

# Consensus Support Services Limited

## Kingarth

### Inspection report

17 New Road  
Radcliffe  
Manchester  
Lancashire  
M26 1LS

Tel: 01617258008

Website: [www.consensussupport.com](http://www.consensussupport.com)

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Kingarth provides specialist single sex accommodation for up to 7 people. Care and supported is provided to people living with a learning disability, autistic people, and those with mental health support needs. The focus of the service is to provide holistic therapeutic support for people whose behaviours may challenge others. At the time of this inspection 7 people were accommodated.

In February 2022, the provider initiated an administrative change to their registration of Kingarth with the Care Quality Commission (CQC). This change meant we were required to reinspect the service as a 'newly registered' location.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People were extremely well 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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care; this was a golden thread that ran through all aspects of the service. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. The service worked exceptionally well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks; this area was an exemplar of outstanding practice.

### Right Culture

People were supported by staff who comprehensively understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate, empowering, outstanding care that was tailored to their needs.

Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. Staff worked with people to ensure risks of a closed culture were minimised and so that people received support based on transparency, respect, and inclusivity. People had been instrumental in this work and helped to develop the 'KingCare' approach in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was re-registered with us on 09 February 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service was exceptionally safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our well-led findings below.

# Kingarth

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 inspector and a specialist nurse advisor with expertise in mental health and learning disabilities.

#### Service and service type

Kingarth is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingarth is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service to help us understand their experiences. 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 also spoke with 2 visiting relatives.

We spoke with the registered manager, deputy manager, team leaders, support workers, a student nurse on placement, and the area director.

We looked at 7 care plans and associated records, and records related to quality and safety.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

### Assessing risk, safety monitoring and management

- Positive risk taking was a core organisational value. The service had the highest risk profile within the company but the lowest number of incidents. This meant people lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety exceptionally well.
- Staff were highly skilled in working with people to identify risk. Known and newly emerging risks to people had been comprehensively assessed and actions had been taken to reduce the identified risks.
- Where a risk was linked to an activity that would promote independence or well-being, the risk was not considered a barrier and staff would work with people to implement safe and effective risk management plans. For example, having spent many years in institutional settings, one person had now developed a real self-awareness and understood which days they might need a little more support. This self-awareness meant that any incidents of behaviours that some may find challenging were rare, and that restriction and restraint experienced in previous settings now wasn't necessary.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.
- The service helped keep people safe through formal and informal sharing of information about risks. A social care professional told us, "On the whole I feel they provide a safe, supportive environment for [people] I have living there, and the staff make every effort to support these individuals in the community and in the house. Staff are knowledgeable about the [people] living there and have a good understanding of the risks involved."
- In recognition of the extraordinary work completed around positive risk taking, Kingarth came first place in 'The Positive Risk Taking' category at the National Learning Disability and Autism Awards 2023. Feedback from people was reflective of this achievement, comments included: "I may be out and about a lot, but I love this place to bits. I would have never got this far at the other places I lived" and, "I like it better at Kingarth as I can go out anytime and do more cooking and cleaning. I like that it isn't locked like the places I've lived before."

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Safeguarding at Kingarth was truly reflective of national best practice centred around 'making safeguarding personal.' Safeguarding practice within the home focused on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion.'
- Staff ensured a personalised approach that enabled safeguarding to be done with, not to, people. For example, people were encouraged and supported to participate in safeguarding learning and easy-to-

understand information was provided to everyone. Comments included, "We're like a family here, sometimes we can disagree, but everyone is supportive of each other" and, "If there was ever a problem, I'd definitely speak up for myself. I trust the staff here a lot."

- Openness, honesty, and transparency were at the heart of the service. The service managed incidents affecting people's safety very well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support. Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible.
- People could take their medicines in private when appropriate and safe.
- Staff made sure people received information about medicines in a way they could understand.
- Staff followed national practice to check that people had the correct medicines when they moved into a new place, or they moved between services.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

#### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. As-and-when required, the service had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.



# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal, and recognition of good practice. Staff could describe how their training and personal development related to the people they supported.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- Staff completed a comprehensive assessment of each person's physical and mental health before they were admitted into the service.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, as well as physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- Staff empowered people to make their own decisions about their care and support.
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff knew about people's capacity to make decisions through verbal or non-verbal communication and this was well documented.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People had health actions plans/health passports which were used by health and social care professionals to support them in the way they needed.
- People played an active role in maintaining their own health and wellbeing
- People were supported to attend annual health checks, screening and primary care services
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. The environment was homely and stimulating.

# 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.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The fundamental guiding principles about how 'care' should be provided at Kingarth had been enshrined in the 'KingCare' approach. Developed with and by people who used the service, everyone contributed to statements they felt were important to them. For example, people used words such as considerate, community, compassionate, enjoyable, and comfort. A very moving KingCare poem had also been produced which beautifully captured people's individuality.
- Everyone we spoke with told us staff always treated them with respect and ensured their privacy and dignity. We observed staff to be meticulous in knocking and waiting for permission before entering people's room, and only discussing personal matters in private.
- Staff encouraged and helped people to be as independent as possible. Interactions were never rushed, with each interaction between people and staff not only seen as an opportunity for learning and achieving but undertaken in a caring and sensitive way. For example, we observed a member of staff sensitively and discreetly capture the views of one person whilst supporting them to prepare a meal. The skills and expertise displayed by the member in guiding the conversation, empowered the supported individual to share their feelings openly and honestly, free from any notion of formality.
- People were supported and empowered to be equal partners when sharing their views and being involved in decisions about their care.
- Through regular keyworker sessions, built on the principles of mutual trust and respect, people were able to share their personal goals, objectives, and dreams. For example, a long-term dream for one person had been to visit London. This person had been planning this for a long time but with some hesitancy. The team encouraged this person to embrace all life has to offer and helped them to understand those dreams can become a reality whenever they wanted them to. We saw plans were now firmly in place for a 3-night stay in the capital this December.

Ensuring people are well treated and supported; respecting equality and diversity

- The open, inclusive, and supportive nature of the service meant that promoting equality, diversity, inclusion, and respecting people's human rights was a golden thread that ran through every aspect of service delivery. This meant staff were well placed to support people from different backgrounds. Comments from people included, "I can be exactly who I want to be here. I've never felt I needed to hide myself away" and, "With all the other issues I have going on, the last thing I need is to be picked on because I'm different to other people, but I've never been made to feel 'different' here, it's like the family I never had really."
- Staff spoke with pride about the people they supported. It was clear staff were highly motivated to provide

care and support that was kind, compassionate and nurturing. One member of staff commented "It's the best place I've ever worked. Communication is great. The support provided and the difference it makes to people's lives is amazing."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A significant standout feature of Kingarth was the multi-disciplinary team approach in providing support that focused on people's quality of life outcomes which were evidence based, and adapted as a person went through their support journey. An external social care professional told us, "We identified Kingarth after a long search as we required a provider who would be up to the task of meeting the challenges [Person] presented with, enable their independence and ultimately improve [Person's] quality of life."
- We saw multiple examples of how this approach had been transformative in improving people's quality of life. For example, before moving into Kingarth, one person had 12 placement breakdowns which resulted in this person spending time in a secure setting. Since moving into Kingarth, they had flourished and amongst other things, now completed voluntary work. Their representative had commented, "[Person] is still making excellent progress which is fantastic! I can't believe how well [Person] is doing."
- Staff had a profound understanding of the people they worked with. This led to truly meaningful discussions with people that helped staff understanding how people's unique goals, no matter how big or small, could be achieved. For example, one person had previously lived in secure hospital settings for 27 years and had become institutionalised, describing to staff the hospital was "Rubbish, the wards were locked - like a prison." However, since moving into Kingarth, we saw how staff had responded to this person needs and worked collaboratively with them to implement a comprehensive support plan, which over time increased their independence. This culminated in this person enjoying their first holiday in over 10 years!
- For another individual, they had spent their entire life in institutional settings. In these previous settings, this person had described a life of restriction and being unable to do the things they wanted to do – even cooking meals wasn't an option, and there was no opportunity for any sort of independence. This person was also previously subject to high levels of restraint and required 1:1 support at all times. However, since moving into Kingarth this person now goes out and about independently, enjoys getting the bus and even goes to the shops to pick up household essentials. We learnt that the simple act of being able to shop for a pint of milk or loaf of bread for the house fills this person with a real sense of pride and accomplishment.
- People were supported by highly skilled and experienced staff to understand their rights and explore meaningful relationships. For example, one person was supported to build positive relationships, that were previously difficult or not possible to maintain. This included support to better engage in romantic relationships, where this person had previously been deemed to not have capacity to do. We saw how this person was also supported to improve their knowledge around sexual health. This helped to ensure this person had all the support needed to be able to lead the life they loved with the people they cared most about.

### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. For example, at the height of the COVID-19 pandemic, one person had expressed their serious frustration at the restrictions that had been imposed on care homes by the government. This person was supported to write a letter to the Prime Minister, and we saw how this had helped them to understand more widely the actions of staff at that time.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had excellent awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

### End of life care and support

- At the time of our inspection, no one was in receipt of end-of-life care. However, where appropriate, as part of good person-centred care planning, staff sensitively encouraged people to share their wishes around the kind of end-of-life care they would like to receive. This was then documented and agreed with the person.

# 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.

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Kingarth benefited from a long-serving and well-established management team. The registered manager was consistently well supported by the deputy manager and team leaders. Staff told us they had the autonomy to make decisions, based on mutual trust and respect.
- The registered manager was highly skilled and experienced in their field of expertise. Their skills, knowledge, and experience to perform their role was exceptional and they demonstrated a highly developed understanding of people's needs. An external social care professional told us, "[Registered Manager] is a pleasure to work with and their experience, knowledge and expertise is essential in the running of this service."
- The deputy manager was equally effective in their role and highly regarded by everyone. Comments from people included, "[Deputy Manager] is simply inspirational. They are my go-to person for help and support", and "I'd say [Deputy Manager] is the glue that holds this place together."
- The high praise for the deputy manager from everyone we spoke with, had already been cemented by the fact they had won the Care Frontline Leaders Award at the Great British Care Awards 2022.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. All staff were afforded a line of sight for potential progression within the organisation. Developing leadership skills for future leaders was an integral part of a team leader role, which supported the providers philosophy of 'growth from within.'
- There was a well-established and fully embedded governance and quality assurance framework in place. There was a systematic cycle of planning, action, and review, reflecting aims and outcomes for people. Seeking the views of people, their relatives and other health and social care professionals was also a fundamental aspect of quality assuring the service provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had demonstrated a proven track record of achieving outstanding care and outstanding outcomes. The positive culture, ethos, vision, and values of Kingarth shone through from the moment you stepped into the service.
- People were encouraged, and supported, to be involved in the development of the service, for example, people were part of the recruitment process. This had enabled people to have a say on who works within the service and who they receive care and support from.

- Another example of people leading the service was in the design and adaption of a new communal kitchen. Staff spent time speaking to people to capture their preferences in the design of the kitchen. By using this approach and encouraging people to lead the service delivery, one person had taken on the role as Fire Marshall. This was something they took great pride in, and with the support from staff, ensured the service continued to be compliant with fire regulations.
- The registered manager worked hard to instil a culture of care in which staff truly valued, and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family members, advocates and other professionals had to say.
- The registered manager and other leaders were alert to the culture within the service and spent time with staff, people and family discussing behaviours and values.
- Staff felt respected, supported, and valued which supported a positive and improvement-driven culture. A member of staff we spoke with said, "Outside of work I have experienced some of my own difficulties, but the support and encouragement I've received working here has meant I've been able to turn my lived experience into something positive. This in turn has helped me to better understand the needs of the people I support."

Continuous learning and improving care; working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The service engaged in local forums to work with other organisations to improve care and support for people using the service and the wider system.

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 apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.