

Consensus Support Services Limited

46 The Grove

Inspection report

46 The Grove
Isleworth
Middlesex
TW7 4JF

Tel: 02085685660

Date of inspection visit:
15 August 2018

Date of publication:
18 September 2018

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

This inspection took place on 15 August 2018 and was unannounced. The last inspection of the service was on 17 and 19 February 2016 when we found the service was meeting the fundamental standards and rated it as good.

The provider, Consensus Support Services Limited, provides support and accommodation for individuals with a learning disability, autism and complex needs. 46 The Grove is a care home that provides care and accommodation for up to seven people with a learning disability. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager who also manages another of the provider's locations at 48 The Grove. 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 provider had systems to keep people safe from abuse. Staff understood these and had completed safeguarding training.

The provider assessed possible risks to people and acted to mitigate any risks they identified.

People received the medicines they needed safely and as prescribed. Care staff understood people's nutritional care needs and made sure they received varied and nutritious meals in the service. People received support with their health care needs from their GP, other NHS services and specialist learning disability services.

There were enough care staff to meet people's support needs. The provider carried out checks on new staff to make sure they were suitable to work in the service. Care staff had the training they needed to provide effective care and support to people using the service.

The service provided a good standard of accommodation with sufficient private and communal space for people to spend time on their own or with others.

Care staff sought consent from people when they provided care and support. People were not deprived of their liberty unlawfully.

Care staff were kind and caring. They understood the care needs of people they supported and treated them with respect and compassion.

People's care records showed that care staff involved them in making decisions about their care and support.

Throughout the inspection we saw that care staff respected people's privacy and dignity and encouraged independence.

The registered manager, team leaders and care staff assessed and reviewed people's care needs. People had a person-centred support plan that reflected their wishes and aspirations.

People's support plans included information about their cultural and religious support needs.

The provider had a policy and procedures for responding to any complaints they received.

The service had a manager who registered with the Care Quality Commission (CQC) in 2012.

Care staff told us they felt supported and the service was well led.

The provider consulted people using the service, their relatives and representatives and care staff about the care and support people received and ways they could improve service delivery.

The provider had a clear strategy, aim and vision for the continued improvement of people's lives.

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.

The provider had systems to keep people safe from abuse. Staff understood these and had completed safeguarding training.

The provider assessed possible risks to people and acted to mitigate any risks they identified.

People received the medicines they needed safely and as prescribed.

There were enough care staff to meet people's support needs. The provider carried out checks on new staff to make sure they were suitable to work in the service.

Is the service effective?

Good 

The service was effective.

Care staff had the training they needed to provide effective care and support to people using the service.

Care staff understood people's nutritional care needs and made sure they received varied and nutritious meals in the service.

People received support with their health care needs from their GP, other NHS services and specialist learning disability services.

The service provides a good standard of accommodation with sufficient private and communal space for people to spend time on their own or with others.

Care staff sought consent from people when they provided care and support. People were not deprived of their liberty unlawfully.

Is the service caring?

Good 

The service was caring.

Care staff were kind and caring. They understood the care needs of people they supported and treated them with respect and

compassion.

People's care records showed that care staff involved them in making decisions about their care and support.

Throughout the inspection we saw that care staff respected people's privacy and dignity and encouraged independence.

Is the service responsive?

Good ●

The service was responsive.

The registered manager, team leaders and care staff assessed and reviewed people's care needs. People had a person-centred support plan that reflected their wishes and aspirations.

People's support plans included information about their cultural and religious support needs.

The provider had a policy and procedures for responding to any complaints they received.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who registered with the Care Quality Commission (CQC) in 2012.

Care staff told us they felt supported and the service was well led.

The provider consulted people using the service, their relatives and representatives and care staff about the care and support people received and ways they could improve service delivery.

The provider had a clear strategy, aim and vision for the continued improvement of people's lives.

46 The Grove

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 15 August 2018 and was unannounced. One inspector and an assistant inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the location. This included previous inspection reports and statutory notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also reviewed the Provider Information Return (PIR) we received in January 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted 12 health and social care professionals who the provider told us worked with people using the service. We received comments from two people.

People using the service had complex care needs and we could not communicate with most people verbally. We spent time observing care staff supporting and engaging with people, reviewed two people's care records, three staff members' recruitment and training records and two people's medication and financial management records. We also checked other records the provider, registered manager and care staff maintained related to the day to day running of the service. This included audits and checks the provider carried out to monitor quality in the service, staff meeting minutes, equipment service records, accident and incident forms. We also spoke with four members of staff, the registered manager and two relatives.

Following the inspection we spoke with the relatives of two people using the service.

