

Consensus Support Services Limited

Southwold 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

Southwold House is a residential care home providing personal care for up to 12 people.

The service was bigger than most domestic style properties, and at the time of the inspection, ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size, and the development of four separate flats. There were deliberately no identifying signs, intercom, cameras, industrial bins, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People were encouraged to live as full a life as possible and achieve the best possible outcomes. Registering the right support principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The recruitment and retention of staff had been challenging. However, at the time of inspection there were enough staff on shift to meet people's needs. People living at the service had complex behaviours, and registered manager had systems in place to assess and monitor risk.

At the time of the inspection, people's medicines were being administered safely. Previously, the local authority had investigated a concern relating to medicine management, and the registered manager had made changes as a result. An air conditioning system needed to be installed to the medicine room to ensure the correct temperature to store medicines was maintained. The provider confirmed there were plans to carry this out.

Plans were in place to carry out remedial work to the environment. People's health and emotional needs were assessed, and monitored so that they could live well. The service worked closely with relevant health care professionals and people received the support they needed to have a healthy diet that met their individual needs.

People were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

The care and support people received was individualised. 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.

End of life care planning had not been offered to people, and staff had not been trained in end of life care. We have made a recommendation about end of life care. Complaints were dealt with effectively.

Systems were in place to drive improvement and audits were carried out on a regular basis, which looked at the quality of the service people received. The registered manager had a clear oversight of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Southwold House

Detailed findings

Background to this 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 Care Act 2014.

Inspection team This inspection was carried out by one inspector.

Service and service type: Southwold House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection: We spoke with one person who received a service and two people's relatives. We observed the care to understand the experiences of people who could not talk with us. We spoke with the registered manager and three staff working in the service.

We looked at a range of records. This included two people's care records, and records relating to two members of staff. We also looked at the provider's arrangements for managing medicines, supporting staff, managing complaints, and monitoring and assessing the quality of the services provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection, this key question was rated as Good. At this inspection, this key question remains the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Fire risk assessments had been completed and suitable checks of the environment and equipment was in place. However, these checks had not always been carried out when a change had occurred. For example, an incident had occurred because the windows had been changed, which resulted in one person accessing the roof area. We found no evidence that the person had been harmed. The registered provider reviewed the risk assessment and looked at how they could promote the safety of the individual further.
- People living at the service had complex behaviours. The registered manager assessed and monitored risk, considering the people being supported and the staff that supported them.
- A range of risk assessments provided information for staff about what action to take, which included environmental risks and risks that related to the health and support needs of the person.
- Staff were aware of people's individual risks and how to help people in a safe way.
- When people were at risk of being exposed to restrictive practice, behaviour support plans were in place. If a restrictive intervention had to be used, the registered manager had considered the least restrictive way, and had carried out a review of any practice used.

Staffing and recruitment

- The registered manager explained that recruitment and the retention of staff could be difficult. Agency staff usually covered vacancies.
- A recent incident had occurred, where the registered manager had found two members of staff asleep on shift, they had been proactive in addressing this concern and the staff had since left the service.
- Recruitment processes continued to be in place for the safe employment of staff.
- Staff told us there was enough of them to support people in a safe way, and any absences were effectively covered.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training, and had their competency assessed.
- The medicine room did not have an air conditioning system. This meant that on hot days people's medicines had not always been stored at the correct temperature. The registered manager showed us plans that an air conditioning unit was going to be installed.
 - A few months prior to the inspection, there had been an incident where a person had been given the wrong medicine. The registered manager had worked with the local authority, and acted swiftly to ensure that the person was safe. We found on this occasion, no one had been harmed.
- The registered manager had looked at how they could apply the principles of STOMP. STOMP looks to reduce the over medication of people with a learning disability, autism or both with psychotropic medicines.

It is a national project involving many different organisations which are helping to stop the over use of these medicines.

- Protocols to guide staff about giving medicines on an as and when required basis were in place. There had been no recorded incidents where chemical restraint had been used.

