

# Consensus Support Services Limited

# 48 The Grove

## Inspection report

48 The Grove  
Isleworth  
Middlesex  
TW7 4JF

Tel: 02087589158

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	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

48 The Grove is a care home for up to nine adults with learning disabilities. At the time of our inspection eight people were living at the service.

### 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.

### Right Support

The service supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff did everything they could to avoid restraining people. Staff supported people to take part in activities and pursue their interests in their local area. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. The service gave people opportunities to try new activities that enhanced and enriched their lives.

### Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

#### Rating at last inspection and update

The rating at the last inspection was good (published 13 June 2018).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 48 The Grove

## 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 conducted by two inspectors.

#### Service and service type

48 The Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 48 The Grove 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 notifications of significant events. 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.

During the inspection

We spoke with two people who used the service. We observed how they were cared for and supported. We spoke with staff on duty which included the registered manager, team leader and support workers. We looked at a range of records including the care records for two people, records of checks and audits and records relating to medicines management. We also conducted a partial tour of the environment.

# 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.

### Using medicines safely

- People received their medicines safely and as prescribed. We identified where a small number of improvements were needed with medicines records. We discussed this with the registered manager who took immediate action to put this right.
- Staff undertook training to understand about safe medicines practices. They helped to make sure people received the information about their medicines in a way they could understand.
- People's medicines were regularly reviewed, and the provider had worked with prescribing doctors to look at ways people's medicines could be reduced.
- There were regular audits and checks to make sure medicines were being managed safely.

### Preventing and controlling infection

- There were appropriate procedures for preventing and controlling infection. We identified a small number of areas where the environment needed deep cleaning. We discussed these with the registered manager who took immediate action to address this.
- There were systems to help ensure staff carried out regular cleaning of the environment.
- The staff were provided with personal protective equipment and used this appropriately.
- The provider had updated their procedures to reflect government guidance on managing during the COVID-19 pandemic. The staff were aware of these.
- All staff had completed food hygiene training and followed correct procedures for preparing and storing food.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from the risk of abuse. Staff undertook training in these and understood how to recognise and report abuse.
- The provider had worked with other agencies to investigate allegations of abuse and take steps to protect people.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, monitored and managed. Staff completed detailed assessments and plans which included how to support people to make choices and have freedom to take risks.
- Risk assessments and plans were regularly reviewed and updated.
- People lived in a safe environment. Staff carried out checks on safety and any concerns with the environment were identified and rectified. There were suitable systems to evacuate people safely in the

event of a fire and these were regularly tested.

- The staff supported people who experienced emotional distress, anxiety or could be aggressive. They had clear plans to manage this, which had been created with the support of expert professionals.
- The staff did not use physical restraint, although they had been trained to understand safe practices for this if needed. The provider monitored all incidents where people had become agitated and reviewed the triggers for these incidents and staff responses, so they could learn from these and improve the personalised care they provided to each person.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough staff to support people and keep them safe. The provider covered staff absences and shortages with familiar agency (temporary) staff, who knew the service well.
- There were enough staff to support people to participate in a range of activities including visits outside of the house when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- There were systems to ensure the staff being recruited were suitable. These included checks on their identity, knowledge and competencies. New staff completed an induction and were reassessed during this.

#### Learning lessons when things go wrong

- There were systems to learn when things went wrong. The staff recorded all accidents, incidents and adverse events. They reviewed how these had happened and what could be done to prevent reoccurrence. The registered manager was involved in reviewing these and helping staff to learn from these.
- When people were agitated or aggressive, the staff monitored this and shared the information with professionals so they could obtain advice about how best to support people.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

# 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 received personalised care which met their needs and reflected their choices.
- Staff supported people to develop and meet personal goals. Each person had a keyworker who supported them to review their care and make sure this was planned to reflect their individual needs and preferences.
- Care plans were comprehensive and included ways to support people to be independent, try new things and broaden their interests.
- The staff worked closely with other professionals to make sure they were following best practice when supporting people with learning disabilities and autism.

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.

- People's communication needs were met. People living at the service used a variety of ways to communicate. These included speech, sign languages, using pictures and objects of reference. The staff had undertaken training to understand how to communicate well.
- There were personalised communication plans which explained the ways in which each person could communicate and how they should be supported.
- Staff knew people well and had the skills needed to facilitate communication and allow people to express themselves.
- Information was available in easy to read formats when people needed support to understand processes, such as making a complaint.

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 pursue a range of leisure, social and educational activities. The staff developed individual programmes of activities for people to pursue.
- People spent time in the local community using shops and leisure facilities.
- Some people were supported to access college and day centres. One person had recently displayed their artwork in a public art exhibition.

- The registered manager had arranged for a local adult education college to run a course specifically for people with learning disabilities about healthy eating and cookery skills.
- People were supported to stay in touch with friends and families.

#### Improving care quality in response to complaints or concerns

- There were procedures for responding to and learning from complaints. People were supported to understand these and to know what to do if they were unhappy about anything.
- The provider ensured all complaints were investigated and responded to.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

# 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 positive culture at the service where staff provided personalised care and promoted people's individuality.
- Staff felt well supported and felt their opinions were valued.
- The registered manager and senior staff led by example, working alongside staff.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 provider apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager was suitably qualified, knowledgeable and experienced. They were supported by senior staff who had opportunities to learn and develop their understanding and knowledge.
- There were appropriate policies and procedures. Staff were aware of these and had opportunities to learn about and discuss best practice through regular team and individual meetings as well as training.

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

- The provider engaged with people and asked for their views and experiences. There were regular meetings for people using the service to discuss their care and the service in general. There were also regular staff meetings.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People's diverse needs, such as culture and religion, were known and met. Staff supported them with these individual needs to express their identity.

#### Continuous learning and improving care

- There were suitable systems for monitoring and improving the quality of the service. These included regular checks and audits. Action was taken when things went wrong to help make improvements.
- The registered manager worked with the organisation to develop best practice. They had recently helped to develop the company's induction processes for staff to make these more effective and suitable.

#### Working in partnership with others

- The staff worked with others to help meet people's needs. They shared information with and followed guidance from external professionals to help monitor and meet people's healthcare needs.
- The registered manager worked with other registered managers and services to share ideas about best practice.