Is the service safe?

Our findings

People's relatives told us they felt people were cared for safely in the service. One relative told us, "Yes I think my [family member] is safe, they have regular family visits and we have never been worried about their safety." A health care professional told us, "I have never had to raise any safety issues during my visits."

The provider had systems in place to protect people using the service from abuse. They had reviewed their safeguarding policy and procedures in 2017 and the next review was due in October 2018. The procedures gave staff clear guidance on actions they should take if they had any concerns about people using the service. Staff we spoke with during this inspection understood the provider's procedures. They could tell us how they protected people from abuse and what they would do if they had concerns. Their comments included, "Yes, we have to protect the people we support from any kind of harm. If I did witness anything I would report it to my manager" and "I would report it to my manager and go to the operations manager if the manager is not doing anything. I've had safeguarding training."

In the Provider Information Return (PIR) they sent us in January 2018, the registered manager told us, "Risk assessments are in place for all supported individuals who express behaviours that challenge, the risk assessment containing information relating to types of challenging behaviour, antecedents to the behaviour, possible consequences to the behaviour including the effects on other supported individuals and methods to quell such behaviour. Risk assessment and support documentation provides evidence to show that restraint is only used as a last resort and other methods of quelling challenging behaviour are used first. The service is supported by an independent Positive Behaviour Intervention Team."

During the inspection we saw that the provider had completed risk assessments for challenging behaviours, moving and handling, nutrition and accessing community activities. The assessments included clear guidance for care staff on how to mitigate risks the provider identified. The registered manager and care staff reviewed the risk assessments monthly and we saw they referred people to specialist support services, when required. This included the provider's own Positive Behaviour Intervention Team and Speech and Language Therapy services.

The provider carried out checks on new staff before they started to work with people using the service. The recruitment records we checked included an application form, interview record, references from previous employers, proof of the person's identity and right to work in the UK and a Disclosure and Barring Service (DBS) check. Care staff told us the provider had carried out these checks before they started work. One member of staff told us, "I had a DBS check, interview, two weeks induction, and references were checked."

People's relatives told us there were usually enough care staff available to support people. One relative told us, "[Person's name] needs two staff when they go out. They have it well organised and they don't usually wait very long for support." A second relative commented, "The staff change quite often but there are enough of them. My [family member] gets the help they need." When we asked care staff if there were enough staff on duty their comments included, "Sometimes yes, sometimes no, it's so difficult in care these days. They try to get people, they stay for induction maybe six months then they leave" and "There is a big

shortage of staff, [the registered manager] is trying his best, but we have people who come and leave after a week." We asked the registered manager to respond to this and they told us this had happened on one occasion when a new member of staff realised the job was not right for them and left after about a week.

People received their medicines safely and as prescribed. The provider had a medicines policy and procedures they reviewed regularly, all medicines were securely stored and care staff completed and recorded daily balance checks of people's medicines. This helped to ensure errors were kept to a minimum and provided the opportunity to highlight any errors quickly. Some people using the service needed their medicines to be given covertly, in their food or drinks. The registered manager had arranged 'best interests' meetings to agree this and reviewed the arrangements with people's GPs to ensure the practice was still valid and lawful. When people needed PRN ('as required') medicines, care staff had the information they needed and the provider had agreed the frequency and dosage of the medicine with each person's GP. Training records showed staff had completed medicines training and competency assessments and those we spoke with demonstrated a good knowledge and understanding of people's medicines.

The provider had systems in place for infection control and staff understood and followed these. Training records showed staff had completed infection control and food hygiene training and they were able to tell us about their responsibilities. During the inspection we found that all parts of the service were clean, tidy and free from offensive odours. The kitchen was clean and cooked food stored in the fridge was covered and dated.

However, the record of food storage temperatures in the service's two fridges and two freezers showed that care staff were not always following the provider's guidance on safe food storage. Care staff kept a daily record of fridge and freezer temperatures but the recorded temperatures were outside the provider's recommended temperatures for safe food storage. We discussed this with the registered manager who told us they would speak to staff to make sure they recorded temperatures first thing each morning to ensure they maintained an accurate record. They also told us that if this did not resolve the issue we identified they would arrange to replace the equipment.

The provider arranged for regular inspections and servicing of fire safety equipment, electrical safety, gas safety and legionella testing. The registered manager also told us an external company carried out a health and safety audit and the provider included any action they needed to take in the service's continuous improvement plan. For example, we saw that health and safety checks had identified the need to make window opening restrictors more secure and the provider had arranged for anti-tamper screws to be used.

Is the service effective?

