

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 ●

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

Kingston House is a care home providing personal care to people with a learning disability and autism. At the time of our inspection there were 8 people receiving care. The service is set in the community in an adapted building over 3 floors with a large garden.

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

Feedback from families and relatives was positive. A relative told us, "I never have to worry about [person name] being there." Another relative said, "I am very happy with the service, communication is good and they love being there."

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 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 diet and nutrition to maintain their well-being. Staff worked well with health care professionals to support people's 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 15 December 2017).

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.

Kingston 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

Kingston 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. Kingston 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 on the first day of inspection. Our second visit was later in the day so we could meet with people who had been out doing activities.

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

During the inspection

We 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 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, regional manager, and care staff.

We viewed a range of records. This included 3 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. One person said, "I like living here, the staff are nice they look after me."
- Staff had received training on how to safeguard people. One member of staff said, "I would report anything to my manager, or I would go to the regional manager. If I felt things weren't being investigated, I would report to CQC or local authority."
- The provider had policies in place for staff to follow to raise concerns and the registered manager clearly displayed posters detailing how to raise concerns.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were person centred and provided guidance to staff on how best to support people.
- People were supported to live as independent lives as possible. Risk assessments helped to mitigate the risks to people by providing guidance to staff on how to provide safe support.
- Care plans identified when support needs may change for example, when accessing the community some people needed additional support with mobility and used wheelchairs. There were clear plans in place to support people if they became distressed. One relative said, "All the staff know [person name] so well and deal with them absolutely beautifully."
- Staff had received training on how to evacuate people from the service in an event of a fire.
- 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

- There were enough staff at the service to support people. The registered manager told us they had consistent staffing levels and did not need to use agency staff. One person said, "The staff here are good."
- A relative said, "The staff are really good, I am really happy, the staff are consistent, they are like a little family."
- 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 regularly checked. One member of staff told us, "I will not sign staff of as competent to do medicines until they are because it is my name against the assessment."

- Where people were supported with medicines, they had a support plan and risk assessment in place for staff to follow.
- Medicines were recorded on a medication administration chart if people required 'as and when'(PRN) medicine there were protocols in place for their administration. 2 members of staff checked medicines before they were given to people to ensure they were correct.
- Medication records we reviewed were in good order, with all the information staff needed to administer medicines safely.
- Regular checks and audits were in place to check medicines were being administered accurately.

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. One person said, "I like my bedroom and I clean everything myself."
- Risk assessments were in place to support people through COVID 19.

Visiting in care homes

- People were able to receive visitors at the service and told us they often went out with their relatives as well.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from accidents/incidents or untoward events.
- Lessons learned were shared with staff during handovers, team meetings and through the use of a communication book. The provider shared information through emails and regular communication with registered managers.
- The registered manager told us one of the lessons learned they had shared recently, was how staff can recognise when a person may be about to have a seizure and the signs to look out for to keep people safe.

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 felt supported working at the service by the registered manager and senior team. One member of staff said, "The manager is very supportive, they involve us with everything."
- New staff had a full induction and were supported with allocated time to complete training. Staff new to care were supported to complete the care certificate, this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed core training including learning disability and Autism and had refreshers of this training. Where more specific training was needed to support people's needs the registered manager arranged this.
- Staff had regular meetings and supervision, where they could discuss any training or support needs, they may require and have input into the running of the service.

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.
- Staff engaged with people in weekly meetings to plan an outline of a menu for each week, however people had choice and this menu could change if they wished.
- Where people needed special diets due to food intolerance this was catered for such as dairy or gluten free.
- People's weight was monitored, and any issues were referred to the GP for assessment.

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. A relative told us, "[Person name] has just been to the dentist, they go regularly."
- The registered manager told us a district nurse visits weekly for one person and that their GP has a learning disability lead they liaise with when needed.
- People had health passports in place should they need to seek healthcare and had annual reviews.

Adapting service, design, decoration to meet people's

- People had their own rooms and chose how to decorate these. Rooms were large and had en-suite facilities. One relative said, "[Person name] room is lovely and they have everything they need."
- People had been involved in the decoration of the lounge and dining room and chose the colours for these.
- The service had a large garden with access off the lounge which people could safely access.
- Some areas of the service were in need of redecoration and refurbishment, the provider had a plan in place to action these.

