

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

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.

About the service

Blakeney House is a care home providing personal care to people with a learning disability and autistic people. At the time of our inspection there were 10 people receiving care. The service is set in the community in an adapted building with a large garden.

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

People told us they were happy living at the service. A relative said, "[Person name] speaks very fondly of the service."

Right Support:

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so and had been assessed as competent.

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

Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights. The registered manager enabled staff to develop their skills and learning to provide good quality care. People were supported with healthy diets and nutrition. People were supported to access health professionals to maintain their health and well-being.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services led confident, inclusive and empowered lives.

Care was focused on supporting people to remain independent. Staff supported people to engage in their local community. Care was personalised to people's needs and staff reviewed and adapted support as people's needs or wishes changed. The registered manager had systems in place to monitor the service and

outcomes for people.

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

Rating at last inspection

The rating at the last inspection was good (published 27 January 2018).

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?

Good ●

The service was 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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blakeney House

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Blakeney House 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. Blakeney House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. 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 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 communicated with 5 people who used the service about their experience of the care provided and 3 relatives. We spoke with 5 members of staff including the registered manager, deputy manager, regional manager, and care staff.

We viewed a range of records. This included 2 people's care records and multiple medication records. We reviewed 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people. One member of staff said, "Safeguarding is protecting the individuals and their well-being and stopping any abuse."
- Staff knew how to act on and report safeguarding concerns. One member of staff said, "I would report directly to [registered manager's name] or the deputy manager and if I felt that they were not listening I would 'whistle blow' or contact the local authority."
- The registered manager had raised safeguarding concerns appropriately with the local authority and worked with them to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were person centred and provided guidance to staff on how to safely support people. People were encouraged to live fulfilled lives, and risk assessments were in place to support this.
- Environmental checks were in place and safety certificates were held for equipment used.
- There were detailed personal evacuation plans for people. Staff had regular fire evacuation practices as part of their fire safety procedures.
- The registered manager had business contingency plans in place to ensure the service kept running should there be an event that affected the service.

Staffing and recruitment

- The registered manager told us they had a consistent staff team. This meant people were supported by staff who knew their needs and how they liked to be supported.
- Relatives told us people were happy living at the service. One relative said, "[My relative] is always happy to go back to the service when they have been home. They are very happy there."
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff had been trained in how to administer medicine safely and had their competency to do so checked.
- People had their medicines reviewed by health professionals and the registered manager understood the

principles of the least medicines being used.

- Medicine records contained all the information staff needed to safely administer medicines.

Preventing and controlling infection

- Staff had received training in infection prevention control (IPC) and supported people to minimise the risk of infection.
- Staff had cleaning rotas in place and supported people to keep their rooms clean and tidy
- The registered manager had policies and guidance in place to support staff maintain good IPC practices.

Visiting in care homes

- People were able to receive visitors at the service and regularly went out into the community or to visit relatives at home.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from accidents/incidents or untoward events. Where appropriate behaviour analysis forms were completed and shared with the behavioural analysis team.
- Lessons learned were shared with staff during handovers and team meetings. Where advice from behavioural analysis team was sought any recommendations were added into people's support plans.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people came to live at the service they were fully assessed to ensure their needs could be met and that the service was appropriate for them.
- The registered manager kept themselves and staff up to date to ensure they delivered care in line with current guidance and the law.

Staff support: induction, training, skills and experience

- Staff had a full induction when they came to work at the service. One member of staff said, "The induction definitely helped me to prepare for the job. I knew what was expected of me, and I knew exactly who to contact if I needed any support."
- The registered manager told us new staff spent time shadowing more experienced staff and that they had regular meetings with them to review their progress as part of the probation period.
- Staff completed training relevant to their role, to enable them to develop the skills they needed to support people. Where additional training was required such as from the behavioural support team the registered manager arranged this for staff.
- Staff received regular supervision to discuss any training needs or support they may require to fulfil their role.

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

- People were supported to have enough to eat and drink to maintain healthy nutrition and hydration.
- People had choice over what they wanted to eat and picture menus were in place to help people choose. One relative said, "[Person name] speaks highly of the food, especially the Sunday roasts."
- The registered manager told us people generally helped themselves to what they wanted to eat for breakfast and staff supported with making other meals.
- We observed a lunchtime meal and we saw staff preparing a number of different meals depending on what people chose to eat. Mealtimes were also staggered so that people could eat at a time that suited their needs.
- Where special diets were required people were supported to access these. Referrals were made to dietitians and speech and language therapists when required.