Our findings

A social care professional commented, "The service could be more effective. I believe consistent staffing would make a difference, however I understand that keeping and recruiting staff in the social care industry in West London can be difficult." A health care professional told us, "The treatment plan and any advice following my consultations are carried out effectively."

The provider had policies and procedures for the service and they kept these under review. The policies referred to best practice guidance from appropriate organisations that included the Royal Pharmaceutical Society, the National Institute for Care and Health Excellence, the NHS and the Care Quality Commission. The care records we reviewed included detailed assessments of people's care and support needs and these referred to current legislation and best practice guidelines. For example, the provider's medicines management policy and procedures referred to guidance from the Royal Pharmaceutical Society and their safeguarding policy was in line with the local authority's and pan-London guidance.

The registered manager and care staff reviewed their assessments of people's care needs to make sure they included any changes. For example, where they needed to monitor people's weight for health reasons, care staff did this each month. They also reviewed any incidents of challenging behaviour with support from the provider's Positive Behaviour Intervention Team and relevant health and social care professionals.

Care staff received the training they needed to care for and support people effectively. In the Provider Information Return they sent us in January 2018, the provider confirmed they had introduced the Care Certificate for staff who were new to working in social care services. This is an identified set of 15 standards which health and social care staff should adhere to in their daily working life. They told us 12 members of staff had completed their Care Certificate training and the records we saw confirmed this.

In addition, care staff completed training the provider considered mandatory and additional training that was specific to the care needs of people using the service. Mandatory training included, health and safety, medicines management, safeguarding, food safety and infection control. Record showed care staff had completed additional training in epilepsy and responding to challenging behaviours. Care staff told us they found the training helpful. Their comments included, "The training is good, useful and there is a lot of it. I was impressed with it, I learnt a lot" and "I've done all the training and the refreshers make your knowledge fresh, they give you time to remember what you have learnt."

Care staff recorded people's nutritional needs in their care plans. We saw that people's care records included information about allergies and foods they liked and disliked and the service had a menu that reflected these. Care staff also told us that people could choose alternatives if they did not want to eat what was planned on the menu. During the inspection we saw a member of the care staff team encouraged a person using the service to help them prepare the vegetables for the evening meal.

People's care records included information about their health care needs and how care staff met these in the service. Each of the care records we reviewed included a health action plan that care staff had updated

within the last 12 months. This included important information about people's general health, as well as more detailed information about specialist care needs, for example epilepsy. The plans included clear guidance for care staff on supporting people to regular appointments with their GP or other health care professionals. Care staff had also completed a 'hospital passport' for people to take if they were admitted to hospital. This included information about the person's health and personal care needs, communication, likes and dislikes. This information would help hospital staff understand how best to support the person during a stay in hospital. People's health care records also included details of appointments with the optician, dentist, psychiatry and learning disability services. Where a health care professional identified the need to update a person's care plan, care staff did this. For example, when care staff identified that a person was not taking their medicines, they agreed with the GP that it was in the person's best interests to administer the medicines covertly in their food and drink. However, care staff had clear guidance that this should be done only as a last resort, if they could not persuade the person to take their medicines orally.

46 The Grove is a large, converted, detached residential property and we saw that it provided a good standard of accommodation for people using the service. The property is spacious and each person had their own bedroom with ensuite facilities. In addition there was a range of communal areas where people could spend time, including a dining room, lounge, sensory room and garden. During the inspection we saw some people chose to spend time alone or with others in the communal areas and others chose to spend time in their own rooms. Staff always respected people's choices about where they spent their time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found the registered manager fully understood their responsibilities under the Act. Where staff believed a person using the service was unable to make decisions about aspects of their care and support, they arranged for an assessment of the person's mental capacity. If the assessment confirmed the person could not make a decision about an aspect of their care, the registered manager arranged for a 'best interests' meeting with family members, health and social care professionals. Records showed that the provider held best interest meetings to discuss people's medicines and, where it was agreed to be in their best interests, a decision was made to administer medicines covertly, in the person's food or drinks.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When necessary, the registered manager applied to the local authority for authorisation to ensure people's safety. For example, people using the service could not go out safely without support from one or two care workers. On occasion, a person might have to wait until enough care workers were available before they could go out. Also, the provider locked some doors in the service to keep people safe. We saw that the registered manager had consulted local authorities responsible for people's placements in the service about these restrictions and they had been approved. The registered manager was aware of their responsibility to notify the Care Quality Commission of the outcome of any application to deprive a person of their liberty and they did this.

Is the service caring?

