

Consensus Support Services Limited

Fletton Avenue

Inspection report

35 Fletton Avenue
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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

About the service

Fletton Avenue is a residential care home providing personal care to up to six people all of whom have a learning disability and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were positive about the staff and the management team. People told us staff were very caring and that staff knew them extremely well. Staff told us that it was a very happy team and they all worked well together.

People were protected against harm and their rights were upheld. Safe recruitment was followed to ensure the staff employed were suitable to care for people and shared the values of the service.

People received their medicines as prescribed. These were administered by staff who were competent to do so. The registered provider was following relevant guidance for infection control. The environment was clean and well maintained.

Staff received training and were well supported to ensure they had the skills, knowledge and confidence they needed to perform their roles effectively. Staff were very knowledgeable about people's needs and supported people to remain as independent as possible. People were well supported to eat and drink and maintain a healthy diet.

There was a strong person-centred culture throughout the service and staff were skilled in providing good care and support to people. People's dignity was very well managed and individual with people's choices and preferences fully respected.

Staff demonstrated caring values and showed a very positive regard for what was important to people. The trust developed between people and staff helped promote people's independence, confidence and helped them achieve positive outcomes. Respect for equality, diversity and inclusion was fully embedded within the service and in how staff communicated with and worked with people.

Staff promoted people's right to make their own decisions wherever possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff supported

them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager worked within mental capacity legislation and consulted with relevant people on important decisions made in people's best interest.

People were involved in reviewing their care and making any necessary changes. Information was provided in formats that were accessible to people. When it was needed staff worked well with a range of external health and social care professionals to ensure people's existing and changing needs were being fully met

A process was in place which ensured any concerns or complaints people and their relatives may have had could be raised. Concerns were acted upon quickly and lessons were learned through positive two-way communication.

The service was well managed by a registered provider and registered manager who worked closely together and demonstrated strong values, led by example and maintained an open and a caring culture.

The registered provider had systems in place to monitor quality and was open to the continuous development of the service.

Systems were also in place to enable the registered provider to monitor accidents and incidents to identify any lessons learned and make any improvements when they had identified this was required.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

Rating at last inspection

At the last inspection we rated this service Good (report published on 19 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fletton Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type:

Fletton Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out the inspection visit, on 8 October 2019. We gave the service four hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at service to speak with us.

What we did:

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During our inspection we saw how the staff interacted with people who lived at the service. We spoke with five people who lived there. We also spoke with four members of staff: three support workers, the registered manager and the operations manager.

We looked at one person's care records as well as other records relating to the management of the service, such as internal audits and the service improvement plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us, they felt safe at Fletton Avenue. One person said, "Yes, I always feel safe."
- Systems were in place to protect people from harm. Staff had undertaken training in safeguarding and were confident about what they should look out for and to whom they should report any concerns to.

Assessing risk, safety monitoring and management

- The registered manager had assessed all potential risks to people and had put clear guidance in place so that staff knew how to manage these. The assessments were personalised and ensured that staff supported each person to take risks in a safe way. For example, one person had risk assessments in place for visiting the local community.
- Staff had fire safety awareness training and knew how to keep the people and themselves safe.
- Staff had completed a personal emergency evacuation plan (PEEP) for each person so that emergency services would know how to support them in the event of a fire.

Staffing and recruitment

- Staff were satisfied that there were enough staff to support people with their personal care and to do what they wanted to do.
- People told us they were always able to continue with their planned activities as staff were always available.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home. Members of staff were able to explain the recruitment process. This included the registered manager obtaining references and a criminal record check prior to them being offered the job.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended.
- Medicine storage was secure and at the correct temperature and staff audited medicines weekly. The registered manager regularly checked staff's competence to give medicines correctly.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff knew that all incidents and accidents had to be recorded and these were analysed by the registered manager.
- Discussion about incidents and accidents formed part of each staff meeting so that staff could reflect on their practice and try to reduce re-occurrence of the same event.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they would ensure people's needs were fully assessed before they were offered a place at the service. This was to make sure not only that the staff team could meet the person's needs, but also that the person would be as compatible as possible with people already living at the service. This was because the people living at the service all had complex needs.
- The registered manager ensured that staff delivered up to date care in line with good practice and that people's care enhanced and promoted independence.

Staff support: induction, training, skills and experience

- Staff were satisfied that they had received enough training so that they could do their job well and support people effectively. One member of staff said, "Training here is very, very helpful. Without it we wouldn't be able to do our jobs properly."
- Staff felt well-supported by the registered manager and of each other. One member of staff said, "I like working here – definitely, yes. I like the staff as well as our (registered) manager. They are very supportive, and we can discuss anything."

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs around nutrition and eating were clearly documented and known by staff. Where people required support with eating this was provided in a sensitive way in line with their complex needs.
- People were supported to eat a balanced diet. The service offered a varied menu which included lots of fresh fruit and vegetables but also ensured people were offered foods they liked. People received support from a dietician and staff were followed their recommendations.

