

# Consensus Support Services Limited

## Blakeney House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was completed on 15 January 2016 and there were nine people living in the service when we inspected.

Blakeney House is one of many services owned by Consensus Support Services Limited. The service provides accommodation and personal care for up to ten people who have a learning disability and/or who have a diagnosis of autism.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service ensured people's safety.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that, where improvements to the quality of the service was identified, these were addressed.

## 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.

There were enough staff available to meet people's needs safely.

The provider had systems in place to manage safeguarding concerns and to ensure that people were protected from abuse.

The provider had arrangements in place to manage people's medicines to an acceptable level and safely.

### Is the service effective?

Good ●

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional care needs were well documented and supported by staff.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

### Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

**Is the service well-led?**

**Good** ●

The service was well-led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the registered manager, deputy manager and other management team members.

There was a positive culture that was open and inclusive. The provider had effective systems in place to monitor and assess the quality of the service provided.

# Blakeney House

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 15 January 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

Not all people living at the service were able to verbally communicate with us or had limited communication abilities. Therefore we observed people's non-verbal cues and looked at how staff interacted with the people they supported. We spoke with three people who used the service, four members of support staff and the deputy manager.

We reviewed two people's care plans and care records. We looked at the service's staff support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

Staff told us that the people they supported were kept safe at all times. Staff had attended training in safeguarding people. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff confirmed they would do this without hesitation in order to promote people's safety and wellbeing. Staff were confident that the registered manager, deputy manager and team leaders would act appropriately on people's behalf.

Staff undertook risk assessments to keep people safe. These identified how people could be supported to maintain their independence and how to mitigate potential risks to their health and wellbeing. Staff knew the people they supported, for example, staff were able to tell us who was at risk of poor mobility, who could make drinks, snacks and lunch with minimal staff support, who was at risk of choking and who required staff support and the arrangements in place to help them to manage this safely. In addition, risk assessments had been completed to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Systems were in place to enable people where appropriate to take responsible risks as part of an independent lifestyle. There was a 'can do' rather than 'can't do' attitude, for example, the deputy manager confirmed that one person was able to attend their college class on their own. We spoke with the person and they confirmed that they liked this. Environmental risks, for example, those relating to the service's fire arrangements and Legionella were in place and no areas for corrective action were highlighted.

People told us that there was always enough staff available to support them throughout the week and at weekends. They told us that they were able to go out regularly and for those who did not want to go out there was always sufficient staff available to assist them and provide support. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and staff rosters viewed confirmed this. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided promptly and in a timely manner. The deputy manager confirmed that two people using the service were funded via the Local Authority to receive one-to-one support for between 12 and 15 hours each day. Additionally, and as a result of changes to two other people's care and support needs, the provider had agreed additional one-to-one support for both people even though this had not been agreed and authorised by the Local Authority. The deputy manager confirmed that people's safety and wellbeing was the underlining principal factor.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

The arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people living at the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for people using the service and these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

# Is the service effective?

## Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to the people they supported. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that in addition to mandatory training they also attended training that was more specialised to the needs of people using the service, for example, conflict management, autism and epilepsy awareness. The deputy manager confirmed that due to a change in one person's healthcare needs, palliative care training was booked for eight members of staff in February 2016. They also confirmed that several people living at the service used Makaton, a specific language programme whereby people use signs, symbols and speech to aid them to communicate effectively. The deputy manager confirmed that training for this area was in the process of being sourced. The training records showed that staff had received appropriate training and the majority of it was up-to-date in key topic areas. One staff member told us, "The training provided is good and has enabled me to do my job well."

Newly employed staff had received an induction and staff confirmed this. The induction was completed over a three day period and included 'orientation' of the premises and training in key areas appropriate to the needs of the people they supported. The deputy manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. Records showed that staff had received a robust induction. We spoke with three newly employed members of staff and they confirmed that as part of their induction they had been given the opportunity to 'shadow' and work alongside more experienced members of staff over a two week period. They told us that during this time they had looked at the provider's policies and procedures, had reviewed people's individual care files and experienced the routines of both the early and late shifts. They stated that this had proved very helpful.

Staff told us that they received good day-to-day support from work colleagues and received formal supervision at regular intervals. They told us that supervision was used to help support them to improve their practice and to discuss key areas relating to the people they supported. Staff told us that this was a two-way process and that they felt supported and valued by the management team. Staff confirmed that they received positive praise. Records confirmed what staff had told us.

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. 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 were being met.

Records showed that the majority of staff employed at the service had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate a good knowledge and understanding of MCA and DoLS and when these should be applied. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and



support needs. Where restrictive practices were recorded to keep people safe, for example, the use of lap belts on wheelchairs to prevent people from falling out, this was clearly recorded to demonstrate that this was in the person's best interests. Appropriate Deprivation of Liberty applications had been made to the Local Authority for their consideration and authorisation.