Our findings

People using the service and their relatives told us the care workers were kind and caring. One person told us, "I like them [the staff], I like my key worker." A relative commented, "The staff are very caring. I always talk to [family member's] key worker and they sort anything out. They are lovely." A second relative told us, "They are very caring. They understand the support [person's name] needs and they are very patient." A social care professional also told us, "The home seems to be caring and responsive." A health care professional said, "I am happy with the care [my client] receives from his carers, monitoring their health and following any agreed action plan."

During the inspection we saw many positive interactions between care staff and people using the service. The care staff knew people well and understood their support needs and the ways they communicated these. People did not wait for support, care staff anticipated people's needs and made sure that they offered each person opportunities to take part in activities in the service and outside in the local community. Where people chose not to participate in an activity they were offered, the care staff respected this choice.

People's care records showed that care staff involved them in making decisions about their care and support. When we asked care staff how they involved people, their comments included, "I ask them and when they want to eat I ask them to show me what they want to eat and they do that. I also give them the choice to make things" and "We have risk assessments and personal support folders, I check what the person's capacity is, what does the support plan say, how do they communicate." The care records we saw included details of what people could do for themselves and areas where they needed support. For example, one person's care plan said, "I will decide when I want a shave and will ask for assistance" and "I may choose to eat after other people or out in the garden."

Throughout the inspection we saw that care staff respected people's privacy and dignity and encouraged independence. They allowed people to choose where they wanted to spend time and with whom. One person preferred to be on their own for parts of the day and the care staff facilitated this. Others preferred spending time with the care staff and other people using the service and we saw care staff spent time with them in the communal areas, chatting, watching TV or playing games. The atmosphere throughout the day was relaxed and people using the service were comfortable in the presence of care staff.

When we asked care staff how they respected people's privacy and dignity they told us, "I talk with them, reassure them that everything is alright, that I'm there to support them and give them help. Treating them with respect, I'm applying what I've been through. Reassuring them that you are there" and "I look at their support plan, risk assessment, and if they have capacity. I think about these and watch and observe what they need. I also talk to the senior team leader who's known them for 10 years."

Is the service responsive?

Our findings

In their Provider Information Return (PIR) they sent us in January 2018, the registered manager said, "The service sends out regular questionnaires to people we support and their wishes are taken into consideration as much as possible in all aspects of decision making which may affect their everyday lives. The supported individuals' involvement in the support planning process is viewed as pivotal to ensuring appropriate planning where the supported individuals' wishes and rights are taken into consideration. Regular house meetings are held and there is clear evidence of actions taken in response to supported individuals' queries or desires."

The provider assessed people's care and support needs and used their assessments to develop a support plan to meet the needs they identified. The support plans we reviewed were written in a person-centred way and used 'I' statements to reflect people's abilities, aspirations, care and support needs. Each plan included clear aims and objectives to show what the person wanted to achieve, for example continued attendance at activity sessions outside the service, a holiday and support to increase independence in managing their personal care. Plans covered people's health and social care needs, community access, nutrition, communication, involvement and inclusion.

Care staff reviewed each area of a person's support plan every month and the registered manager arranged for an annual review with relatives, health and social care professionals. We saw the provider acted when support plan reviews identified a change in a person's care needs. For example, they referred people to clinicians including speech and language therapists, psychiatry services and the provider's own Positive Behaviour Intervention Team.

Support plans also included information about people's cultural and religious support needs. When we asked care staff how they met these needs, they told us, "Get information from the support plan and personal files. We maintain relationships with their families so we know what they believe in. We have one person who is religious, he goes to temple, we take him there and we put posters on his walls" and "We respect people's culture and religion, it's about their quality of life. [Person's name] is vegetarian through his religion. It's his right and his choice, we respect it and don't question it."

People using the service took part in a range of different activities, in the service and the local community. During the inspection, most people went out for part of the day, shopping, for a walk or a drive in the service's transport. People's support plans included a 'perfect week' chart that care staff used to record people's preferred activities. The charts showed each person was offered opportunities to take part in activities they chose. We saw that care staff offered people the chance to take part and if they refused, staff respected this choice and offered alternative activities.

The provider had a policy and procedures for responding to any complaints they received. People's relatives told us they knew about the procedures but had never needed to use them. One relative commented, "There's never been any reason to complain. If there's anything I want to talk about I ask to see [the registered manager]." A second relative told us, "Never needed it [the complaints procedure]. I speak with

the staff or the manager if there's a problem and it's sorted out."

We saw the provider maintained a record of complaints and concerns they had received and this included details of their investigation and the outcome. Although there had been no recent complaints, the records showed the provider responded to any complaints in line with their procedures.

Is the service well-led?

