

# Consensus Support Services Limited

## 89a Hampton Road East

### Inspection report

89a Hampton Road East  
Feltham  
Middlesex  
TW13 6JB

Tel: 02087830044

Date of inspection visit:  
08 September 2022

Date of publication:  
21 October 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Outstanding** ☆

# 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

89a Hampton Road East is a care home that is registered to provide personal care for up to seven people aged 18 and over. It supports people with a learning disability and mental health needs.

At the time of the inspection seven people were living at the home. People had their own bedrooms with ensuite bathrooms. They shared the kitchen, dining room, laundry facilities, garden and two living rooms. A team of support staff supported people during the day and overnight.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. This was a focused inspection and we did not look at all aspects of care and support. They demonstrated they were meeting the areas reviewed as part of our inspection.

### Right Support

The service supported people to have the maximum possible choice, independence and control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. They supported people to pursue their interests, develop new skills and achieve their aspirations and goals. Relatives praised the service highly and one told us, "I think they are fantastic and I feel lucky we found them." Staff found creative ways to promote people's independence, learning and involvement in the community. They supported people to play an active role in maintaining their own health and wellbeing. The service involved people and their families in discussions about how they received support, including support to travel wherever they needed to go. People had a choice about their living environment and were able to personalise their rooms.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture

Relatives and professionals said the home was managed well. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff valued and acted upon people's views.

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

The last rating for this service was requires improvement (11 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 and 13 May 2019. A breach breaches of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the systems in place to monitor the quality of the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 89a Hampton Road East on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

**Outstanding** ☆

# 89a Hampton Road East

## 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

The inspection was carried out by two inspectors.

#### Service and service type

89a Hampton Road East 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. 89a Hampton Road East 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 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 the Care Quality Commission 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

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we held about the provider including information they sent us when they were registered with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We also spoke with two members of staff, the deputy manager, the registered manager and the provider's area manager. We reviewed a range of records relating to the management of the service, including procedures, checks and audits, records of care and the support plans for two people.

After our visit we spoke with three relatives of people who use the service and two professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found. We looked at another person's support plans, training and quality assurance records.

# Is the service safe?

## Our findings

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People were supported in line with the principles of the MCA.
- People's support plans included appropriate assessments of people's capacity to make assorted specific decisions about their care and support. These included managing their medicines and finances and having COVID-19 and flu vaccines.
- Support plans were reviewed and monitored specifically to ensure agreed care arrangements were the least restrictive on people's liberty.
- Staff empowered people to make their own decisions about their care and support. For example, since our last inspection a person had been supported to become more capable in holding their own bedroom door keys. This meant staff had empowered them to experience greater liberty and independence in their day to day living.
- There was information in people's support plans about how staff supported each person to make decisions.
- The registered manager had worked with the local authority when they found a person lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. They recorded when a person's deprivation of liberty had then been authorised.

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

- The registered manager assessed people's care and support needs before they moved to the service. We saw they had completed a detailed assessment of a person's needs and this had informed a personalised



transition plan so staff could learn about the person and help them to settle when they moved in.

- People's support plans were up to date, personalised, strengths-based and reflected their current needs and aspirations, including physical and mental health needs. They showed a good understanding of each person, including assessments of people's communication support and sensory needs where relevant. Plans also considered people's age, ethnicity, gender and expressions of sexual orientation (meaning whether someone was heterosexual, lesbian, gay or bisexual). People, those important to them and staff reviewed plans regularly together.
- Support plans promoted strategies to develop people's independence and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. For example, we saw individual plans to support different people to learn how to go food shopping, cook meals and manage their laundry.
- Positive Behaviour Support plans were in place to help staff support some people when they experienced distress or agitation. These included functional assessments to understand people's behaviours. We saw plans had been developed and reviewed with health professionals, staff and people's families on numerous occasions to work towards a good outcome for a person.

Staff support: induction, training, skills and experience

- Staff and managers appeared competent and knowledgeable about people's needs.
- The provider ensured staff attended a variety of training and refresher courses so as to be competent to support people. This included training on supporting people with a learning disability and autism. Staff told us they found the training helpful and it informed to how they supported people.
- The registered manager checked staff members' competency to help ensure they understood and applied training and best practice. The provider monitored staff learning and development to make sure this was always completed.
- The registered manager and deputy manager supported staff with regular supervisions and appraisals. Staff told us they found these beneficial, helped them to develop and their managers were very supportive.
- There were enough staff to meet people's needs and they were supported consistently by the same team members. This helped people to develop relationships of trust with those who supported them.

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.
- Staff understood people's likes and dislikes and people were able to eat and drink in line with their cultural preferences and beliefs. A relative also told us this happened.
- People's support plans set out their cultural and dietary requirements. Staff had supported a person to learn how a dietary condition affected their well-being so they could make informed decisions about what they ate.
- People could have drinks and snacks and staff encouraged people to make healthy choices.
- Staff involved people in choosing their food, shopping, planning and preparing their drinks and meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People were generally in good health and staff supported them to meet their day-to-day health needs. Staff ensured people played an active role in maintaining their own health and wellbeing.
- People had health care plans, oral care assessments, hospital passports and communication passports in place. These set out how staff and healthcare professionals worked effectively to meet people's individual health needs in a person-centred way.
- Staff supported people to attend assorted health appointments, such as sight, hearing and oral care and men's health checks. Staff supported some people to attend these appointments with relatives. People

were referred to healthcare professionals to support their health and wellbeing.

