

Consensus Support Services Limited

Belstead Villa

Inspection report

52 Belstead Road
Ipswich
Suffolk
IP2 8BB

Tel: 01473786620
Website: www.consensussupport.com

Date of inspection visit:
23 January 2020

Date of publication:
31 March 2020

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

Belstead Villa provides accommodation, care and support for up to four adults with a learning disability, autistic spectrum conditions and associated complex needs. There were four people living in the service when we inspected on 24 January 2020.

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/or 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 supported by sufficient numbers of staff that had been recruited safely and had checks undertaken to ensure they were suitable for their role. People had their medicines on time and all areas of service were clean and tidy.

Staff had suitable training and experience. People had their health needs identified and supported. Menus were flexible and based on people's likes and dislikes. The staff team were aware of their responsibilities under the Mental Capacity Act 2005. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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.

People received a service that was caring. Staff knew people well and treated them with respect and kindness. Staff knew people's needs well and were responsive and supportive.

The service was well managed by a very experienced registered manager. They involved people, staff, and relatives in the way it was run and kept them up to date with developments, progress and changes. The registered manager was proactive in researching the latest developments in support for people who have a

learning disability and/or autism.

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

Rating at last inspection

The last rating for this service was Good (published 18 August 2017). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belstead Villa on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Belstead Villa

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

This inspection was undertaken by one inspector.

Service and service type

Belstead Villa 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 both were looked at 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 gave a very short period 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 home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

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.

During the inspection

We met with two people who used the service. They had complex support needs which meant they could not always verbally communicate with us verbally feedback about their support. When not verbalising their views, they communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way they interacted with the staff and registered manager in their surroundings and also spoke with a visiting relative. We received feedback from four health and social care professionals.

We spoke with six members of staff including the registered manager, the operational lead for the provider and support staff.

We reviewed a range of records. This included one person's care records and medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- A relative we spoke with told us that they had no concerns about their family members safety at Belstead Villa.
- Staff knew how to recognise abuse and harm and the steps they could take to help protect people from it.
- Staff had received training in how to keep people safe and described the actions they would take if they had a safeguarding concern.

Assessing risk, safety monitoring and management

- Staff were trained to use positive behaviour support methods and plans to help reassure people who became anxious or distressed. These were detailed and personalised and set out the support people needed to manage any distressed behaviours that challenged themselves, staff and other people. The plans included clear information about potential triggers, signs for staff to look out for and actions needed to de-escalate situations.
- People had risk assessments in place to aid their safety, independence and promote social inclusion. Risk assessments included measures to minimise and reduce risks as much as possible. For example, where a person's behaviour was unpredictable when travelling in the car, a detailed risk assessment and behaviour support plan helped staff identify steps to take to help prevent further escalation. For example, this included information for staff on where to sit in the car and the level of support the person required.

Staffing and recruitment

- People were supported by a core team of staff they knew well. The registered manager had faced some staffing and recruitment challenges over recent months however existing staff worked flexibly to cover any shortfalls. This avoided the need for agency staff and people were always supported by staff who understood their needs.
- People continued to be supported by staff who had been recruited safely. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- Staffing was arranged around people's activities, appointments and individual needs and any one to one support hours that were funded for a person. This meant people's preferences for going out into the community could be met.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines as prescribed. Staff received training and an observation of their competency to support people with their medicines.

- Medicines were stored and disposed of safely. Each person had a medicine administration record (MAR) chart. We found these were completed in full and showed people received their medicines as the prescriber intended.

Preventing and controlling infection

- People were protected against the risk of the spread of infection. Staff received training in good infection control practices.
- Staff supported people to understand and practice good hygiene including handwashing prior to preparing any food for themselves.
- We saw staff using personal protective equipment and observed that this equipment was readily available to them.

Learning lessons when things go wrong

- There were regular staff meetings. Any incidents or events at the service were discussed and the registered manager ensured lessons were learned where needed.

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 service was a transition service where people lived for a period of time and were supported to gain increased independence with a view to eventually moving to longer term support and accommodation.
- Assessments of people's needs were completed and people's goals or expected outcomes were identified and used to form a personalised plan of care and support.

Staff support: induction, training, skills and experience

- People were well supported and cared for by a team of staff that had the training, knowledge and skills needed to meet their individual and sometimes complex needs.
- Training was delivered in a variety of subjects and methods and included online, face to face training and additional competency assessments in some areas. This helped to make sure staff with the right skills to provide the care and support each person needed.
- New staff were supported to understand how to support people effectively through an induction programme. One staff member said the support they received at this time, which included working alongside more experienced staff, had helped them to understand the intricacies of the job role. They also told us this had provided them with the skills to provide good support to people.
- Staff continued to have opportunities to discuss any further training and development needs through a programme of regular supervision, annual appraisals and at staff meetings.