Our findings

People's relatives told us they knew who the registered manager was and said they were professional and approachable. One relative said, "[Registered manager's name] is very good, he will make time to listen if there is anything I need to talk about." A health care professional commented, "The current manager shows good leadership quality, is efficient and is fully aware of each client's needs. He is a committed team member and supports his staff." A social care professional told us, "During my involvement with dealing one of my service users living at 46 The Grove I have not identified any safety concerns. The home manager seems to be doing a good job and manages the service well."

The service had a manager who registered with the Care Quality Commission (CQC) in 2012. The manager was also registered with CQC to manage another of the provider's services next door to 46 The Grove. They told us they attended regular managers' meetings the provider organised and this helped them to keep up to date with developments in social care. They also told us they had completed a programme for Future Leaders – "a programme certified by the Institute of Leadership and Management (ILM) which is aimed at established managers to attain new skills and promotional opportunities."

Care staff told us they felt supported and the service was well led. Their comments included, "Yes, I am supported with all the issues that I have. If I'm stuck I'll just ask and I'll receive the support that I need," "Yes, I think the service is well-led. We have staff meeting and any issues we have we talk through and find a way to resolve them, to improve, especially improve their (service users') quality of life," "I feel supported by [senior staff]. I work with them the most. I can always talk to them, we can talk and they will explain things so that I can understand" and "It's a good team here, we have a good manager and we can always ask any of the team for advice."

The provider consulted people using the service, their relatives and representatives and care staff about the care and support people received and ways they could improve service delivery. The provider's quality assurance policy included the involvement of people through regular recorded meetings with their key worker and engagement with senior managers as part of monitoring visits and we saw examples of these in people's care records.

The provider had systems to monitor quality in the service and make improvements. A senior manager carried out monthly quality assurance visits to the service and produced a report for the registered manager. They looked at the environment, checked records and spent time talking with care staff and people using the service. Where the visits identified areas for improvement, the registered manager acted to make sure they addressed these. For example, they had completed repairs that were needed to make the service safe for people and ensured that all staff had access to the monitoring reports so they were aware of areas of good practice and where they needed to improve or change the ways they worked with people.

The provider had established groups to monitor quality across the organisation. The continuous improvement group included representatives from services and met to review incidents and accidents, feedback from complaints and compliments and safeguarding referrals. We saw the continuous

improvement reports for the service that covered 2017 and 2018. These showed the provider had reviewed areas including accident and incidents, complaints and compliments, Deprivation of Liberty Safeguards (DoLS) applications and the use of 'as required' (PRN) medicines.

We also saw minutes of a meeting of the provider's best practice group meetings held in May and July 2018. The group looked at stopping Over Medication of People with a Learning Disability (STOMP), quality questionnaires, forms and policies, water safety checks, verbal abuse of care staff, infection control and health and safety checks.

These records showed the provider involved and listened to people using services and staff to develop and improve the care and support they provided. The provider also told us, "Consensus has established a project group called Best Practice Group which meets on a quarterly basis and is chaired by a Service Manager elected by the group and is made up of staff at all levels across Consensus, with each region having two representatives. The group looks specifically at things like our Policies & Procedures, reflecting on & sharing best practice, latest initiatives & how we respond to these (ie: Government, regulatory & other organisations papers) & how we can improve on practice."

The provider also completed a quality and safety audit of the service in May 2017. The registered manager told us they had completed all the outstanding actions in the report. They also said the audit had been repeated in 2018 and they were waiting for the report and action plan.

We saw there was a clear emphasis from the provider, registered manager and care staff on encouraging and supporting people to lead as fulfilling a life as possible. They supported people to identify and achieve goals and they kept clear records of people's achievements. Where monthly or annual care plans reviews showed that there was a need to adapt a person's goals or objectives, the care staff worked with the person, their family and clinicians to make the necessary changes.

The provider had a clear strategy, aim and vision for the continued improvement of people's lives. On their website they said, "We're passionate about enabling the individuals we support to live a meaningful, fulfilling life. We use person centred planning, putting them at the heart of everything we do. They play an active part in decisions about how they want to live their life, and the goals they want to achieve". The registered manager and care staff we spoke with understood the provider's strategy and vision and could tell us how they contributed to its success. The provider's operations manager held regular meetings with the registered manager and spoke with care staff to discuss what was working and what they needed to improve.

The registered manager told us the approach of the provider was to provide staff with a focused career path, with opportunities for continued professional development and for promotion. This ensured that dedicated and experienced staff were in place to work with the registered manager to provide people with continued high-quality care and support. The provider had a clear progression path for care staff and team leaders in the service told us they had started their careers as support workers. This enabled the home to continue operating effectively when the registered manager was away. This was especially important as the registered manager was also responsible for a second service and split his time between the two homes.

Care staff told us they felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

