

Consensus Support Services Limited

Aldeburgh House

Inspection report


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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 30 September 2015 and was unannounced. Aldeburgh House provides accommodation and personal care for up to eight people who have a learning disability or autistic spectrum disorder. People who use the service may also have a physical disability. At the time of our inspection six people were living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The

Summary of findings

service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely however, this was not consistent.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Their care plans were individual and contained information about how they preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

Summary of findings

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 not consistently safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

The systems in place to manage people's medicines safely were not consistently effective.

Requires improvement



Is the service effective?

The service was effective.

Some improvements were required so that people received consistent support from all staff with identified health needs.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Good



Aldeburgh 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 30 September 2015 and was unannounced, and was completed by one inspector. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, three care staff and the manager. Some

people had complex needs and were not able to speak with us, therefore we used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in the communal part of the house and 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 to us.

We also made telephone calls to relatives and professionals for feedback about the service. We reviewed four people's care records, four medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and

compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

People told us they felt safe living at Aldeburgh House. One person told us, “The staff look after me, I do feel safe living here.” They also told us they could speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. One relative we spoke to told us, “As long as [relative name] feels safe, that is fine by me.”

Medication records and storage arrangements we reviewed showed that people received their medications as prescribed, and were securely kept and at the right temperatures. The medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Where medicines were prescribed on an as required basis, such as medicines for epilepsy that were given when someone had a seizure, there were clear instructions (PRN) protocol in place about when the medicine was needed. However, after the day of our inspection we had been informed about a matter of concern in that one person did not receive their prescribed medication because the staff failed to re-order any after running out.

The provider’s safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. For example, they had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. Our records demonstrated that they were clear of their roles and responsibilities with regards to keeping people safe, and reported concerns appropriately.

The provider had systems in place for assessing and managing risks. People’s care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. For example, with the administration of their medications, when going out into the community and how to respond safely and appropriately to incidents where people may present with distressed reactions to particular situations. Staff worked with people to manage a range of risks effectively.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe. This involved the manager submitting a monthly log of all incidents and accidents to the provider. This assured us that there were systems in place to monitor trends so that action was planned to reduce the likelihood of any reoccurrence.

We saw records which showed that equipment at this service, such as the fire system and mobility equipment, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

Staff told us they generally felt there was enough staff on shift to keep people safe. One staff member said, “We have enough staff to keep people safe, the manager steps in and helps if need be.” Staffing levels had been determined by assessing people’s level of dependency, and staffing hours had been allocated according to the individual needs of people. Staff rotas showed that staffing levels were enough to keep people safe and to meet all their health and social needs. For example, there were enough staff rostered on to enable people to go out and participate in external activities, such as swimming and shopping trips, although staff told us that when people were off sick it sometimes meant that activities out in the community needed to be cancelled.

There was a 24hour on-call support system in place which provided support for staff in the event of an emergency. We discussed staffing levels with the manager and on-going recruitment was taking place.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is a criminal records check, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people and worked alongside existing staff before lone working to enable them to get to know the person’s needs and how they would like to be cared for.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, “The staff know what I like doing and help me when I need them to.” One relative told us, “Most of the staff know [relative] really well, they have worked with [relative] a long time.”

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and moving and handling. Training for staff was a mostly e-learning and some group based sessions, and staff told us they would prefer more group based training however, they did feel that the training gave them the skills needed to care for people effectively. One member of staff told us, “we are always encouraged to do training and to keep it updated.” The manager and senior staff carried out observations to ensure that staff were competent in putting the training into practice. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. These safeguards were in place to protect people’s rights. They ensured that if there were restrictions in place to prevent people doing particular things, these were fully assessed by professionals who considered whether the restriction was appropriate and required. The manager had made appropriate DoLS referrals where required and was waiting

for a response from the safeguarding authority. Care plans showed that where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

People were supported to express their preferences and this informed the planning of menus. People told us, “The food is good, I go shopping with the staff and choose what I want.” We observed two meals and saw people were given a choice of what they would like to eat and drink. Care plans contained information for staff on how to meet people’s dietary needs and provide the level of support required.