Staff working with other agencies to provide consistent, effective, timely care

- People had regular access to a range of healthcare professionals in the community or who visited the service as appropriate. Detailed records were kept.
- Each person had a detailed hospital passport to take with them should they ever need to go to hospital. This contained vital information including their health conditions, medicines and communication needs.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished.
- People also chose what they wanted for the shared areas of the house. There was a plan in place for re-decoration of communal areas.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to meet their healthcare needs with visits to and from healthcare professionals and services such as their GP, opticians, chiropodists and others.
- Staff understood the physical and mental health needs of the people they supported.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "[The MCA] is about people who can't make decisions for themselves. We give them the chance to make decisions. Although everyone here has capacity."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a warm, friendly atmosphere in the service and staff were kind and caring.
- Everyone we spoke with told us they were happy and had good relationships with the staff. They felt comfortable with the staff and enjoyed their company.
- Staff treated people equally and without discrimination.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making decisions about their care and support. They met with their keyworker each month to make plans for what they wanted to do and to talk about what they enjoyed.
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported. One person said, "Staff understand me and know me well."
- Where appropriate, people had access to advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was provided discreetly and in private.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores from time to time. One person told us they cleaned their own bedroom and bathroom and did their own laundry.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home and provided transport for people to visit their relatives' homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive care and support that was person-centred and supported their complex needs. Support plans were detailed and included guidance from other professionals.
- Assessments were person-centred and used to develop detailed individualised support plans. People were actively involved in the completion of their assessments and the development of their support plans. Staff used individual ways to involve people in planning their care and support. People told us how they sat down with staff and discussed what they would like to do and where they would like to go.
- People told us their life was positively influenced by the care and support they received from staff at Fletton Avenue. They told us they led an active and interesting life because how flexible the service was to their needs. One person told us, "After I moved in here my life changed. Staff have given me the opportunity to do the things I like and keep busy. I am very happy here." Another person said, "I really enjoyed my life here. They [staff] are very good that I have gained independence. This place is wonderful."
- People continued to receive opportunities to participate in a wide range of social, recreational and pastoral activities. These were based on people's own interests, hobbies and pastimes and we saw how staff were creative and resourceful in promoting social inclusion. Staff told us how they supported people at new activities to ensure they were confident and happy to continue. For example, where someone started to attend the local swimming pool. They now go along on their own.
- People were fully engaged with their local community. People went along to local pubs and took part in discos. People had work placements in local shops and told us they enjoyed working there.
- People told us about their holidays and how they enjoyed these. Staff told us before holidays are arranged, they had a meeting to discuss where people would like to go, who they would like to go with and how they would like to be supported with their holiday. People then chose the staff they would like to go with them on their holiday. One person had been on a cottage holiday and another person had chosen to go to Scotland by train.
- Staff worked enthusiastically to support people to lead the life of their choosing and as a result people's quality of life improved and was optimised to the full.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access a wide range of personalised activities they wanted to do. From discussions with staff it was clear that staff were dedicated to their roles to help ensure people had an good quality of life. A member of staff said, "We are really keen to try new things and use a holistic approach. I think we do a marvellous job and it's all about supporting the residents."
- People had records which documented their goals and wishes. These clearly demonstrated people's

ongoing developments and successes. For example, helping them to eat healthier and lose weight to promote their wellbeing.

- People were supported to develop and maintain relationships important to them, such as with relatives, partners and friends. For example, supporting people to travel on public transport when visiting friends.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way each person understood best.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. The registered manager told us, "Individuals are encouraged to raise concerns and complaints whenever they feel there is a need to do so."
- People told us they had no complaints, but they were confident the registered manager would deal with anything they raised.

End of life care and support

- A policy was in place and staff would be undertaking training in end of life care during the next year.
- There was no one receiving end-of-life care at the time of our inspection.
- End-of-life plans were not in place as people had chosen not to discuss the matter when asked. The registered manager told us they would continue to explore with people for their views on what they would like to happen.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- People were happy living at Fletton Avenue and were very satisfied with the service provided by the staff.
- Staff enjoyed working at the service and praised the registered manager and their colleagues. One member of staff said, "I'm settled here. We've got a great staff team. Everyone is very supportive."
- The registered manager promoted transparency and honesty. They were very open at discussing issues with relevant parties if anything went wrong. They were also eager to provide the best support they could to people and have a fulfilling life.

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

- The registered manager demonstrated good leadership and managed the service well, with good support from the provider's operations manager. The registered manager was fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- Staff felt they received good support from the registered manager. They had regular supervision sessions
- The provider had a quality assurance system in place to ensure that staff continued to give high-quality care. Staff and the registered manager carried out weekly and monthly audits which fed into a monthly visit carried out by the operations manager. They put action plans in place to address any shortfalls.

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

- The registered manager encouraged everyone involved with the service to express their views about the running of the service on a day to day basis. An annual questionnaire was sent to people who lived at the service and their relatives. The registered manager told us that head office were in the process of collating the information from the most recent survey.
- People were very much part of the local community. For example, people went into town or to local shops and the pub by themselves or with support. People accessed local colleges and clubs and attended local GP surgeries.

Continuous learning and improving care

- The registered manager told us the staff team was always trying to make things even better for people. They said, "We are all very passionate about the people we support. I believe that we are committed to

continually make improvements. People's behaviours have reduced and independence and motivation of the people we support has increased."

- The registered manager kept up to date with current research and good practice, which they cascaded to staff to ensure that people were given the best possible care and support.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.