Consensa Care Ltd

Consensa Care Limited - 167 Chandos Road

Inspection report

167 Chandos Road
Stratford
London
E15 1TX

Tel: 02085348236
Website: www.consensacare.com

Date of inspection visit:
12 February 2016

Date of publication:
14 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12 February 2016 and was unannounced. At the last inspection of this service in February 2015 we found there were two breaches of legal requirements. This was because staff did not have any appraisal of their performance and development needs and complaints were not always investigated appropriately. We found during this inspection that improvements had been made and these issues had been addressed.

The service is registered to provide accommodation and support with personal care to a maximum of seven adults with an acquired brain injury. Six people were using the service at the time of our inspection. The service had a registered manager in place. 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.

The service had systems in place to help safeguard people from the risk of abuse. Risk assessments were in place which included information about how to support people in a safe manner. There were enough staff working at the service to meet people's needs. Medicines were appropriately stored, recorded and administered.

Staff undertook regular training and had one to one supervision with their line manager. The service worked within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were able to make choices about their daily lives including about what they ate and drank. People had access to health care professionals as appropriate. However, information about people in the event that they were admitted to hospital was often incomplete.

People told us they were treated with respect by staff. The service promoted people's privacy, dignity and independence.

People's needs were assessed before they moved in to the service to determine if it was a suitable placement for them and plans were in place which set out how to meet people's assessed needs. The service had a complaints procedure in place and people were aware of who they could complain to if needed.

People that used the service and staff told us they found the registered manager to be approachable and supportive. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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. Staff understood their responsibility for reporting any allegations of abuse. Systems were in place to protect people from the risk of financial abuse.

Risk assessments were in place which set out how to support people safely. These included supporting people who exhibited behaviours that challenged the service. The service did not use any form of physical restraint on people.

There were enough staff working at the service to meet people's needs and various pre-employment checks were carried out on staff.

Medicines were administered in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective. Hospital Passports were often incomplete and one person did not have one at all. People were supported to access health care professionals as appropriate.

Staff undertook regular training and had one to one supervision with their line manager.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives. This included choices about what they ate and drank.

Is the service caring?

Good

The service was caring. People told us staff treated them with respect and we observed staff interacting with people in a friendly and respectful manner.

The service took steps to promote people's privacy and independence.

Is the service responsive?

Good

The service was responsive. We found that people were involved

in planning their care. Care plans were in place which set out how the service was to meet people's assessed needs.

The service had a complaints procedure in place. People knew who they could complain to if required.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place. People that used the service and staff told us they found the registered manager to be approachable and supportive.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

Consensa Care Limited - 167 Chandos 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.

This inspection took place on 12 February 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with three people that used the service. We spoke with four staff. This included the registered manager, the director of operations and two support workers. We looked at three sets of care records relating to people that used the service. We examined five sets of staff recruitment, training and supervision records. We saw documentation relating to the recording and administration of medicines, staff and residents meeting minutes and various quality assurance audits. We also looked at some policies and procedures including the complaints and safeguarding adults procedures.

Good

Is the service safe?

Our findings

The provider had a safeguarding adults procedure in place. This made clear their responsibility for reporting any safeguarding allegations to the local authority and the Care Quality Commission. There was also a whistleblowing procedure which made clear staff had the right to whistle blow to outside agencies if appropriate. Records showed that safeguarding allegations made since the last inspection were dealt with appropriately by the service.

Staff had a good understanding of issues related to safeguarding adults. They were able to tell us the different types of abuse and were aware of their responsibility for reporting any safeguarding concerns. One staff member said, "I have to inform my manager [if they suspected abuse] and if I don't see my manager doing anything I have to blow the whistle." Another staff member said if they suspected abuse, "The first thing I would do is let the manager know about it."

Some people were assessed as lacking capacity to manage their finances and the service held money on their behalf. This was stored securely. Staff checked the money at staff handovers and it was stored securely. This meant systems were in place to reduce the risk of financial abuse. We counted people's money and found the amounts held tallied with the amounts recorded.

Risk assessments were in place which included information about how to support people in a safe manner and mitigate any risks they faced. These included risks associated with behaviours that challenged the service. We saw the service had worked with the local authority psychology team with one person who had exhibited behaviours that challenged the service. They had drawn up guidelines to help staff support the person. The guidelines included information about indicators that the person may become distressed and how staff were to respond in such situations.

Staff had a good understanding of how to support people who exhibited behaviours that challenged the service. They told us it helped to talk to people about subjects they were interested in and gave them space and time to calm down. The emphasis was on de-escalating the situation. The registered manager and care staff told us they did not use any form of physical restraint at the service.