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.
- The environment was homely and the layout and furnishings supported people's needs. People could move about freely. The secured garden was suitably maintained and accessible to people through one of the communal lounges.
- People personalised their rooms and were included in decisions relating to the interior decoration and upkeep of their home.

# 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 requires improvement. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The management team had worked to create and sustain a distinctive, optimistic culture that was person-centred, open and inclusive and had a clear impact on people's lives.
- The service's positive risk-taking, strengths-based approach meant people were consistently supported to enjoy a wide range of opportunities and positive challenges based on what they wanted to do and try. For example, when a person had wanted to learn to drive staff developed a gradual approach to support them to try go-karting, obtain their provisional licence, take driving lessons and sit their driving theory test. Another person was planning to go away on holiday for the first time in years shortly after our visit. This was possible because staff had helped them develop the confidence to try something that had previously been too challenging for them. Staff had worked creatively to develop easy read holiday guides for another person to help them decide on the country and resort they wanted to go to. They then supported to person to enjoy their holiday of choice to Greece. Some people had expressed an interest in camping, so staff had bought a tent for them to try in the garden. This meant the service helped people to experience a rich and varied life as they were able to try different things.
- There were systems in place to promote this person-centred working. The registered manager had ensured each person had two 'keyworkers', members of staff responsible for coordinating a person's support planning with them. They worked as a team to make sure that people met with a keyworker regularly to review their support plans to make sure they identified what the people wanted to do and achieve and if their plans were helping with this. This informed how the staff team supported them. People were clearly involved in and at the centre of this process. The meetings were recorded and both the registered manager and the provider monitored these to make sure they took place and were effective.
- Relatives spoke exceedingly well of the service and the difference it had made to their family members. They told us, "Highly recommended", "I think they are fantastic and I feel lucky we found them, it is a relief" and "It's [family member's] second home."
- Everyone had individual timetables of activities they liked to do developed with the person, such as swimming, college and seeing friends, but staff also encouraged people to express their needs and wishes and were exceedingly responsive to this. We saw that when a person quickly decided they wanted a haircut staff supported them to do this. On the same day other people chose to go to the cinema and staff helped with this. We saw that the evening before some people had chosen to go bowling together as friends and staff had arranged for that to happen as well.
- Throughout our visit we observed staff were consistently warm, friendly and respectful with people. They had inclusive, empowering relationships with people and we saw staff laughing and joking with them. Staff

we spoke with were genuinely happy to be at work and one commented, "I love my job, love working in this house." The actions and attitudes of staff and managers conveyed how they wanted people to enjoy their lives to the full.

- Staff were highly motivated to help people learn new skills and develop their independence. They spoke with pride about their roles in supporting people's development and celebrated their achievements. Staff told us, "I like seeing them using their skills and learning how to do new things" and "I find it rewarding when they learn new skills." For example, a person's cookery course certificate was displayed at the home and this was an important accomplishment to the person. They were very pleased to explain to us the different dishes they had made recently, including on the day we visited. Throughout our visit we saw staff always gave people choices, listened and acted on people's expressed preferences and staff strongly encouraged people's independence.

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

- The provider and managers' governance systems were well-embedded in the service to ensure people received personalised care. This promoted the positive, person-centred culture and made sure improvements were sustained.

- The managers at the home had embedded a clear, empowering vision at the service. The registered manager had led by example to achieve this. They regularly worked on shift with other staff to provide direct care and support to people, as did the deputy manager. During our visit we observed the registered manager leading on prompting people to discuss and decide what they wanted to do that afternoon and evening. We also saw the deputy manager helping a person decide on an activity and prompting them to use a tablet to research this. This meant the managers could model how staff were expected to work as well as monitor and lead the quality of the service. Staff were also clear about their role in this. A member of staff explained with passion, "We all have the same vision, to understand the jobs we are trying to do, to support the individuals to be more independent." A relative told us, "Staff are excellent, fantastic. My [family member] loves them."

- Relatives spoke extremely positively about the service, the staff and the management team. At times staff and the registered manager acted 'above and beyond' to provide a good service. For example, a member of staff voluntarily worked extra hours to manage the garden and paint the fencing. A relative recounted an occasion when on New Year's Eve at extremely short notice the registered manager brought emergency medicines for a person to the airport they and their family were due to depart from. Their swift response made sure the person's health was supported and they could complete a journey that was very important to them and their family.

- The registered manager and deputy manager had provided consistent, strong leadership at the service. Staff spoke very favourably about the registered manager and the provider and felt supported and valued. Their comments included, "[The registered manager]'s very good, could always go to [them]" and "brilliant, really good."

- Professionals also praised the management of the service. One told us, "You can tell they are genuine, want the best for [the person] and want [the person's] views to be heard." Another professional said, "It was a real pleasure to work with [the deputy manager] in difficult circumstances."