Systems and processes to safeguard people from the risk of abuse

- The local authority informed us they had been working with the provider in the months running up to the inspection, and the recommendations they had made had been carried out by the provider.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe
- Staff had been trained in safeguarding people and knew how to raise concerns with the appropriate authorities.

Preventing and controlling infection

- Staff were given training to enable them to reduce the risk of infection and had access to equipment such as gloves and aprons.
- The service was clean and tidy, and people looked clean and well looked after.
- Infection control audits were carried out by the registered manager on a regular basis.

Learning lessons when things go wrong

- Systems were in place to look at how learning could be shared when things had gone wrong. The registered manager reviewed any incidents that had occurred or where a restrictive intervention had been use.
- Debrief meetings were carried out with staff, to reflect on their practice. One staff member said, "I can't recall the last time we needed to restrain someone. If this does happen we have meetings and talk about how we improve our practice and how to better support the person."

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 the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Southwold House was a detached house, which had been modified to meet people's individual needs. An area of the service had been converted to offer four people their own private accommodation.
- The registered manager ensured that the environment was and free from hazards, however some areas of the service would benefit from improvements being made to the environment. For example, the décor in some areas of the service was not very homely and would benefit from be redecorated. Some refurbishment work had been completed and a leak had occurred. This still had not been fully remedied.
- Plans were in place for remedial work to commence. We were assured that this would be completed within the next three months.
- There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it.
- People's rooms and flats reflected the individual's personality and was equipped to meet their needs.

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

- Assessments were carried out which considered people's physical, mental and social needs to achieve effective outcomes. When people displayed behaviour that may challenge others, functional assessments of their behaviour was carried out.
- People had been involved in planning, reviewing, and evaluating aspects of the care and support being delivered. However, some family members did not always feel that they had been included.
- When people had complex needs, Positive behavioural support (PBS) plans were in place.
- The service had access to a in house psychologist, which provided specialist support to staff, and provided behaviour support guidance. PBS is a framework that seeks to understand the context and meaning of behaviour to inform the development of supportive environments that can enhance a person's quality of life.
- Behaviour support plans included guidance for staff detailing how they could change behaviour pro-actively and to manage behaviour reactively. We observed staff effectively using distraction techniques.
- Staff knew who had PBS plans in place and could explain how they would support people in an effective and responsive way.

Staff support: induction, training, skills and experience

- Training had been given to staff in a variety of different topics. This included training in how to avoid or minimise restrictive interventions, and in de-escalation techniques.
- Staff continued to be given an induction, which included shadowing elements.

- Staff told us they were well supported. Regular supervision sessions and annual appraisals were carried out.

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

- People and their relatives told us staff supported them to eat and drink in line with their assessed needs. One relative said, "[Name] will always say they have had lunch and what they have had."
- Staff pictures of foods available to enable people choose what they would prepare and eat.
- Information on whether people needed any specific support with their nutrition was included within their plan of care, such as, dietary requirements to support people's health or cultural needs.

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

- People's oral health needs were met, and care plans included guidance for staff about how to support people with this aspect of their care and support. The registered manager ensured people had access to toothpaste and toothbrushes.
- Generally, people were positive and told us their family members were supported to access their health appointments. One relative said, "They let me know if there is anything. They always let me know if something is wrong. Communication is very good."
- At the time of the inspection, the local authority was investigating a concern where one person had not been supported to access their health care appoint as they were required.

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 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.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood how to help people make choices on a day to day basis and they had been given training in the Mental Capacity Act 2005.
- People at the service had varying levels of capacity due to their abilities and complex needs, and staff understood these needs.
- When people were being deprived of their liberty, application procedures had been followed, including applications to the Court of Protection. Copies of these documents were available.
- People were able to choose where they spent their time, such as in their own room or flat or in the communal areas or garden. They could move freely around the service.

- Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been requested.

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 the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. 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

- The impact of people's culture and lifestyle choices had been considered and was recorded within people's care plans.
- People were empowered to develop positive relationships with others and to maintain any cultural or spiritual aspects of their lives.
- Staff treated people with dignity and respect and could explain how they should be treated with equality.

