

# Consensus Support Services Limited

# Southwold House

## Inspection report

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Date of inspection visit:  
16 January 2017

Date of publication:  
08 February 2017

## 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 registered to provide accommodation with personal care for ten people who have a learning disability. There were three people living at the service on the day of our inspection.

At the last inspection this service was rated Good. At this inspection we found the service remained Good.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while also supporting their safety. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and staff were friendly and caring. People were supported to participate in social activities including community based events.

Staff used their training effectively to support people. The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records were regularly reviewed and included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. Relatives confirmed that people received the care they required.

The service was well led; relatives and staff knew the registered manager and found them to be approachable and available in the home. People's relatives had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Southwold 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 checked 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 comprehensive inspection was undertaken by one inspector on 16 January 2017 and was unannounced. We also contacted relatives and professionals by telephone on 18 January 2017.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People using the service had complex needs that meant we could not obtain their verbal comments on the service. When we met with people they chose not to interact with us although one person agreed to show us their bedroom. We were able to speak with two people's relatives by telephone but did not have responses from healthcare professionals.

During the inspection process, we spoke with the registered manager, the provider's representative and three staff working in the service. We looked at two people's care and medicines records. We looked at recruitment records relating to two staff and training records for all staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

# Is the service safe?

## Our findings

At this inspection we found that people received a safe service. People were confident in approaching and interacting with staff and in moving around the service. Relatives told us they felt people were cared for safely in the service.

The provider had effective systems in place to safeguard people from abuse. Staff had attended training in safeguarding people. Staff were aware of their roles in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

People's individual risks were assessed and actions were planned to limit their impact without restricting people unnecessarily. People's care plans included information about risks individual to them and a care plan was in place to help staff to manage these safely. Staff were aware of people's individual risks and how to help people in a safe way. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included relating to fire safety, the environment and dealing with emergencies. People were protected by the provider's staff recruitment process. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service. This was confirmed in the staff records we reviewed and confirmed the information in the Provider's Information Return (PIR).

People were supported by sufficient numbers of staff to meet their needs safely. Relatives confirmed that there were sufficient staff available to keep people safe. The registered manager told us that staffing levels were assessed for each person, including their identified one to one funded hours, to ensure there were enough staff to support people and in a flexible way that met their individual needs. Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. We saw that staff spent time with people as well as completing the necessary care and ancillary tasks such as cooking.

The provider had systems in place that ensured people received their medicines in a timely and safe manner. This included the safe receipt, storage, administration, recording and return of medicines. The registered manager told us that all medicines were administered by two staff and a recorded running total of medicines was maintained to provide additional safeguards. Medication administration records were consistently completed and tallied with the medicines available. Assessments of staff competence to administer medicines safely were completed.

## Is the service effective?

### Our findings

At this inspection we found that people were supported by staff who were suitably trained and provided with opportunities for guidance and development. A relative said, "It is a hard place to work but they seem to have a good staff team now. You can see that it is more than just going through the motions." Another relative said, "Staff are well trained and do know how to support [person]."

Staff told us that when they started working in the service they received a thorough induction training to enable them to meet people's needs well. This included a three day orientation, as well as completion of training and an industry recognised induction programme. The registered manager gave us written information to show that staff received appropriate training and updates. Staff confirmed they received the training they needed to enable them to provide safe quality care to people. Staff also told us that they felt well supported and received regular formal supervision and annual appraisal. This was confirmed in staff records.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff knew how to support people in making day to day decisions. We saw assessments of people's capacity in their care records. We noted that some of these had not been reviewed and that the use of a monitoring device to ensure a person's wellbeing was not clearly included in any of the assessments completed. The registered manager and the provider's representative reassured us that this was an oversight and would be actioned without delay. Overall, the service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were a number of restrictions in place based on maintaining people's safety and well-being. Appropriate applications had been made to the local authority for DoLS assessments, including when existing authorisations were due to expire.

People's dietary and lifestyle requirements were known to staff and respected so that people received the food they needed and preferred. Staff told us that menus were planned by staff based on their knowledge of people's individual preferences. Pictorial information on the meals for the day was displayed in the service. Systems were in place to safely support people where appropriate to make their own drinks and to be involved in the preparation of snacks. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. People's weight was monitored and any concerns were referred to relevant health professionals for investigation and advice. A relative told us that, as a person using the service had not been eating well, staff had sought advice from the speech and language team and followed the advice to support the person's nutritional needs.

