and relatives confirmed that regular reviews were held to keep up to date with changes in people's care needs.

All the care plans were evaluated every 3 months in line with company policy, by the individual and their key worker and also reviewed within their monthly key worker meetings.

We found that the files contained care plans which had been drawn up in 2014 and 2015. We were informed that care plans were only completely re-written if there were significant changes to a person's support needs. We saw that any identified changes had been hand written and these changes had been discussed with the staff team. The manager informed us that the service were in the middle of updating the care plans .

Development of personalised care plans which give up to date guidance to staff about people's specific care needs, communication methods and how best to support them, are key requirements in ensuring people receive care and support in accordance with their identified needs and wishes. This information is required when there is a new and changing staff group as well as when people accommodated are non-verbal.

All of the people living at the service had annual Multi-Disciplinary Team reviews, which included the individual and their families. This helped to ensure people's care was effective and responsive to their changing needs.

Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs.

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 any issues 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 which staff attempted to arrange if appropriate.

Arrangements were in place to meet people's social and recreational needs. Each person had an individual activities planner which included visits to the cinema, trampolining, swimming, college, trips to the shops and the pub. People were also supported to get involved in household chores such as laundry, cleaning and cooking to help encourage their independence.

Most of the people who lived at the home used the lounge and dining room. We saw that people chatted happily in the lounge and there was a relaxed atmosphere between most of them. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This meant that people were not isolated and received companionship within the home.

People felt able to raise any concerns or complaints. There was a pictorial complaints policy and procedure in place which was on display at the entrance for people and visitors to refer to. People told us they would complain "to the manager" or tell their relative if they had any complaints. Relatives felt confident that if they raised any concerns, they would be listened to and the registered manager would act upon them swiftly. People and relatives told us they did not have d any concerns and they had nothing to complain about.

Good

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. Relatives told us, "The manager listens to us and is very supportive." And "The manager is really good."

The registered manager was away at the time of our inspection. The deputy manager assisted us during our inspection. We observed people were comfortable approaching the deputy 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 peoples' comments were mainly positive. Results of the survey had been analysed and used to highlight areas to make improvements.

People's views were also gathered during regular house meetings and key worker sessions. Minutes from these meetings covered issues such as menus, events, outings and activities. 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.

Staff felt supported by their manager and were comfortable discussing any issues with them. Staff told us, "I can always go to [the manager] she does everything she can to support you."
Staff felt they worked well as a team and they were very supportive. Staff meetings were held regularly and helped to share learning and best practice, so staff understood what was expected of them at all levels.

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 registered manager also carried out regular reviews of the service including checks on care records, 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. However, improvements were needed to ensure there was continued monitoring of the progress made, where actions were identified.

At provider level, the operations manager carried out regular monitoring visits. Systems were in place to analyse any issues 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.