Other risk assessments in place covered medical conditions, finances and accessing the community. Positive risk taking assessments were in place. For example, it was assessed for one person to have prescribed creams kept in their bedrooms as opposed to the medicine cabinet which promoted their independence and sense of ownership and responsibility.

We found that missing person's profiles were in place which included a description of the person and information about where they may have gone. However, for one person there was no photograph of the person on their profile. We discussed this with the registered manager who said they would address this issue.

Staff told us they thought there were enough staff on shift to meet people's needs. One staff member said,

"There are always two staff on shift and if we have any activities we get another to come in." We observed there were enough staff on duty during our inspection to meet people's needs. When people needed support this was provided in a prompt manner.

Staff told us the provider carried out checks before they commenced working at the service. Staff records showed that the provider had carried out various checks on prospective staff. These included proof of identification, employment references and criminal records checks. The service also checked staff's residence and visa status to ensure they were legally allowed to work in the UK. However, we found that the visa for one staff member has expired on 1 September 2015. We discussed this with the registered manager who was not aware of this. We noted that the registered manager took immediate action to prevent this staff member from working at the service until they were able to demonstrate a legal entitlement to work in the UK.

The service had systems in place to promote the safe administration of medicines. Medicines were stored securely in cabinets which were stored in a locked and designated medicines room. Records were maintained of medicines entering the service and of those that were disposed of. Weekly medicines audits were carried out to check medicines were being administered appropriately and to check the amounts held in stock. Where people had been prescribed 'as required' (PRN) medicines clear guidelines were in place to advise staff on when they should be administered. Staff had undertaken training about the safe administration of medicines.

Medicine administration record (MAR) charts were in place which included the name, strength, dose and form of the medicine. Staff signed these each time they administered a medicine to a person. We checked MAR charts for a three week period leading up to the date of our inspection and found them to be accurate and up to date.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of the service we found that staff had not had an appraisal of their performance and development needs. At this inspection we found that issue had been addressed and records showed that staff had been given an annual appraisal.

Staff told us they had regular one to one supervision with their line manager. One member of staff told us, "We do it [supervision] every month. She [registered manager] asks how I am feeling, how I am getting on with the staff, with the residents." Records of staff supervision showed they covered areas including training, personal development, performance and areas of improvement.

Staff undertook an induction programme on commencing work at the service. This involved shadowing experienced members of staff and completing the Care Certificate. The Care Certificate is a training programme designed for staff that are new to working in social care. Staff had access to on-going training and records showed staff had undertaken training about health & safety, safeguarding adults, MCA and DoLS, first aid, food safety, equality & diversity and how to work with people with acquired brain injury.

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).

Where DoLS authorisation were in place we saw the service had followed due process in making it's applications. They had also notified the Care Quality Commission of DoLS authorisations.

We saw mental capacity assessments were in place for people, for example about taking prescribed medicines and managing finances. Care plans contained information about how people expressed consent or otherwise to care. For example, the care plan for one person included information about how they gave consent for staff to administer medicines, it stated, "I will smile and nod my head for yes. If I do not want to take my medication I will push you away and get you to leave my room, I will say no and shake my head in disagreement."

When we arrived at the service we found some people were up and one person was still in bed. The registered manager told us the usually got up about 11am. This showed people were able to make choices about what time they got up. Staff explained to us how they supported people to make choices. For example, one staff member said, "We show them options with clothes and say which one do you want? If they say none we get another one for them."

People told us they had sufficient to eat and drink and that they had choice about food. One person said, "Staff knows I don't like rice so they give me pasta which I like." Another person said, "There is plenty of choice of food and drink when I want them." Staff told us how they supported people to make choices about what they ate. For example, one staff member said, "For breakfast we have a variety of cereals and he [person that used the service] points to what he wants." They told us that the weekly menu was planned at a weekly meeting. Visual aids were used to support people to make choices about their food. The staff member said, "We have a book with food photographs, we sit with them on Sunday and ask them what they want to eat for that week." Another staff member said, "We ask them what [food] they would like to have and they tell us."

We saw that the service worked with other care providers to meet people's needs. For example, the care plan for one person stated they had diabetes and that the district nurse was responsible for administering insulin to this person on a daily basis. We saw that the district nurse was at the service for this purpose on the day of our inspection. The service was proactive in engaging with health care professionals. For example, records showed they made a referral to the Community Mental Health Team for one person who was exhibiting behaviours that challenged the service. Records showed people had access to health care professionals as appropriate, including GP's, opticians, foot clinics and dentists. Two people that used the service attended a centre especially for people with acquired brain injuries where they had access to occupational therapists, physiotherapists, speech and language therapists, sensory sessions and outings.

A 'My Health' booklet was in place for people which set out how to promote their health. This included details of any medical conditions they had and prescribed medicines and what they were for. They also included information about supporting people to understand their health needs and what they needed to do to stay healthy, for example through diet and exercise.