- The registered manager ensured that events at the service, such when updating a person's support plan or when reviewing an incident, were used to identify opportunities for making improvements to the service or a person's life chances. For example, when a person was experiencing an ongoing series of incidents the registered manager had reviewed their support arrangements frequently with the person, involving other statutory agencies where possible, to reflect on the person's circumstances and make sure their support was appropriate.

- The provider's management systems supported effective performance management. The provider had a policy of issuing recognition awards to individual staff for their ongoing commitment and dedication to improving the lives of people through their work. We saw four staff at the service had received these awards. The staff team as a whole, out of the over 50 other services operated across the organisation, had also recently been nominated by the provider for an 'outstanding team' award for their efforts to make a difference to people's lives.
- The registered manager and provider were keen to develop their staff so they could embrace the organisational values and become the future leaders for the organisation. For example, with support of the registered manager and the provider's leadership training programme, the deputy manager had been successful in gaining a management position promotion shortly before our visit.
- The managers at the home had led on and embedded a clear, empowering vision at the service. Staff were also clear about their role in this. A member of staff explained with passion, "We all have the same vision, to understand the jobs we are trying to do, to support the individuals to be more independent." A relative told us, "Staff are excellent, fantastic. My [family member] loves them."

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

- There were consistently high levels of constructive engagement with people, their families and staff. This helped to ensure people received high quality person-centred care.
- People were supported to take responsibility and to be actively involved in the running of the service. People helped to keep their house clean, completing extra cleaning to keep people safe from COVID-19, for example, and carried out checks of the home environment together with staff. We saw some people helping to clean their home and another person undertaking building maintenance checks when we visited.
- People were consulted on and decided when they wanted to hold special events, like Halloween parties, and they volunteered to help cook Christmas dinners and organise quiz nights. This helped people to have a sense of home and they told us they liked to live there. Staff had helped people to make a fun film of an 'alternative' telling of the Christmas story. Staff had helped them contribute in ways that suited each person's strengths and personalities. Staff had gone the extra mile to enable people to be integral to this innovative shared project that was clearly an enjoyable experience for them.
- People were supported to be active, contributing members of their community. For example, people enjoyed regularly raising money for Children in Need, by completing sponsored walks, car washing and 'fright night' challenges as well as baking cakes to sell at coffee mornings. One person had also applied to volunteer at a local foodbank. With staff support and encouragement this helped people to feel valued and a sense of achievement.
- Staff were creative in how they encouraged and welcomed people's families to be involved in the service and people's lives. As well as supporting people to visit their relatives regularly, staff also helped to organise regular social events with them. For example, we saw numerous pictures of people enjoying picnics, 'mini' Olympics or Commonwealth Games and fun events in the local park which they had invited their families to. Staff enjoyed these times alongside people and one told us, "I love the fun days out." Staff had supported a person to host a 'Come Dine with Me' evening where they invited and cooked a meal for their relatives. This meant the person was able to use new skills they had learnt while enjoying time with their family and sharing their home with them. People and their families were actively involved in their care planning.
- Staff held regular group meetings with people where they talked about different aspects of the service such as activities, people's choices for redecorating their rooms and the home, meals planning and healthy eating. People were encouraged to make suggestions for things that could be improved and always reminded how to raise issues or make a complaint.
- The registered manager held regular team meetings to discuss the service. Meeting records indicated that staff discussed topics such as people's well-being, safe COVID-19 practice and safeguarding as well as

reinforcing the vision of the service and how to continuously improve the service. Staff said they felt involved and listened to and could contribute ideas towards the running of the service.

#### Continuous learning and improving care

- There was a clear, strong emphasis on continually improving the service through assorted review and quality assurance processes.
- The provider had ensured there was a robust framework of checks and audits taking place regularly to monitor the quality performance of the service. We saw these checks, from monthly registered manager reporting to regular senior manager audits, included capturing and responding to the views of people using the service. The provider also employed a person with a learning disability who did not live at the home to conduct formal quality checks and report on their findings. The monitoring by someone who may have similar needs to the people using the service helped to ensure people received a good standard of care and support while the team continued to identify and make ongoing improvements to the service. The area manager and registered manager saw the effective use of the systems for ongoing quality improvement as a key responsibility.
- The registered manager completed action plans promptly in response to any quality audits' findings and the provider checked to make sure this happened. The managers used team meetings to discuss and reinforce good practice and improvement actions.
- The provider conducted periodic surveys with people, relatives and staff so they could comment on the service, managers and the provider. This was taking place again when we inspected. We saw the provider's analyses of the most recent surveys and respondents had provided positive feedback about the service.
- The provider kept up-to-date with national policy to inform improvements to the service.

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 had a sound awareness of their duty of candour responsibilities and apologised if something went wrong. They demonstrated a clear commitment to ensuring the service acted in an open and transparent manner with people, relatives and other professionals.

#### Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as social workers, the police, pharmacists and GPs. Social care professionals told us staff were proactive in contacting them and quick to provide information and support. This helped people to receive joined-up care to meet their needs.