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

- Staff provided people with the individual support they needed to have sufficient to eat and drink to remain well. Where people required encouragement to eat, this was provided sensitively by staff.
- People were supported by staff to make decisions and choices regarding their meals using visual prompts as well as speech.
- People were encouraged to help prepare their meals. Staff were patient and encouraging in offering choice to people, so they could make their selections of food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Arrangements were in place to share information between services as appropriate and for the benefit of people's health and wellbeing. One healthcare professional told us, "Staff tend to contact me if they need advice and/or support with issues around primary care/physical health and as a team they are very receptive to advice and guidance."
- People had a 'hospital passport' in place whereby relevant information about them was always available

should they be taken to hospital in an emergency.

- Staff were vigilant and monitored people's health closely. People were supported to attend healthcare appointments as needed such as their GP and dentist.

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

- The building had been suitably adapted to meet the needs of people living there. The service was set across two floors and included a main communal kitchen, separate dining area and sitting room.
- Each person had a large bedroom/bedsit which included a kitchen area and basic cooking facilities. People made choices about how their own bedrooms were decorated and furnished.

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 had received training in the MCA and DoLS and understood their responsibilities under the act.
- People's capacity to make decisions had been assessed and the registered manager understood when 'best interests' meetings would be needed.
- Staff understood how to present information and choices to enable and support people to make their own decisions wherever possible. Decision specific mental capacity assessments and best interests were in place where people were not able to do this.

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

- People had built strong relationships with staff and it was apparent they enjoyed spending time together. One person's relative told us, "Staff know [family member] really well. It's a home from home here. What is important is that [person] is always happy to come back here after we come back. That says a lot."
- Staff knew people's needs and preferences well and spoke about people with respect and warmth.
- Staff were non-judgemental and adapted their approach according to the person they were supporting. This ensured everyone was treated with respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People mostly had free movement around their home and could choose where to sit and spend their time. We were told that some doors needed to be locked to help protect people from the risk of significant harm. One of the doors locked was the kitchen door however we saw that as soon as a person indicated they wished to enter, the door was unlocked, and staff supported the person to enter and access the food and drink they wanted independently.
- People were encouraged to be independent. During the morning one person was supported in the kitchen to prepare a snack for themselves. The staff member was patient and highly encouraging to ensure the person was involved and independent at every stage.
- People's support plans included detailed information about people's communication preferences. Staff had a very good understanding of how each person communicated and how they should be approached. One member of staff said, "[Person] is so smart, it could be easy to underestimate just how much [person] understands but [person] has so many ways of telling you what they want. We offer choices of everything and [person] can point to make a clear choice."
- Throughout the inspection visit we saw people were encouraged to make their own choices and decisions such as how they wanted to spend their time and where. A healthcare professional told us, "I think the staff advocate well for the people they support and work well in the multidisciplinary setting."
- There was plenty of friendly chat between people and staff and we observed staff involved people in the conversations being held rather than talking over them or for them.

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 Good. At this inspection this key question has remained the same. 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; 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

- People's care and support needs and preferences were clearly documented with individualised support plans which enabled staff to provide a responsive service.
- People's care records contained key information such as what was important to the person, their likes and dislikes and their preferred routines. This helped staff to provide care and support that was tailored to each person and met their individual needs. For example, one person's support plan detailed how they liked to be supported with their personal care and important it was for the staff to provide consistent and a predictable approach.
- People continued to be engaged in activities in the community and on the day of our visit three people were busy and in and out of the service.
- There were opportunities for people to take part in social events and activities of their choosing such as trips out, shopping, going out to the pub and cinema for example.
- The provider had organised to hire a holiday park in the UK in order to hold a 'party in the park'. This was open to all people across the provider organisation who wished to attend. Staff told us how this was a great experience for one person who lived at Belstead Villa who opted to attend and had great fun. Following our inspection the registered manager told us, "This was a huge opportunity for individuals across the country to get together and take part in various activities throughout the day and also a evening gala. One [person we support] went to the event and had a great time."

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.

- Each person had a person-centred care plan which identified all of their communication and information needs for staff to be aware of.
- Staff demonstrated in-depth knowledge of people's preferred methods of communication. For example, one person used a range of sign language to convey their communication. Staff were confident in their understanding of this and responded appropriately. This meant that people could make more informed choices and decisions.

The registered manager had sourced training for staff to help them with communication with people using a variety of tools.