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

- People living at the service had complex needs, and staff were able to describe how they met people's needs on a day to day basis.
- People were seen communicating with staff and being listened to. It was clear that staff understood how people communicated.
- Staff used different communication techniques to help people express themselves.
- Staff interacted with people in a kind and caring manner and they took the time to listen to the gestures people made. They responded in a way that the person understood.

Respecting and promoting people's privacy, dignity and independence

- We observed staff being respectful towards people and talking with them in a kind and personalised way.
- Staff took their time to listen to what people wanted to do and empowered them to make choices.
- People's privacy was maintained. We observed staff knocking politely on people's doors and waiting for an answer before entering. Staff respected the need for people to have privacy away from others and to spend time on their own.
- People benefitted from being supported by staff who understood their individual needs and preferences. We observed staff working with people and saw that they were not anxious or uncomfortable with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection, this key question was rated as Good. At this inspection, this key question remains the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Whilst the service did not support people with end of life care at the time of the inspection, the registered manager had not explored people's preferences and choices in relation to this aspect. One relative told us they wanted to plan for their family members future. They said, "I am worried if something happens to [Name of person]. I want to know [names] funeral will be arranged and catered for."
- Following the inspection, the registered manager provided us with a end of life support plan which was being introduced and confirmed that staff would receive additional training in this area.

We recommend that the registered provider meets with people to explore their preferences and choices in relation to end of life care, in line with best practice guidance.

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

- Mixed feedback was given by one family member and the local authority, who felt communication could be improved.
- People continued to receive personalised one to one support from a staff team that knew their individual needs and abilities.
- Staff supported people in way that ensured their diverse needs were met in a way that met their individual care and treatment needs.
- Care plans could describe the person's life and what activities they like to do and how they enjoy spending their time. Care plans were individualised and about the person. They clearly explained what support people needed and what they preferred to do for themselves.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had considered how to meet people's communication needs.
- Information was in pictorial formats as were people's care plans.
- Staff had been trained in different communication techniques. We saw them communicating effectively to empower people to have maximum choice and control. For example, they used different communication methods suitable to people's individual needs, including pictorial boards, to enable people to be involved in decision making.

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 supported to participate in activities which were meaningful, stimulating and culturally relevant to them.
- The wider community was accessed, including educational opportunities, and people were encouraged to develop relationships with people that mattered to them. One relative said, "[Name of person] likes walking, cycling and swimming. They don't always want to go, so the staff to encourage them because they will say no to everything."

Improving care quality in response to complaints or concerns

- The service had an effective complaints procedure in place for staff to follow if people or relatives wished to make a complaint.
- People knew how to raise concerns if they needed to. Relatives said if they had any concerns they would raise them with the registered manager.

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 the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. 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; Working in partnership with others

- Regular staff meetings were held. During these meetings, staff were encouraged to contribute their ideas about the ways the service could be developed.
- Staff told us they worked well as a team and morale was good.
- Staff understood the values of the service and told us they were; treating people with choice and respect.
- Audits were used to review the effectiveness of the service and key areas of the service were reviewed, such as training, health and safety, staffing, safeguarding, care and support and leisure and activities.

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 registered manager was open about some of the recent concerns that had been raised and was quick to point out what action had been taken in response.
- The registered manager understood their responsibilities, and when the CQC should be notified of certain events.

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

- Records and documents relating to the running of the service continued to be clear and well organised.
- The registered manager understood the different aspects of this service and knew the people who lived there well.
- Systems were in place to ensure staff had the information they needed.

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

- People were encouraged to be involved with planning how they wanted to live their life and were supported to make day to day decisions. For example, some people had structured days away from the service, while others had support from staff to plan a day that was individual to their wishes.
- The registered manager had developed good links with services within the local community.

Continuous learning and improving care

- Systems and checks continued to be in place to monitor, report and act upon on various aspects of the service to ensure continuous improvements.

- Feedback about the service from people and their relatives was encouraged. An annual survey had been completed and positive feedback had been received from staff and relatives. These results had been analysed and a report had been produced which included information about what areas of the service the registered manager planned to improve.
- The registered provider carried out a full-service review which made suggestions about how the service could improve. They considered the ways in which risks could be reduced and how things could be done better.