

Consensus Support Services Limited

Ellsworth House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Ellsworth House is a residential care home providing personal care without nursing for up to seven people with learning disabilities and/or autism. At the time of the inspection seven people were using the service. All of them had limited or no verbal communication so we carried out observations and interacted with them during the inspection.

Five of the people lived in the main house and shared communal spaces. Although, one of the people had their own self contained flat within the house with their own lounge. Two people lived in a bungalow and flat in the grounds of the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People appeared happy and settled at the home. All people seemed comfortable in the presence of staff and there were times they had jokes with them. Health professionals complemented the improvements they had seen with individuals whilst they had lived at the home.

Small improvements were required around one fire safety exit, one person's potential allergy and the timeliness of some of the provider level support received. Medicines were managed safely and there were systems to learn from errors in the home. Recruitment of new staff had some shortfalls or omissions and we made a recommendation to the provider.

The new registered manager had been driving improvements at the home which were appreciated by staff. People who had behaviours which could challenge were supported by staff who knew them well and how to reduce their anxiety levels. Positive risk taking was now being promoted by the registered manager.

Care plans were detailed and contained lots of information; although there were some contradictions in ones which were yet to be reviewed by the manager. Systems were in place to monitor the care and safety of people at the home and there were enough staff to meet their needs.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 2 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring 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 

Ellsworth 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke and interacted with five people who used lived at the home. We spoke with the registered manager, four members of care staff in detail and had conversations with other staff.

We observed care and support in communal areas. We looked at two people's care records. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, quality assurance records and other information the registered manager sent us. We contacted some health professionals who regularly visited the home.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks had been considered and there were systems in place to monitor them and mitigate the risks. However, one route labelled as a fire exit had two locked doors. Staff always had a set of keys on them. There was a potential risk people and staff could get stuck in the house in the event of a fire. The registered manager immediately took actions to consult with the relevant team in the provider and kept updating us following the inspection.
- Individual risks to people had been considered and ways to mitigate or reduce them found. This included for activities in the home, in the community and health issues. Positive risk taking was promoted by the management. This had recently led to one person being able to go swimming again. Feedback from health professionals was that the registered manager was leading the positive risk taking.
- However, one person had an allergy written in their care plan. The registered manager was unaware of this and there was no medical record of it. Some staff thought it was a concern from when they first moved in and there was confusion whether it was accurate. The registered manager assured us they would resolve this.
- People who could display behaviours which challenged themselves or others had clear plans in place and risk assessments. Staff were aware of who these and how each person's anxiety was managed. All staff were aware of how to safely use physical restraint for some people as a last resort. However, some health professionals felt the provider could be timelier in their specialist teams getting involved to support the staff in line with this.

Staffing and recruitment

- People were supported by enough staff to keep them safe and meet their needs. All staff agreed staff levels had been difficult and the management had worked hard to rectify this.
- Recruitment systems were in place to ensure suitable staff worked with the people. Prior to starting work various checks were carried out such as contacting their previous employers. However, in both staff files there were inconsistencies around the dates declared and on the corresponding completed reference. No further checks had been completed in relation to this. The registered manager immediately started to rectify this.

We recommend that the provider consider current guidance and legislation on recruitment and update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in staff presence and staff understood how to keep them safe. One person

smiled, gave us a thumbs up and said they were "Happy" when asked if they were safe.

- Staff had received training in safeguarding and knew how to recognise signs of abuse. This included looking for marks on bodies and recognising changes in the person's behaviour. All staff were aware how to raise concerns including to external organisations.
- The management and provider had systems in place to manage potential allegations of abuse including a confidential, anonymous helpline.

Using medicines safely

- Medicines were managed safely. People's medicines were stored securely in their bedroom or a designated place.
- Systems were in place to monitor the medicines and when errors were found action was taken. All staff administering medicines had their competency regularly checked.
- Staff and the management strove to make sure people were on the least amount of medicines possible. This included having regular reviews with a psychiatrist.