We saw that most people had a 'Hospital Passport' in place but one person did not. We further found that those in place had not been completed fully. The Hospital passport was a document designed to help hospital staff understand the needs of the person in the event of them being admitted to hospital. We found sections had not been completed about allergies people had, their medical history, how to support people if they were anxious or what support they needed with personal care. We recommend that the service ensures that Hospital Passports are in place for all people using the service and that they contain the required information.

Good

Is the service caring?

Our findings

People told us they were treated with respect by staff and that their privacy was respected. One person said, "Staff always knocks on my door and only come in when I say so." Another person told us, "I have my own front door keys I can go out when I want to." Another person said of the service, "I love it all."

We observed staff interacting with people in a friendly and respectful manner throughout our inspection. People were at ease and relaxed in the company of staff. For example, we saw one person enjoying a game of dominoes with a member of staff.

Staff told us they promoted people's independence when providing support with personal care by encouraging people to do as much for themselves as they were able to. One staff member said, "I ask him [person that used the service] can I do your back? We show him what to do, he does his private parts but we help him with his legs."

Care plans included information about supporting people with their independence. For example, one care plan stated, "[Person that used the service] likes to prepare his own breakfast but will often ask staff if he can have boiled eggs. He likes staff to do this for him. This showed people had choice. Another care plan stated, "It is important that staff continue to prompt [person that used the service] with personal care and avoid the use of negative terminology such as 'you said you were going to do it half an hour ago'." This showed staff were expected to support people to manage their own personal care in a sensitive manner.

Staff were aware of how to promote people's privacy. One staff member said, "We knock on the door and he asks you to come in. We close the door when we are in with him." The same staff member said of providing support with personal care to people, "I ask myself would I do this to my son, to my father. If it was them would I be happy to do it like this?" Another staff member said, "I have to maintain dignity, I make sure the door is closed. I have to ask if they are ready for personal care and if they are OK for me to do it. When I am doing personal care I ask them what they would prefer." The same staff member added, "If I am doing personal care I let them do what they can do for themselves as I don't want to take away their independence."

The registered manager told us about how the service supported people's independence. For example, each person was involved in a self-catering programme. This involved choosing what they wanted to cook, doing the shopping and planning the budget and cooking the food themselves with staff support as required. Work had also been done with people to familiarise them with the local area and routes to and from the home to shops and places of worship to support people to go to these places independently.

We observed staff supporting a person to make a cup of tea. Their risk assessment stated that there was a risk associated with them using electrical equipment. We saw staff provided support that enabled the person to maintain as much independence as possible but in a safe manner in line with their risk assessment.

Care plans included information about people's life history, for example about their family and employment. This meant staff were able to gain an understanding of the person to help them build relationships with them.

One person did not speak English as a first language and the registered manager told us they had specifically recruited a staff member to work at the service who shared the person's first language. We saw that the service was seeking to meet this person's religious and cultural needs. For example, they were supported to attend a place of worship and culturally appropriate food was provided. Two other people were supported to go to a different place of worship by staff.

We looked at two people's bedrooms with their permission. These contained personal possessions such as family photographs and religious iconography. Bedrooms were all ensuite with a toilet, shower or bath and hand basin. This helped to promote people's privacy. People had their own keys for their bedrooms. We saw that communal bathrooms and toilets had locks fitted which included an emergency override device which helped to promote privacy and safety.

Good

Is the service responsive?

Our findings

At out last inspection of this service in February 2015 we found they did not always investigate complaints that had been made. During this inspection we found that issue had been addressed. The registered manager told us there had been one complaint received since the last inspection. Records showed this had been investigated in line with the complaints procedure and resolved to the satisfaction of the complainant.

The service had a complaints procedure in place. This included timescales for responding to any complaints made. However, the complaints procedure did not include details of whom people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who showed us they had put this information on display within the communal area of the home. People were aware of who they could complain to if they were not happy with anything.

People told us they were involved in planning their care. One person said, "The staff are good. My keyworker meets with me to talk about my support, they always ask me to read it and we discuss if I don't agree with it."

We saw that for the one person that had moved in to the service since our last inspection a pre-admission assessment of need had been carried out by the registered manager. The purpose of this was to determine if the service was suitable for the person and able to meet their needs. The assessment documentation included a section entitled 'How I want to live my life'. This meant the assessment was in part designed to reflect the views of the person and to consider what was important to them. We saw this included information about their preferred food, religion and culture and social and leisure activities. Records showed that the service was supporting the person with these needs.