People's relatives and our review of care records demonstrated that staff sought advice and support for people from relevant professionals. Each person had a 'hospital passport' as part of their care records. This provided important information about the individual person's needs, abilities and preferences. People's care records showed that their healthcare needs, appointments and outcomes were clearly recorded to

ensure staff had clear information on meeting people's needs.

## Is the service caring?

### Our findings

At this inspection we found that people were supported in a caring and friendly way. This was identified by our observations during the inspection visit and through our discussions with staff and people's relatives. One relative said, "You can tell the staff really care about people. Staff are able to communicate with and engage [person]. Staff are very warm and friendly, they have fun with and make [person] laugh, it is very positive." Another relative said, "[Person] likes it there and always wants to go back. I can tell [person] is happy there."

Relatives confirmed that they, and people living in the service, were involved in decisions regarding people's care and treatment. Relatives were aware of the detail of people's care plans, considered them to be appropriate and had been involved in reviews to ensure the continued suitability of the assessments. Each person's care records contained information about their individual life history. This helped staff to understand the person as an individual and to be aware of any particular needs regarding relationships or their cultural or religious customs.

People's privacy and dignity was respected. Each person had their own bedroom which was treated as their own personal space. People's agreement was sought by staff as to whether they wished to show us their own bedroom and their responses respected. A relative told us that people were supported to maintain their self-esteem and said, "The staff group are good with [person's] clothes. [Person] is always well dressed and always looks smart."



## Is the service responsive?

### Our findings

At this inspection we found that staff assisted people with their care and support and staff were responsive to people's individual needs. Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to develop skills and maintain independence. A relative told us that the service had responded to a person's decreasing mobility and ensured that professional assessments and suitable equipment were in place. This had been documented in the person's care records and all staff were aware of the person's needs and how to support them.

Staff were aware of people's individual needs and responded to these in an individual way. A relative told us that a person living in the home needed all tasks and actions to be completed in a systematic and routine way so that the person did not become distressed. The relative said, "Everything has to be in order and staff do do this. Staff communicate well. They seem to understand [person] and they are definitely responsive to [person's] needs. It is amazing how much [person's] life has improved since they settled at Southwold House. Staff have worked so well with [person]."

People had opportunities to be involved in social activities and leisure pursuits that interested them, both at home and in the community. It was clear from discussions with staff that they tried to ensure each person took part in the activities they liked and had interest in. A staff member said, "We do manage to get people out a lot here and activities at home are led by the people themselves." Relationships were supported. Relatives confirmed that they felt welcome in the service and that staff also positively supported opportunities for people to visit relatives at home.

The provider had a clear system in place to manage complaints and to show they were investigated and responded to. Information on how to raise any complaints was available in suitable formats. Relatives told us they would be able to raise concerns with the registered manager and felt they would be listened to. One relative told us that they had been unhappy that they had not been told at early stage about a minor accident a person had. The relative told us that the registered manager addressed this with staff and confirmed that communication had now much improved.

## Is the service well-led?

### Our findings

The manager had been appointed and registered with the Commission since the last inspection as required. 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.

The registered manager demonstrated that they were aware of all aspects of this service and knew the people who lived there, and the staff supporting them, well. The registered manager had systems in place to ensure staff had the information they needed to provide a good service. Records and documents relating to the running of the service and the care people received were clear and well organised.

Staff and relatives told us that the service was well run and that the registered manager was approachable and available. A staff member said, "The door is always open and you can ask about any queries. You can offer suggestions and know you will be listened to." One relative told us that they felt reassured by the stability the new manager had brought to the service. Another relative said, "The service is better since the new manager took over as they are open to new ideas and make sure the service is attentive to people. I have a lot of faith in the manager. I can phone and say what I feel, there are no walls up; it is reassuring."

Systems and checks were in place to monitor, report and act upon on all aspects of the service to ensure continuous improvements and to provide people with safe, quality care. This included asking relatives and other professionals for their views through annual satisfaction questionnaires. Compliments to the service had been logged and included one from a GP regarding the success of the service in supporting a person to manage and maintain a healthier weight. Another recent compliment from a relative to the registered manager and staff included, 'We would like to thank you for your tireless and selfless work put into [person's] care. We know [person] is in extremely good hands.'