Preventing and controlling infection

- People were supported in a clean home that smelt pleasant throughout the inspection. People were encouraged to take some ownership around the cleaning with staff support. Staff had access gloves and aprons when supporting people with intimate care.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Systems were in place and the management were regularly reviewing accidents, incidents and safeguarding.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People at the service lacked capacity to make many specific decisions for themselves. Those important to them were consulted to help make decisions in their best interest. This included family and health and social care professionals.
- Staff were aware of the process to ensure they were working within current legislation. They knew decisions made on behalf of a person always had to be in their best interest.
- Records had improved since last time. The new registered manager had plans to further improve the paperwork.
- DoLS had been applied or authorised when it was required. Actions had been taken in line with conditions although this was not always documented.

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

- People's needs were regularly being assessed and changes were made when required. One person recently had a change in behaviour. Contact had been made with a range of health professionals to help review their care plans.
- The management were aware of current standards, guidance and law. The provider made sure paperwork to be completed reflected current guidance. For example, there were sections on oral health and current best practice in relation to health conditions.

Staff support: induction, training, skills and experience

- Staff were positive about the training they had received to meet people's needs and keep them safe. One staff member said, "Training we get is good." This included training the provider had labelled as "mandatory" as well as specific training in line with people's specific health conditions.
- Some staff felt they would benefit from further additional training on specific specialist communication methods. The registered manager assured us they would review this.
- New staff had an induction period which included working alongside experienced staff and completing the Care Certificate. The Care Certificate 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.

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

- People were supported to eat a healthy balanced diet. During the inspection we saw people helping staff to prepare their lunch and enjoying their meals.
- Menus were planned with people in line with their dietary needs and using various communication systems. They also had structured timetables which included cooking sessions when it was safe and their preference.

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

- People had access to a wide range of health and social care professionals to meet their health needs. This included doctors, psychiatrists and dentists. During the inspection planned reviews by the psychiatrist took place for all people.
- Staff and the management had developed a strong link with people's local GP. During the inspection a person's GP was contacted to clarify something. Within half an hour the registered manager had received a response.
- The provider had a range of specialists which could be referred to when people's needs changed. However, there was sometimes a wait for them to get involved. One health professional felt the local community teams could be utilised more if there was a wait.

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

- Accommodation was adapted to meet people's needs and wishes. One person had a self-contained flat in the main house; it was decorated in line with their likes and sensory needs.
- People's bedrooms in the main house reflected their hobbies and interests as well as their needs. This included photographs of family and posters of their favourite characters.
- Two other people lived in accommodation separate from the house in line with their needs. Each of these accommodations had been adapted in line with their specific needs. For example, one had a wet room and the other had a partial self-contained kitchen area.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who knew them well. All interactions we saw demonstrated compassion to people and a lot of patience. One person liked to greet people by having a certain part of their hand stroked. All staff knew this, and the person smiled each time they were greeted.
- The registered manager led by example. Whenever they met someone, they would speak with them and greet them in their preferred manner. This was replicated by staff moving around the home. They had an open-door policy to their office and people regularly came in to spend time with them.
- One health and social care professional told us how calm and comfortable people seemed with both staff and the management whenever they visited.

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

- People were able to make decisions about their care and support which were respected by staff. One person went up before a meal and chose to get changed into different clothes. This was immediately recognised and affectionately commented on by staff.
- During the day people were able to spend time in communal areas, their personal spaces or their bedroom. One person was happily walking around a communal space whilst another sat and listened to music on headphones.
- Each person had ways of communicating their preferences. One person used a simplified speech and their own signs to communicate with staff. Others pointed at pictures or took staff to an object. Staff were aware of all the different methods to use for the people.

