

# Consensus Support Services Limited







## Southwold 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	

### Overall summary

We inspected Southwold House on the 3 November 2014.

The service provides accommodation and support for up to 12 people with learning disabilities. There were five people living at the service at the time of our inspection. Due to their complex needs people found it difficult to communicate with us verbally. However people were able to communicate with sounds and gestures. To help us gather views we also spoke with people's relatives.

The service has not had a registered manager in post for the past 12 months; however a newly appointed manager started in August 2014 and was going through the process

to become a registered manager with the Care Quality Commission at the time of our inspection. 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.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

# Summary of findings

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them, these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including a doctor and speech and language therapist.

Relatives knew how to raise a concern or make a complaint, any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including holding meetings with staff and talking with relatives.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

# Summary of findings

## 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.

People were safe at the service.

Staff had been trained in safeguarding people and knew how to raise concerns with the appropriate authorities.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



### Is the service effective?

The service was effective.

Staff felt supported at the service. Staff had received training to help them perform their role.

People were well catered for and staff knew how people liked to have their meals.

People had access to other health professionals as required.

Good



### Is the service caring?

The service was caring.

Relatives described staff as caring.

Staff knew people well and what their preferred routines were. Staff were supportive to people's needs.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

The service responded to people's individual needs. People were supported to access the community and to stay in contact with relatives with home visits.

The service responded to complaints and the manager stayed in contact with people's families.

Good



### Is the service well-led?

The service was well led.

The service was in the process of registering a new manager and since their appointment they had implemented good quality monitoring processes.

Staff felt supported by the manager to perform their role.

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 was planned to check 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 inspection took place on 3 November 2014 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information we held about the service by looking at notifications received from the provider and from contacting the Local Authority. This refers specifically to incidents, events and changes the

provider and manager are required to notify us about. We also reviewed the 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.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with the manager, deputy manager and three care staff. We spoke with one person and two relatives. We reviewed four care files, two staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

We spoke with two relatives who told us they felt that their relative was safe at the service. One relative told us how their family member was always happy to return to the service. Both relatives told us that their family members had lived at the service for a number of years and was happy there.

Staff were very knowledgeable about people and knew how to safeguard them from potential abuse. Staff told us if they had any concerns that they would raise them with the manager. They also told us that they would contact external agencies such as social services if necessary. The manager had over the last two months ensured staff had attended training on safeguarding people and managing challenging behaviour. We reviewed safeguarding information with the manager and they were able to tell us what had been learned from safeguarding events and what systems had been put in place to prevent issues from re-occurring.

When people became distressed and needed physical intervention from staff to prevent them from hurting themselves or others, the reasons for their behaviour were reviewed and contributing factors identified to try and prevent it from happening again. Risk assessments were in place to guide staff as to the best way to support people. Staff knew the best ways to support people and what worked to distract them when distressed. Staff had also completed training on how to safely use physical intervention to minimise the risk of injury to the person. We saw that this type of support was used as a last resort.

The service undertook risk assessments to ensure people's safety and to promote their independence. Assessments undertaken included helping people access the community, use of wheelchairs, risk of falls and risk of seizures. Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient staff on duty to meet people's needs. Most people required one to one support, in addition to care staff there was a senior, deputy manager and manager on duty. We saw from information we received in the provider information return that there had been a number of new staff recruited including the manager.

Staff recruited were suitable for the role they were employed for and that the provider had a robust process in place. Files contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff were suitable to work with vulnerable people.

People received their medication safely and as prescribed. Medication administration records were in good order. Medication was stored safely and securely. Senior staff who had received training in medication administration dispensed the medication to people. Staff told us that an external provider delivered the training through electronic learning. They then had a competency based assessment at the service by the provider.

# Is the service effective?

## Our findings

Relatives we spoke with said that they were very happy with the service and that the staff were very good.

The manager told us that he had a background in training and that over the last two months they had increased staff training, to ensure that staff had up to date knowledge. We saw that a number of new staff had been inducted to the service and the manager had reviewed their inductions to ensure they were robust enough to give staff the key skills they required. The manager was also reviewing the knowledge of established staff to see where they could offer additional support and training.