We saw there was a detailed transition plan in place covering the first week after the person moved in. This included information about what had to be done to support a smooth move to the service, which included a named responsible staff for each task. That staff member had to sign to indicate that the task had been completed. Tasks included making sure that all medicines were in stock and properly recorded and applying for an urgent DoLS authorisation and making sure there was culturally appropriate food available.

We saw that care plans were in place for people. These included care plans about epilepsy management, food and nutrition, communication and personal care. The registered manager told us the service was in the process of introducing a new system of care planning that was more person centred and included more measurable goals. The existing care plans did contain some personalised information about meeting people's needs. For example, one care plan stated, "It is important to remember that I am an old age pensioner and treat me as an older person when asking me to do thongs" and "I like reading quietly in my room and love words and their meanings."

The registered manager told us they actively sought the involvement of people's family in the care planning process. This was because people using the service often had memory loss and family members were able to provide information about their personal history and likes and dislikes. People had a monthly keyworker

review where elements of their care plans were reviewed. In addition daily records were maintained to monitor progress being made with care plans. This helped to keep care plans up to date so that they were able to reflect people's needs as they changed over time.

Care plans included a weekly timetable that included various activities people took part in. We saw that these activities were provided during the course of our inspection. For example, a person went to a day service on the day of our visit which was in line with the information on their weekly timetable.

The registered manager told us that people were involved in a variety of social and leisure activities. People attended various day centres which offered opportunities for gardening, photography, art therapy, music therapy and day trips. In addition the home arranged occasional day trips, for example to the London Eye and a boat trip on the Thames.

Staff we spoke with had a good understanding of people's needs. One staff member said, "Knowing each individual is important to have a person centred approach, it really helps in supporting people."

Good

Is the service well-led?

Our findings

People told us they found the registered manager to be helpful and supportive. One person said, "[Registered manager] is good. I can talk to her if I was unhappy about anything."

At the last inspection of this service we found there was no registered manager in place. Since then a registered manager has been appointed to manage the service. The manager was supported in the running of the service by a senior support worker. Staff spoke positively about the registered manager. One staff member said, She [registered manager] was supportive when I told her about my weakness (using computers). Sometimes we do it together and she shows me how to do it." Another staff member said, "Yes, she [registered manager] is helpful when I have approached her. She said to me if I am not sure of anything come and ask her."

The service had a 24-hour on-call system which meant senior staff were always available to provide support if needed. We saw that the on-call number was on display to make it easily accessible to staff.

At the time of our inspection the service was in the process of being taken over by a new provider. The registered manager was transferring to the new provider as were some of the staff team which provided some continuity to the service. The new provider was introducing its own quality assurance systems partly to replace and partly to complement the existing quality assurance systems.

The new quality assurance systems included a manager from another service run by the same provider visiting the service every two months to carry out an audit. These audits were in line with the issues the Care Quality Commission looked at during inspections, i.e. was the service safe, effective, caring, responsive and well-led.

In addition the provider employed an external agency to carry out audits of the service. An audit took place on 7 September 2015 which produced a report with areas that needed to be addressed. They then visited again on 10 February 2016 and found some progress had been made, for example the quality of daily records relating to people had improved and become more person centred and recording had improved around people giving consent to care. But there was still work needed in other areas. For example, the care plans still needed further development to include achievable and measurable objectives for people. The registered manager was aware of this and was in the process of updating care plans for people.

The registered manager said that in house they and the senior support worker carried out their own audits. Records showed this included weekly audits of medicines and people's finances. A monthly health and safety audit was carried out. This included checking health and safety records such as water temperature and fridge freezer temperatures. The January 2016 health and safety audit highlighted that fire extinguishers in the home were overdue a service and action had been taken to address this. There was a monthly audit of care files and the most recent one highlighted that care plans needed to be updated to the new system. The registered manager told us this took time as they wanted care plans to be comprehensive documents and that they wanted to involve people's family in developing them. They said they planned to have all care

plans updated by the end of March 2016.

The registered manager explained why there had not been any surveys of people or other stakeholders since the last inspection. The service had been run by three different providers within the space of five months. The first provider went in to administration, the second was only a temporary provider appointed by the court until a permanent provider was found, which was in place at the time of our inspection. The registered manager said, "It was a mess, there was uncertainty about what systems we were supposed to be using [to carry out surveys]." They told us the new provider planned to carry out a survey of stakeholders in March 2016.

The registered manager told us, "We have staff meetings once a month, every month." Records confirmed that this was the case. We looked at the most recent staff meeting minutes from the meeting on 28 January 2016. These evidenced discussions about care services duty of candour, medicines and training. The meeting was also used as a learning exercise with a discussion about safeguarding issues.

People that used the service were able to provide feedback through their monthly keyworker meetings and two weekly residents meetings. Minutes from these meetings showed they included discussions about the menu, activities and outings, maintenance and people's responsibility for household tasks at the home.