Respecting and promoting people's privacy, dignity and independence

- Some people chose to spend time alone in their bedrooms or personal spaces. Arrangements had been made so they could be closely monitored by staff from a distance. However, one person's monitoring equipment was located in a communal area. The registered manager told us they would review this and see if there were alternative options.
- People were supported by staff who were patient and understood the speed at which each person processed information. The staff gave people time to respond when asked a question.
- Staff knew how to protect people's privacy and dignity when supporting them with intimate care. One staff member said, "I treat them [people] how I want to be treated. Their privacy is paramount."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 care plans were personalised to their individual needs and wishes. When it was possible people were involved in discussions about their care. Input was also sought from family members and independent advocates.
- Staff knew people's needs, preferences and wishes in detail.
- Guidance was in place for staff to follow. However, there were occasions when this information contradicted itself. The registered manager had already identified this issue so was in the process of reviewing all the care plans.
- Reviews of care plans were carried out when people's needs changed. This involved liaising with all those important to the person, and the person where possible. Occasionally, when one part of the care plan was updated other areas with similar information was forgotten. The registered manager was aware of this and working towards rectifying it.

Meeting people's communication needs

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

- People had information shared to them in a wide range of methods. This included visual, through sign, vocalisations and objects of reference. Staff were aware of each person's preferences and it was reflected in their care plan.
- One person was regularly taking pictures of a drink to staff to request what they wanted.

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 able to participate in a range of activities to meet their hobbies and needs. Throughout the inspection we saw people going out into the community in a car, walking or public transport.
- Plans were in place to further expand the opportunities people would have in the way of activities. The registered manager was clear they wanted to encourage staff to explore new places for people to go including ones which may not have been successful in the past.
- People were supported to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- Staff were able to recognise when people were expressing they were not happy and found ways to rectify

it. One person made vocalisations which indicated they were distressed; staff immediately responded and worked to resolve the issue

- Systems were in place to manage complaints should they be received. None had been received since the last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager supported by the provider had worked hard to create a positive culture at the home since they had arrived. Staff were positive about the changes taking place. Comments included, "It is much better. [The registered manager] is thorough and follows the book" and, "[The registered manager] cares."
- People clearly had a positive relationship with the registered manager. They all greeted them in their own way including a hug. One health and social care professional said, "I have been impressed with [name] as a manager as she seems to be determined to support the residents right to make their own choices, to maximise their quality of life and to act in their best interests. She has taken time to get to know them well."
- Staff were positive about being empowered to carry out their roles. One senior member of staff was involved with the psychiatrist's visit and led the handover to the rest of the staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities around the duty of candour. They believed in being open and honest when things went wrong.

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

- The registered manager was clear about their role and regulatory requirements. Since starting at the home, they had created an action plan of how they would meet their regulatory requirements.
- Systems were in place at provider and management level to monitor the home. When improvements needed were identified, actions were taken to rectify them. For example, supervisions for staff had not been frequent. Staff were now positive about their regular supervisions. One member of staff told us, "There is always someone to talk to."
- The provider encouraged people from other services to carry out quality visits to other homes. The person was always supported and had received training. A recent visit at this home by a person from another home was positive.

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

- People and their representatives were engaged as much as possible in the home. There were

opportunities for them to complete surveys and communicate regularly with the management.

- Regular staff meetings were held so people's needs and any changes could be discussed. They also provided opportunity for staff to contribute to the running of the home. Staff felt listened to and that their ideas were appreciated even when suggested informally.
- The provider had systems in place allow staff to contribute the direction of the company on a wider scale. This included staff surveys and staff focus groups which volunteers attended. These demonstrated staff were generally positive and felt included.

Continuous learning and improving care

- The provider and management were continuously striving to improve the service. Staff were all positive about the changes which had been made recently.
- The registered manager demonstrated learning from previous places of work and how to apply it to the home. This included promoting individualised care for each person and ensuring the care was in line with people living in their own home.

Working in partnership with others

- Strong links had been developed with a range of health and social care professionals.
- The management promoted a strong ethos of working with the local community. This provided a wealth of opportunities for the people.