

## Consensus Support Services Limited

# Kingston 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 

### Overall summary

This inspection took place on 1 December 2015.

Kingston House provides accommodation for up to seven people who have a learning disability. There were seven people living in the service on the day of our inspection.

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

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

People told us that they felt safe and comfortable living at Kingston House. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

# Summary of findings

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made applications to the Local Authority as needed to ensure that people's rights were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. DoLS are a code of practice to

supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The support plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in a range of activities that met their needs. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were systems in place to monitor the quality of the service and to deal with any complaints or concerns.

# 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 safe.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had an understanding and knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



### Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care as much as they were able to be.

Good



### Is the service responsive?

The service was responsive.

People's care plans were detailed and informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided.

Good



# Kingston 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 1 December 2015, was unannounced and carried out by one Inspector.

We reviewed information that we held about the service including notifications. A notification is information about important events which the service is required to send us.

We spoke and interacted with everyone living at the service. We spent time in communal areas to get an understanding of people's experience and their interactions with staff. Where people were not able to communicate with us very well verbally, they did so using facial expressions and body language. We spoke with five relatives, the registered manager of the service, and five support staff.

We reviewed a range of different care records relating to two people living at the service. We also looked at four staff members' records and a sample of the service's policies, audits, training records and staff rotas.

# Is the service safe?

## Our findings

People told us that they felt safe living at Kingston House. One person said, “I feel happy and secure here.” People were clearly comfortable and relaxed in staff’s company and responded positively to staff interactions. A relative told us that people were safe, happy and well looked after.

The registered manager and support staff demonstrated an understanding of safeguarding procedures and when to apply them. There was a policy and procedure available for staff to refer to when needed, and visual reminders such as posters and flow-charts relating to safeguarding and abuse. Staff spoken with and records viewed showed that staff had been trained and had received regular updates in safeguarding people.

Risks to people’s health and safety were well managed. People were supported to take every day risks such as accessing the community. Risks had been identified and assessed. Management plans on how the risks were to be managed were in place.

Staff had a good knowledge of each person’s identified risks. We saw that they understood people’s needs and worked in ways that ensured that people were cared for safely, for example ensuring that people were well supervised and intervening to de-escalate behaviours before they developed.

The registered manager had ensured that other risks, such as the safety of the premises and equipment had been assessed and that risk management plans were in place. Safety certificates for equipment and systems in use were in place. People using the service were aware of fire procedures and had personal evacuation plans in place to ensure that they would be as safe as possible in an emergency. One person was keen to show us the fire exits and explain the fire procedure to us.

There were sufficient staff to meet people’s assessed needs. The registered manager explained how staffing was managed and when additional staff would be deployed to meet people’s needs. Staff told us that there were enough staff on duty to meet people’s diverse needs. We saw that staff were not rushed and were able to spend time with people supporting them and encouraging independence. Staff were present and responsive to people’s needs at all times. The staff duty rotas showed that staffing levels had been maintained to ensure adequate support for people.

The service had clear recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work at the service until their pre-employment checks had been received.

People’s medicines were managed safely. Staff had been trained and had received updates to refresh their knowledge. Periodic competency checks had been carried out to ensure that staff continued to manage all aspects of medication administration correctly.

There were systems in place for ordering, receiving and storing medication. Protocols were available for the management of medicines to be used on an as and when basis. Temperatures were recorded to ensure that medicines were stored in optimum conditions. Boxed and bottled medication was always dated on opening to provide a good audit trail.

The medication system was audited on a daily basis between each shift, and also checked regularly on a monthly basis the registered manager to ensure that good practices were being maintained. This ensured that people’s medicines were being managed safely and that they received their medicines as prescribed.

# Is the service effective?

## Our findings

People told us that staff understood their needs and that they felt well supported. People told us, “All the staff are good, they look after us well,” and, “I am very happy here.” Relatives told us that the service was effective and that they were very happy with the care provided. One said, “I am genuinely very, very happy with it.”

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us that they had received good training and support. They said that the registered manager was always available for support and advice when needed. One staff member said, “I was well supported when I started and had a lot of training.” Another new member of staff said that they were being well supported and learning about people’s needs and how to support them.