Support from speech and language therapists (SALT) had been sought and provided for people where they had swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified at risk. We observed staff providing support appropriately where assistance with eating meals was required.

People’s care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, occupational therapist, chiropodist, dentist and GP’s. Professionals they told us that previously they had been concerns in relation to relevant information being cascaded to all of the staff team, which is important to ensure a consistent approach to delivering the care provided to people. However, they told us things were slowly improving with the new manager being in place. The manager said that the service was well supported by the local surgery, as the GP would carry out home visits to people at the service. This supported the needs of people who may become anxious or distressed by visiting a GP surgery.

Is the service caring?

Our findings

People told us staff were caring towards them and always treated them with dignity and respect. One person said, “I like the staff all of them.” We saw kind/caring/supportive interactions between people and the staff providing support.

We saw people being encouraged to be independent. For example, people were supported to make their own meals and drinks, rather than staff automatically making it for them.

Wherever possible, people were involved in making decisions about their care. People had been encouraged and supported to sign their care plans to confirm they agree with the contents and if this was not possible their families were involved with their consent. If necessary we saw that people had access to advocates. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Whilst we were unable to speak with some people due to their communication needs, we spent time observing the care they received. All of the interactions with people were considerate and the atmosphere within the home was welcoming, relaxed and calm. Where people were unable

to verbally communicate, staff looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

Staff addressed people by their preferred names, and chatted with them about everyday things. Staff were able to demonstrate they knew about what was important to the person. We observed during our inspection that positive caring relationships had developed between people who used the service and staff.

Staff, when speaking to us about the people in their care, spoke with affection and compassion. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. They understood people have preferred routines, likes and dislikes and were able to talk to us about them. We observed people who used the service in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction with staff when engaged in daily activities or discussing their plans for the day.

People told us they were supported by staff to maintain important relationships with friends and family. Relatives told us, “We can visit whenever we want to.”

Is the service responsive?

Our findings

People and their relatives told us that they felt staff had the skill and understanding to meet their needs and they were satisfied with the care and support they received. Relatives told us, “we were consulted about the care plan and we are invited to reviews, even though we can’t always attend.” Another said “They always inform us of things they think we need to know.”

We saw that support plans were developed from the assessment of people’s needs when they first moved into Aldeburgh House. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reaction to other people or their environment. Our observations and conversations with staff demonstrated that the guidance had been followed. One person we noted became very agitated at times, they were reassured effectively by staff and a challenging situation averted by communicating well with the person and focusing them on moving to another area of the house. Staff remained calm and supportive when they had to repeat the same reassurance a number of times on different occasions as the person required a lot of emotional support.

People told us about the different places they accessed out in the community. One person told us, “I go out when I want the staff go with me, I am going shopping today.” Records confirmed that people went out and about and accessed the community for a variety of activities. For

example, swimming, shopping trips, meals out. Staff told us that people were supported with a variety of activities that they were interested in, and were supported to maintain any hobbies and interests they had and they also encouraged people to maintain their independence as much as possible.

People were provided with their designated member of staff known as their keyworker. This provided people with the opportunity to discuss any concerns about their welfare or any activities they may wish to take part in or places they would like to visit. We reviewed records of these meetings and noted someone had requested a new game for the games console which was in the process of being purchased.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. Records of complaints received previously showed that they had been acted upon promptly and were used to improve the service. For example, some people that lived in the home had complained that on occasions they found the communal lounge to be too noisy. Therefore a sensory room was in the process of being re-furnished and fitted out with sensory equipment such as mood lighting and texture fabrics and seating, to enable people to have a quiet relaxing place to go if they were finding the other communal areas in the house too noisy. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint.

Is the service well-led?

Our findings

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