People told us or indicated by their non-verbal cues that they liked the meals provided. The deputy manager confirmed that the weekly menu was developed jointly by staff and people using the service and this informed the weekly food shop. One person told us that they were supported by staff to make their own drinks, snacks and lunch. They told us that they enjoyed doing this and also undertook a cookery course at college each week. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met, for example, staff were aware of who was at risk of choking, who was at high nutritional risk, who required a soft diet and who required support to follow a healthy eating plan. People's nutritional requirements had been assessed and documented. Where people were at risk of the above, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, where people were identified as being at risk of choking, interventions and advice from the local Speech and Language Therapy Team had been sought and implemented so as to ensure the person's health, safety and wellbeing.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services, for example, GP, Consultant Psychiatrist, Occupational Therapist and palliative nurse. Each person had a health action plan in place and these identified individual's health care needs and the support to be provided by staff. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

## Is the service caring?

### Our findings

People were happy with the care and support they received. We noted that staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly, welcoming and calm. Staff communicated well with the people they supported, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them. Staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand. The deputy manager advised that as a result of one person's complex communication needs whereby they were unable to verbally speak or hear what was said to them, information relating to how staff specifically communicated with them using touch and objects of reference was recorded and staff followed this. Our observations also noted that people were asked for their views on a daily basis using a range of varying communication skills such as verbal communication, eye contact, body language, objects of reference and pictorial formats, such as, pictures and photographs.

Staff demonstrated affection, warmth and kindness for the people they supported. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering their room and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people's choice of dress and hairstyle. In relation to the latter, the deputy manager advised that one person's hair was styled so as to reflect their ethnicity.

People were supported to maintain relationships with others. The deputy manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes. The deputy manager advised that this was in the process of being arranged for one person.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need.

People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were comprehensive and detailed and staff were made aware of changes in people's needs through handover meetings, discussions with the management team and reading people's care records. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

The deputy manager and staff told us that there were people who could become anxious or distressed. The care plans for these people considered individual people's reasons for becoming anxious and the steps staff should take to reassure them. Guidance and directions for staff on the best ways to support the person were clearly identified and recorded. Where appropriate specialist behavioural therapists, 'crisis intervention' teams and consultant psychiatrists were involved to provide additional support and assistance. The deputy manager confirmed that this had been invaluable. This meant that staff had the information required to support the person appropriately.

It was evident from our discussions with staff that they tried to ensure that people had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. Each person had a weekly activity planner detailing activities to be undertaken in line with their personal preferences and preferred routines. People were able to attend adult education classes at college, day-centres, attend external social clubs at regular intervals, go to the cinema and go out for meals. The deputy manager told us that people experienced a weekly 'keyworker' day whereby their keyworker assisted a specific person to maintain social, recreational and cultural links through daily living activities both internal and external to the service. For example, on the day of the inspection one person was noted to have their 'keyworker' day. A member of staff supported them to have a haircut, to purchase personal items of shopping and to have lunch out at a well-known fast food outlet of their choosing. We discussed this with them and they told us that they had had a good time.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. One complaint had been raised since our last inspection to the service within the last 12 months. A record was maintained detailing the specific nature of the complaint and actions taken. A record of compliments was also maintained to record the service's achievements and these were very positive about the care and support provided by staff. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints.

# Is the service well-led?

## Our findings

The service had a registered manager in post. At the time of our inspection the registered manager was on annual leave. The deputy manager was available and conducted the inspection with us. The deputy manager had an understanding and awareness of the new fundamental standards and our new approach to inspecting adult social care services, which was introduced in October 2014.

The deputy manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the completion of a number of audits at regular intervals, for example, medication, people's finances, health and safety and infection control. The deputy manager confirmed that an external monthly quality monitoring audit was completed by a representative of the organisation and a further monthly report was completed by the registered manager. Additionally an annual internal audit was completed in 2015 and the results showed that the service achieved a quality rating of 90% with few corrective actions required.

The deputy manager confirmed that the views of people who used the service, relatives and other interested parties had been sought between April 2015 and August 2015. All of the comments received were noted to be positive and complementary about the service. Comments included, 'I find Blakeney House to be well run and maintained with a high quality of care.'

The deputy manager demonstrated that they were fully aware of all aspects of the service and knew the people and the staff supporting them, well. Records and documents relating to the running of the service and the care people received were clear, easily accessible and well organised.

People benefited from a staff team that worked together and were clear about their roles and responsibilities. The deputy manager told us that the management team had delegated specific responsibilities to some members of staff according to their strengths and abilities; for example, they were responsible for deputising for the registered manager, devised staff rosters and in conjunction with the deputy manager undertook staff supervisions and appraisals. They also told us that one team leader was responsible for undertaking the service's health and safety and infection control audits and for overseeing medicines management. Other staff members also had specific roles relating to the day-to-day running of the service. Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters.

Staff told us that the overall culture across the service was open and inclusive. Staff told us that they received very good support from the registered manager, deputy manager and team leaders and that they felt valued. One member of staff told us, "The staff here are very supportive and the registered manager and deputy manager are approachable. I really enjoy working here." Another member of staff told us, "There is really good staff support here and we help one another. There is good communication and the management team are very approachable."

The deputy manager confirmed that the provider had systems in place to recognise individual service's

achievements and staff's hard work through its annual 'care award' initiative. For example, awards were recognised in relation to leader of the year, outstanding contribution of the year, inspirational support worker, inspirational team of the year, initiative of the year and special recognition for improving the lives of individuals supported. Although the service nor any one staff member at Blakeney House had been recognised, the deputy manager told us that the management team and staff always endeavoured to do their utmost to provide good holistic and person centred support to the people living at the service. This was echoed by staff.