Staff told us, and the training records confirmed, that they had received training which included, food hygiene, infection control, safeguarding people and health and safety. Staff had also been trained in subjects that were more specific to people’s individual needs such as conflict and challenging behaviour awareness, epilepsy, learning disability and autism. Staff were also being supported to complete the care certificate, a qualification for care workers. One staff member told us that they had just completed their National Vocational Qualification, (NVQ,) in care at level two and would probably go on to complete level three. Eleven other staff also held NVQ awards. This showed us that the provider was committed to providing a well trained staff team to support people.

Staff told us that they had received a good induction when they started work at the service. We saw that they undertook core training, had a detailed three day orientation into the service and following their initial induction commenced the Care Certificate. They continued to work on a supernumerary basis and shadow more experienced staff for up to two weeks. This helped to ensure that new staff built up a good foundation of skills and knowledge.

The service was small and support staff and the registered manager, team leaders and support workers worked alongside each other on a day to day basis. Staff practice was therefore continually monitored. Staff records showed

that staff had also received opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs. An annual appraisal system was also in place to encourage ongoing development.

The registered manager and staff knew how to support people in making decisions. They had an understanding and had received training in the Mental Capacity Act (MCA) 2005 and the requirements of the Deprivation of Liberty Safeguards (DoLS.) Information was available to guide staff understanding and practice in this area. DoLS applications had been made in respect of five people using the service. A decision had been made on one application and the service awaited the Local Authority, as the supervisory body, to assess and make a decision on the other applications.

The service took the required action to protect people’s rights, make best interest decisions on their behalf and ensure that they received the care and support they needed. People’s capacity needs had been assessed and care records reflected any capacity issues. During our inspection we heard staff asking people for their wishes and seeking their consent before carrying out any activities. As far as possible people had been involved in their care planning and in saying how any risks were to be managed. This meant that decisions were made in people’s best interests and in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People chose what they wanted to eat and drink and were involved in planning menus. People were encouraged to be involved in meal preparation to increase their daily living and independence skills. People’s nutritional needs were assessed and their weight was monitored in order that any emerging issues with diet or nutritional needs would be quickly identified.

People’s healthcare needs were met. There were health action plans, hospital passports and emergency grab sheets in place on the care files that we viewed. Health action plans are detailed plans describing how the person will maintain their health. They detail the dates of routine appointments and check-ups and they identify people’s specific healthcare needs and how they are to be met. Hospital passports provide information for healthcare providers about people’s needs and ways of communication should they need to attend hospital.

## Is the service effective?

Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy. Where needed we saw that support was sought and received from relevant professionals such as psychiatrists, orthotics specialists and physiotherapists. Families were happy with how people's healthcare needs

were managed and felt that the service kept them informed about people's changing needs. One person told us, "They keep us well informed of any little things, doctors' appointments and everything." Another person told us, "There is good contact and communication."

# Is the service caring?

## Our findings

People told us that they liked and got on well with all the staff at the service. One person told us, “I like living here. Here are good staff and good people. This is a good care home.” Relatives all expressed how good the staff were with comments such as, “The staff genuinely care, it’s not just a job to them,” and, “When I visit I feel like I am going from one family to another, the staff are very caring.”

People went about their own routines during our visit and there was good staff interaction. Staff displayed kind and caring qualities. Discussions with staff showed that they understood the needs of people using the service very well and supported them in ways that were encouraging and positive. One member of staff told us, “We care for each person as an individual.” Staff treated everyone respectfully and understood their diverse needs.

People had been involved as far as possible in planning their care. We saw from records that people’s views and wishes had been sought so that the care provided would meet their individual needs. Relatives confirmed that they had been involved in planning and were invited to regular reviews. One person told us, “I am kept informed, invited to attend regular reviews where I can review the support plans and asked to provide feedback on the care.”

Care and support records provided good information about people’s needs, likes, dislikes and preferences in relation to

all areas of their care. They showed how people’s care and welfare was carefully monitored. From discussions with staff it was clear that they had a good understanding of people’s individual needs and supported them accordingly.

Staff treated people respectfully and ensured that their privacy was maintained. People could choose when they wanted to be alone or when they wanted to mix with others and followed their own routines. People were encouraged to hold their own keys if they wished. One person who did liked this and told us that it made them feel independent. Staff asked for people’s permission before entering their room to carry out tasks such as cleaning.