Improving care quality in response to complaints or concerns

- The provider continued to have a suitable complaints policy and procedure in place. No complaints had been received in the past year.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our visit.
- The registered manager told us they had begun to engage with other outside organisations including a local hospice on approaches around how to begin discussions with staff, people and their relatives.
- The registered manager proactive in engaging people and staff by suggesting staff complete a plan for themselves prior to starting working on this with people. This gave staff an understanding of how completing such sensitive planning may have felt to people.

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 Good. 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was very well-led. We received positive comments about the standards of care at the service as well as the skilled management who created a culture which inspired staff to achieve the best outcomes for everyone they supported.
- Staff were complimentary and positive about the management and leadership which inspired them to deliver a quality service to people. One member of staff said, "I could talk to [registered manager] about anything. It's easy to have a working relationship with her. She's great and she supports us staff as much as people who live here." Another member of staff said, "[Registered manager] is incredibly supportive of staff no matter what might be going on in their life. She has an excellent understanding of [people] and is quick to help where possible including with [hands on care]."
- Health care professionals were also positive about the management of the service and the registered managers. One professional said, "The service is excellently led by [registered manager], who is an insightful and experienced manager. She has a very good overview of the possibilities within the local community for the people supported and is keen to build links with different organisations. She has a good vision of a balanced team and always builds on the strengths of her staff members."
- The provider's values included person-centred care and supporting people to live meaningful lives with opportunity, choice and success. The routine in the service was very flexible and depended on what people wanted each day. Our observations and the feedback we received, confirmed that these values were embedded in the culture of the service and fully understood by staff.
- The registered manager was proactive and identified where staff learning was needed to enhance people's support. Recent learning sourced and being planned included youth mental health first aid training and child development to help people with their personal growth.
- The registered manager and provider understood their responsibilities regarding duty of candour. We found they had notified us of notable incidents that occurred in the service where there was a need to do so.

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

- There was a clear management structure in place. The service was small and had a consistent and long registered manager who had known and supported people through their transition from children's support into adulthood.

- There was a robust governance framework, which helped identify if and where improvements were needed. Regular audits were carried out including support planning documentation and medicines. Action plans were developed with timescales when needed.
- The registered manager and staff implemented the Registering the Right Support guidance. People were supported very much as individuals. For example, people were part of their community, taking part in local events and using community resources. The registered manager promoted the principles of choice and enabled people to live their lives as every other citizen does.

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

- Staff were passionate about inclusivity for people with learning disabilities and/or autism. This created a person centred culture based around supporting people to achieve their aspirations.
- The registered manager created an environment where people felt safe and where diverse needs were understood and respected.
- The registered manager had an open door policy and worked alongside the staff team to deliver care. Throughout our inspection visit we saw people interacting positively with all staff and the registered manager. People came into the office to sit and communicate with the registered manager throughout the day. It was evident the management team knew people well and fully understood how people communicated.
- The registered manager invested in staff. The continuous training and development that the staff received had embedded a culture of promoting person centred care and of reinforcing to staff the importance of recognising and respecting people's individuality. The registered manager told us, "It's not all about what I do, I also try to get the staff out there too. I want them to learn not only the Consensus way but about what else is out there. They attend support worker network meetings run by the [local authority and [other stakeholder groups] and whatever else I can find."

Continuous learning and improving care

- There was inspiring leadership and management as well as a strong focus on continuous improvement.
- The registered manager and staff team continuously looked at ways they could improve the quality of the service to benefit the people who lived there and promote their independence.
- The registered manager was keen to learn and develop and welcomed advice from other professionals to ensure she kept up to date with current good practice and the latest developments in the support of people who have a learning disability and / or autism.
- The registered manager was innovative in their thinking about how people were supported in all areas of their lives and recognised the specific skills staff would need to meet these. Following an event at the service the registered manager had identified staff needed further learning and training in supporting people with developing skills that would help with their future growth. The registered manager also initiated weekly sessions with the person involved in the event and healthcare professionals as well as building a training package for staff to deliver to people who use the service.

Working in partnership with others; Working with other organisations

- The registered manager and staff worked efficiently and collaboratively with people, relatives, staff, and other agencies to constantly learn and improve the service. A healthcare professional told us, "I found the manager to be very helpful and responsive. As a whole the scheme appeared to be very proactive in dealing with any issues or concerns and were able to take action to address these prior to the review taking place."
- Belstead Villa was an excellent role model for other services. The registered manager was committed to sharing best practice through attending a variety of forums across the county and sharing learning with other provider organisations to expand knowledge and to build positive experiences for people based on

good practice.