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

- Staff supported people to attend health appointments such as GPs, dentists, and opticians. Staff also

supported people to attend any specialist hospital appointments they may need. A relative said, "We are kept up to date with any hospital appointments, communication is very good."

- People had health passports in place should they need to seek healthcare and had annual health reviews.

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

- People had their own large rooms which they chose how to decorate and had all their own personal belongings. A relative said, "They have recently redecorated and had everything updated. There is a nice walk-in shower, which is perfect."
- The service was large with plenty of different spaces people could access, including a large garden and an additional garden room.

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.

- DoLS application had been made and legal authorisations were in place where required. Where people lacked capacity the registered manager told us they had advocates in place to support them with decisions on their care.
- People were encouraged to make everyday choices and decisions for themselves. Staff supported people to make decisions and where people were unable to best interest decisions were in place.
- Where money was managed by staff records and receipts were kept.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care was person centred and people were supported to live active lives. One relative said, "[Person name] is very happy at the service."
- We observed people had positive relationships with staff, joining in together with activities.
- Staff knew people's needs and how best to offer support. One member of staff said, "I enjoy taking people out daily."
- People's equality and diversity was respected, and people were supported as individuals.

Supporting people to express their views and be involved in making decisions about their care

- Each person had a nominated key worker, who worked closely with them to help them express their views and plan their care.
- People met with their keyworker monthly to review how their month had been and to plan any goals for the coming month.
- Relatives told us communication was good with the service and that they were involved with decisions around care needs.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms which was decorated how they wanted to their own individual style.
- Staff worked with occupational therapists to ensure people had the equipment they needed to maintain their independence.
- Staff supported people to spend their time how they wished, this included accessing the community.
- The registered manager told us that there were no blanket rules or restrictions at the service and they worked with people as individuals.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Before people came to use the service a full assessment of their needs was completed by the registered manager. People and their relatives were encouraged to spend time at the service to meet staff and other people who use the service.
- Where possible there would be a transition period over to the service. The registered manager told us they ensured support needs could be met and where appropriate they continued with routines and community activities people already had in place.
- Care was person centred taking into account people's preferences and how they wished to be supported.

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.

- Support plans were in place to meet people's communication needs. Staff knew people well and their preferred style of communication.
- Staff had a number of methods to help enhance communication with people this included, social stories, pictures, objects of reference, easy read formats and sign language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to follow their interests in the community, this included attending clubs and going swimming. One person said, "I like going to drama club." Another person told us, "I am going to Butlins on holiday."
- Relationships were maintained with family and friends with people have frequent visits or going to stay with relatives. One relative told us, "I go and visit as frequent as I can, and other members of the family go and visit as well."

Improving care quality in response to complaints or concerns

- The registered manager had a policy in place to deal with complaints. There were easy read copies of this for people to see if needed.
- Relatives were in frequent contact and told us communication was good with the service. Where needed people were represented by advocates who could raise a complaint on their behalf if required.

End of life care and support

- There was nobody actively being supported with end-of-life care. People had support plans for planning ahead and funeral plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service, which was inclusive, and person centred, promoting positive outcomes for people. A relative told us, "[Person name] is very happy there and we are very happy with the care."
- Care was person centred and focused on supporting people to live their best life. The registered manager told us, "We want to make the service a homely place where people want to be and feel safe living here."

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

- Staff were clear about their roles and understood risks and regulatory requirements. The registered manager told us, "I am very proud of the team." A member of staff said, "We have a really good team, and everyone gets on really well."
- Staff felt supported in their role. One member of staff said, "We have regular supervisions with the registered manager to talk about work and the people we support. They are very approachable and check in with us every day."
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- The registered manager engaged with people daily and had good contact with relatives. One relative said, "There is good communication, we are kept informed of any changes, or anything we need to know."
- People had regular meetings with their key workers to review their care, discuss how they felt and any support they may need.
- The provider sent out a survey for feedback and the registered manager said this had recently gone out.
- People's equality characteristics had been considered and people were supported with their diversity, cultural and religious beliefs.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to audit care being provided and to maintain oversight of the service. The provider also completed separate audits regularly to measure how services were performing

and identify what support they may need.

- Staff had regular training and development to enhance the skills they needed to support people.
- Where needed people were supported to access support from health professionals such as GPs, social workers, advocates, dentists and learning disability specialists.