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 when needed.
- Staff understood the need to gain consent from people for care and to encourage people to make decisions for themselves. Where people were unable to do this, best interest decisions were in place.
- Where people had guardianship's in place to manage their monies, the service worked in conjunction with these to keep people's finances safe.
- Where staff dealt with people's money receipts and records were kept which were audited by management to ensure they were correct.

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

- We observed positive interactions between people and staff. People were happy in each other's company and relaxed spending time together. A relative said, "[Person name] has a number of friends, they are always talking about."
- Staff respected people as individuals and supported them to have fulfilled lives. One member of staff said, "I get satisfaction by making people happy and doing the best for them."
- 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

- People's care plans were person centred and support was tailored to meet their needs. Staff knew people well and how they liked to be supported.
- Staff supported people to express their views and listened to how they wanted to receive support. Each person had a key worker who worked closely with them. One person said, "I have a keyworker and we plan days together, today I am going on an open top bus."
- Key workers had 1 to 1 session with people every month to review their support needs and discuss any issues or goals they have.
- People had meetings together with staff to gain feedback on the service and share information.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. People had their own rooms with ensuite facilities for their personal care. Where they were able to people had keys to their rooms to give them choice over if they wanted to keep room locked.
- Staff supported people's independence to do activities of their choice. One person told us, "I love to do the gardening, I pick up the leaves and buds." They were very proud to show us all the work they had done in the garden. Staff told us how this person liked to sit out in the garden and would spend periods of the day out there.
- People were supported to be as independent as possible with activities of daily living. One person said, "I clean my room myself."

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

- People's needs were fully assessed prior to their admission to the service. This ensured their needs could be met and the service was appropriate for them. People were encouraged to visit the service and meet staff. Social stories were used to get people ready to move to the service before a transition was planned.
- The transition meant people could get used to the service and staff before they moved there. The registered manager ensured their care was planned in a person-centred way, this included ensuring people continued to attend any groups or day centres to cause the least disruption to their routine.
- Support plans were person-centred and detailed, providing staff with all the information they needed to support people, 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 help people's communication needs. Staff knew people's individual communication styles including key words and their meanings.
- Staff received training to work with people who may have communication difficulties and use tools such as, objects of reference or pictorial guides and easy read formats.
- When staff are trying to explain complex issues, they use social stories to explain and engage with people.

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 maintain relationships and enjoy full and active lives. One person said, "I go out twice a week with my relatives." Another person told us, "I go and see my mum and dad and I have a few friends I talk to."
- Relatives we spoke to told us people had very active lives. One relative said, "They have a very active week, always out and about, even when it is raining they will go out for a drive."
- The registered manager told us that people went out everyday to do activities of their choice. People had individual activities they enjoyed such as attending day centres or college, and once a week planned a trip out with their keyworker to follow their interests.
- People enjoyed social trips into the local community together and were supported to visit their relatives. One relative said, "Staff drop [person name] off to me and they spend the afternoon here."

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 told us they were confident if any complaints were made they would be dealt with.

End of life care and support

- There was nobody actively being supported with end of life care. From care documents we saw staff had discussed with people plans for the end of their life.

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 person centred culture at the service. Staff shared the registered managers vision 'for people to live their best life'. One member of staff said, "We want to make people happy, giving them the best quality of life."
- People and relatives told us they were happy with the service. One relative said, "[Person name] just loves it there, she is totally different since being there."
- People received person centred care which promoted positive outcomes for them. One member of staff said, "I love seeing how people have changed and are able to enjoy themselves."

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 the management structure. Staff told us they worked well together as a team to provide care for people.
- Staff told us they felt well supported by the registered manager, received recognition for their work and had regular supervision.
- 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 through phone calls and emails.
- Staff engaged with people regularly having 1 to 1 meetings, to discuss their support needs and meetings to discuss the running of the service.
- 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.
- Staff were supported with training and development of the skills they needed to support people.

Feedback from one health professional trainer said, "Staff were always willing to participate in training."

- Staff actively sought out community activities that people may enjoy and worked closely with other providers, such as day centres and Mencap facilities for people to attend.
- People were supported to access other healthcare professionals such as GP's, district nurses, dentist and chiropodist where needed.