

# 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

Blakeney House 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.

Blakeney House accommodates up to nine adults who have a learning disability and who may also have an autistic spectrum disorder and mental health needs. Blakeney House is a large detached house situated in a quiet residential area in Southend on Sea and close to all amenities and facilities. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service.

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.

At the last inspection on 15 January 2016, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

This inspection was completed on 13 December 2017 and 8 January 2018 and there were seven people living at Blakeney House.

A registered manager was 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.

Our key findings across all the areas we inspected were as follows:

- ☐ Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the

needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

- ☐ Staff had a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- ☐ People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported, including end of life care.
- ☐ Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.
- ☐ Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 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 to the service took place on 13 December 2017 and was unannounced. We spoke with staff on 8 January 2018. The inspection team consisted of one inspector.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people, two visiting relatives, three members of staff, the deputy manager and the registered manager. We reviewed three people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.



## Our findings

We discussed safety with people using the service and their relatives. They told us they had no concerns and that the service was a safe place to live. One person said, "I really like it here". Relatives told us they had no concerns about their family member's safety at Blakeney House. Staff had a good understanding of how to keep people safe and did what they could to ensure people's safety was maintained at all times.

Effective safeguarding arrangements were in place to keep people safe. People using the service were supported to express concerns about their safety and welfare to staff, the management team and by speaking to an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. Ten safeguarding concerns had been raised by the service since our last inspection in January 2016. These related primarily to concerns about some members of staffs practice and performance and; where there had been arguments and disagreements between people who used the service and these had resulted in physical exchanges. Information available showed that the service had taken appropriate action to deal with all of these incidents.

Staff were able to demonstrate satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were aware of the registered provider's whistle blowing procedures. Staff told us they had not needed to use it whilst working at the service but would not hesitate to do so if required.

Suitable arrangements were in place to manage risks appropriately. Risk assessments were in place and information recorded within peoples care plans identified the risks associated with people's care and support needs and how to mitigate them. These related to people's moving and handling needs and more specific risks, for example, the risks involved in enabling people to access the community safely, undertaking particular social activities and risks related to specific healthcare conditions.

Information provided identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others. Detailed risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff spoken with had a good understanding and knowledge of the risk management strategies in place, to ensure theirs and others safety and wellbeing.

The management team confirmed that six out of seven people living at Blakeney House received between 14 and 84 one-to-one support hours per week. This was to enable them to participate in particular activities for their safety or the safety of others. Relatives told us there were always sufficient numbers of staff available to provide the support required to meet their family member's care and support needs. Our observations showed that people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included carrying out their chosen activities.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed the provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the obtaining of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Additionally, prospective employees equality and human rights characteristics were recorded and considered when recruiting staff. The registered provider's recruitment procedures also empowered people using the service by enabling them to meet with the prospective employee as part of the recruitment process and to ask them a variety of questions.

People's medicines preferences and risks were documented so staff knew how to give medicines in a way that suited that person. Where people were administered their medication covertly, this had been discussed with their GP but not a pharmacist. We discussed this with the registered manager and an assurance was provided that the pharmacist would be contacted as a priority to help identify any risks. Covert medication is when staff administer medication without the person's knowledge or consent. We looked at the Medication Administration Records [MAR] forms for each person using the service and these showed that each person had received their medication at the times they needed them and these were kept in good order. There was no evidence to suggest that people's behaviour was being controlled by excessive or inappropriate use of medicines. Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely and to an acceptable standard.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, two medication errors had been identified in relation to medicines management since our last inspection in January 2016. Appropriate actions had been taken to seek medical advice so as to ensure people's wellbeing and to ensure the risk of further errors were reduced.



## Our findings

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence based guidance. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

Suitable arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date. This was confirmed by staff as accurate.

The registered manager told us that staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. With the exception of one member of staff, newly employed staff had commenced the 'Care Certificate'. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. Following the inspection the deputy manager confirmed the member of staff had commenced the 'Care Certificate' and was currently in the process of completing this induction.

Staff told us they felt supported. Supervisions had been completed at regular intervals allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development. Staff had received an annual appraisal of their overall performance for the period 2016 to 2017, however objectives for the next 12 months had not always been identified and set. We discussed this with the registered manager and an assurance was provided that these would be completed in the future.

People told us they were happy with the meals provided. One person told us, "The food is very nice, I like the food." People received sufficient food and drink of their choice throughout the day and mealtimes were flexible to suit their individual needs. The service also took into account people's cultural and ethnicity needs. The registered manager confirmed that two people using the service were supported to have food in line with their cultural needs and preferences. Staff spoken with were aware of this and confirmed that both people's culture and ethnicity preferences were followed. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare



professional, such as Speech and Language Therapist, had been made and guidance followed by staff.

Staff worked well with other organisations to ensure that they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing. This referred specifically where people using the service had received support from the Speech and Language Therapy team and palliative care team.

People told us their healthcare needs were met and that they received appropriate support from staff. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. Each person had a hospital passport. If people are admitted to hospital this is used to provide hospital staff with important information about the person.

People using the service lived in a safe, well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them. People had access to comfortable communal facilities, comprising of a large lounge and separate dining area. Adaptations and equipment were in place in order to meet peoples assessed needs.

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 the 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 so that they can 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]. 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.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.



## Our findings

People and those acting on their behalf told us they and their member of family were treated with care and kindness by staff. One person told us, "I like the staff, they are very nice". Another person told us, "The staff look after me." Relatives confirmed they were very happy with the care and support their member of family received at Blakeney House.