Some people in the service were able to express their own views about their care and wishes to a greater or lesser degree. Most had some level of family support to assist them in having a voice and to support their care. The registered manager was fully aware of advocacy services and how to access them if needed. An advocate was used to help support two people living at Kingston House. 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 they enjoyed having contact with their families who were able to visit at any time. Relatives told us that they were able to visit the service whenever they wanted to and made welcome. One person said, “What I really, really like is if we pop in on the off chance there is always a good welcome, an open door and a cup of tea. Staff are pleased to see us and it is never awkward.”

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. There were informative support plans in place, which clearly identified people's choices and preferences. Support plans were regularly reviewed and amended when needed to reflect any changing needs or developments. One person told us, "The staff are supportive and always ask me what I want to do." A relative told us, "You can't fault the care that people get."

People were encouraged and supported to be as independent as possible and to have goals and aspirations. One relative told us that their family member was now doing much more than they had ever done before and was enjoying life. People were encouraged to follow individual interests and told us about the things they enjoyed doing such as going to college, going to a singing group, swimming and drawing. Relatives told us that people were 'always' out and about and enjoyed a good social life.

People regularly accessed the local community in line with their individual preferences and assessed risks and needs. The service had its own vehicle to support community access.

People were encouraged and supported to maintain relationships with their family and friends. Contact was maintained through visits and telephone calls. One relative told us, "It is easy to keep in touch, we sometimes phone or, [name of relative] will phone us for a chat."

The service had a complaints process in place. The complaints procedure was available to people in an easy read format so that they would know what to do if they had any concerns. People told us that they would discuss any concerns with the manager, their key worker or any staff. No complaints about the service had been made since our last inspection. Relatives were all keen to express that they had no concerns or complaints about the service at all. All felt that if they ever did they could discuss anything with the registered manager and staff and that any issues would be addressed. This showed us that the service was responsive to people and would address any concerns that they had.

# Is the service well-led?

## Our findings

People told us that the service was well led and managed. People using the service and relatives praised the service highly telling us that it was well managed and that staff communicated with them well and appropriately. One relative told us, “It is a brilliant place,” another that, “The staff are amazing.”

People said that staff and management were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with each other and with people living in the service. The service was small and it was clear that management, staff and people using the service all got on well. There was a nice feel to the service, with people’s individual needs and abilities respected and understood. People living at Kingston House and their relatives all felt that there was a ‘family’ feel to the service.

Staff were positive about the management of the service. They said that the registered manager was approachable. Staff felt that they could raise any issues and feel listened to. Staff were motivated and told us that they enjoyed their work very much.

The registered manager was able to describe to us the vision of the service and explain how this was introduced and maintained in the staff team. The aim of providing a people led and caring service was made clear to staff from the point of recruitment and reinforced through induction, ongoing training, daily interaction and monitoring. Staff were able to demonstrate the vision in their practice and promoted positive and respectful relationships with people. Staff and people using the service told us that it felt very much like a ‘family’ where individuals were respected and supported. A member of staff told us, “The service is very person centred.”

Staff told us that there was good teamwork in the service, and that they all worked together for the same ends. Staff provided good support to one another. Staff meetings occurred and handovers between shifts took place

supported by documentation. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people’s needs.

The registered manager was aware of the responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided. There were formal processes in place to support this. Regular audits had been undertaken in relation to health and safety and the premises, medication, infection control and finances with any matters arising being addressed. This ensured that appropriate standards were being maintained across the service.

The provider monitored the service. Monthly monitoring visits were undertaken by an operations manager. Reports identified any actions needed and these were followed up to ensure that improvements were made. The registered manager was required to submit weekly and monthly reports to the organisation relating to staff management, any incident or accidents and other matters in order that these issues were monitored by the provider.

Visits from other agencies such as environmental health had found the service to be operating well and in line with their required standards.

People’s views on the service were sought through one to one interaction, monthly key worker reviews, other review processes and periodic regular residents meetings. Formal annual surveys were also undertaken by the provider. These consulted with people using the service, staff and relatives. All surveys had been undertaken this year and responses had been positive about the service.

People at the service were also encouraged to be involved through planning menus, saying what activities they wanted and in meeting any potential new staff and expressing their views as to their suitability. One person was actively involved in the interview process and enjoyed telling us about devising questions and their involvement in the process.

Overall people were very satisfied with the quality of the service and made comments such as, “I am very happy here.” A relative said, “I could not be happier.”