Our observations showed that people received person-centred care and they had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them. Staff confirmed that no-one at the time of the inspection required specific assistive technology. One person using the service used 'objects of reference' and Makaton to help them to effectively communicate. Makaton is a language programme designed to provide a means of communication to individuals who cannot verbally communicate. An 'object of reference' is used to represent an item, activity or place as a means of communication.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through regular annual reviews and through the completion of annual questionnaires. The registered manager confirmed that people's relatives advocated on their behalf and at present no-one had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were treated with dignity and respect. The care records for one person identified that in line with the person's cultural requirements they preferred their care and support needs to be provided by staff who had the same cultural background and ethnicity. The management team confirmed that staff had been appointed so as to ensure the person's personal preferences could be met. People were supported to be independent. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths.



## Our findings

People using the service and those acting on their behalf told us they received good personalised care and support that was responsive to their needs. People's support packages were funded by the Local Authority and NHS Continuing Healthcare. An initial assessment was completed by the Local Authority or NHS Continuing Healthcare and together with the registered provider's assessment, this was used to inform the person's care plan. The registered manager confirmed that one person had been newly admitted to the service since our inspection in January 2016.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to them and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. Relatives confirmed they were able to see their family member's care plan and to contribute to its content.

People were able to maintain relationships that matter to them, such as with family members and other people who were important to them. People told us they could visit their family at regular intervals. On the day of inspection a staff member accompanied a person back to Blakeney House following a home visit in London. The registered manager confirmed that other suitable arrangements were also carried out to enable people to visit and spend time with their families. People living at the service and their relatives confirmed that restrictions on visitors and visiting times were not imposed.

People confirmed to us they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community and this included their cultural interests. Each person had a weekly activity planner detailing activities to be undertaken in line with their personal preferences and preferred routines, such as to attend adult education classes at college, to access the community for personal shopping, have meals out, aqua therapy, attend social clubs and to participate in 'in-house' activities, such as, to watch a film and listen to music.

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 in January 2016 and related to poor care practices. Information relating to the specific nature of the complaint was recorded, including the action taken to address the concerns raised. Staff were aware of the complaints procedure and knew how to

respond to people's concerns and complaints. People told us they would either speak to a family member or staff if they had any worries or concerns. Relatives told us they were confident that any complaints raised would be listened to, taken seriously and acted upon by the registered provider.

A record of compliments was maintained to evidence the service's achievements. One compliment recorded, '[Name of person using the service] has clearly improved immensely at all levels since arriving at Blakeney House. I can't tell you how happy we are that [Name of person] is at a home that is professionally and confidently run.' Another compliment recorded, 'The level of care and passion you [Blakeney House] put into looking after [Name of person using the service] is appreciated so much. I am sure [Name of person] feels exactly the same.'

Prior to our inspection the Care Quality Commission was notified that one person had passed away since our last inspection in January 2016. The registered manager confirmed that this person had received appropriate care and support at the end of and including the last days of their life. This included working in partnership with healthcare professionals, including the local palliative care team and others. The registered manager confirmed that following the person's death staff were offered emotional support, including counselling. The registered manager advised at this inspection that one person was assessed as requiring and receiving end of life care. The care plan provided sufficient information to ensure the person received care and support that was comfortable, dignified and pain-free. Evidence showed that the person regularly received support from the local palliative care team in relation to their pain management arrangements and support was provided by the local Speech and Language Team relating to their changing nutritional needs. As a result of the person being unable to verbalise their end of life wishes and preferences, their family had been actively consulted and involved.



## Our findings

A registered manager was 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. No changes to the management team had occurred since our last inspection to the service in January 2016, though the registered manager was providing managerial support to another service. This arrangement did not have an impact on the day-to-day management and smooth running of Blakeney House as a competent and skilled deputy manager was in post. Relatives told us that the service was well-led and the service well managed.

Staff were complimentary about the management team and told us they liked working at Blakeney House. The registered manager and deputy manager knew the people they cared for well and had a good relationship with the staff team. We saw that people using the service, relatives and staff were very comfortable with the management team and spoke freely with them throughout our visit. The management team and staff were able to demonstrate a good understanding of the registered provider's vision and values. Staff meeting minutes showed that the registered provider's vision and values were discussed each month to ensure staff's understanding and practice were monitored against these.

The management team confirmed that information was collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals, data gathered and analysed to help identify and manage risks to the quality of the service and to help drive improvement. The registered manager confirmed that a report of their findings was forwarded to the registered provider at regular intervals. In addition, an internal review by a representative of the organisation was completed each month and this involved a review of the service in line with the Care Quality Commission's fundamental standards. The registered manager confirmed they had attended a recent conference regarding the Commission's updated assessment framework used to assess adult social care services and were aware of the recent changes to the Key Lines of Enquiry [KLOE].

People, those acting on their behalf and staff had completed an annual satisfaction survey between May and October 2017. The results of these told us that people using the service and relatives were happy and satisfied with the overall quality of the service provided. People using the service stated they felt safe, received support to do what they wanted to do and liked living at Blakeney House. Comments from relatives included, 'Very good, well run, friendly staff and helpful management' and, 'Excellent'. When asked if they would recommend the service to others, relatives confirmed they would not hesitate. Staffs' comments were

mostly positive. Where staff recorded a score of 'sometimes' and 'never', the registered manager confirmed that an action plan would be completed in due course. A 'Consensus Employee Survey' update for the organisation relating to the survey conducted in 2016 recorded improvements made as a result of staffs feedback.

Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available and included the topics discussed and the actions to be taken. People using the service were allocated a member of staff as a 'key-worker' and individual 'key-worker' meetings were held to discuss anything they wished to talk about and to ensure there was 'open' communication.