Staff told us about their induction to the service which included working with other experienced members of staff and what training they had attended. This included medication training, managing challenging behaviour, safeguarding people and the Mental Capacity Act. Staff told us they received supervision more regularly since the new manager came into post and that they were supported with their training.

Staff understood how to help people make choices on a day to day basis and they had received training in the Mental Capacity Act 2005. People at the service had varying levels of capacity due to their abilities and complex needs. CQC is required by law to monitor the operation of the

Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and told us that there was no one currently being deprived of their liberty under the act and that they were in the process of reviewing this.

Staff knew people well and what food they liked and disliked. Staff knew details such as the temperature people liked their food and where they liked to eat. The menu was completed on a weekly basis and that the staff cooked all the food. People could assist in the kitchen if they wished, and with the food shopping. The manager told us they would be implementing picture menus to help people make choices over the food they wished to eat. We saw that one person required a special diet and had just been reviewed by a speech and language therapist to assess their swallowing ability. This told us the service took the appropriate action to ensure people had access to the correct diet for their safety and nutritional needs.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people attending their appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from mental health professionals. A G.P regularly supported people and they had access to a dentist and optician as required.

# Is the service caring?

## Our findings

Relatives we spoke with said that they were included in reviews and could also talk with staff when they visited or over the telephone. Relatives were very complimentary of the staff and felt that they were caring. The service encouraged visits at any time from relatives.

During our observations we saw staff had positive interactions with people. We saw staff talking to people in a kind and gentle way and people smiling in response to this. Staff were responsive to people's needs and were able to demonstrate that they knew people well. We saw one person communicated through sounds with staff. Staff knew what these sounds represented and were able to engage in a positive way with the person. By laughing with them and encouraging them to smile and laugh.

People living at the service had complex needs. Staff were able to tell us how they met people's needs on a day to day

basis. For example, what time people liked to get up, how they preferred to spend their time and what activities they liked doing. Staff we spoke with were able to explain that each person had different routines. For example, they knew people liked their own personal space and preferred not to sit together at meal times. They were able to demonstrate how people liked to engage in different activities. For example, one person liked to watch certain television programs.

We saw that people had access to their rooms and there were different spaces within the service that people could use if they wanted privacy or time on their own. Staff respected the need for people to have privacy away from others and spend time on their own. Staff were respectful of people's dignity and supported them to maintain this. For example one person at times liked to remove their clothes in front of other people, staff would prompt and support them not to do this to maintain their dignity.

# Is the service responsive?

## Our findings

A relative we spoke with said that, “The staff always let me know what is happening, the good things as well as the bad.” The service involved people and their relatives in planning the care they wished to receive. Relatives told us that they came to view the service before their relative moved in. We saw that people had comprehensive assessments completed. Relatives we spoke with told us they were invited to review people’s care and support needs when required. The manager told us that since they had come into post they had taken time to discuss with all relatives about the care people received at the service.

From care records we reviewed we saw that people had ‘pen portraits’ and ‘about me’ documents. These documents help to describe the person’s life and what activities they like to do and how they enjoy spending their time. This information helps staff get to know people well and is especially useful for new members of staff. Care plans were all individualised and about the person. They clearly explained what support people needed and what they preferred to do for themselves. Since the new manager had been appointed regular care plan reviews had been implemented and were on-going. Staff told us that people were involved in their care plan reviews as much as possible.

People received personalised one to one support from a staff team that knew their individual needs and abilities. Staff supported people in way that ensured their diverse needs were met in a way that met their individual care and treatment needs. For example staff support people with

specific communication needs by knowing what each different sound or word meant to them. This meant the person could communicate their needs and wishes with staff.

From activity plans we reviewed we saw that people had full and active days. Staff told us that people went out every day. We saw that these trips out included opportunities at college to enhance life skills. One person told us they liked to go out for a coffee every day or to go shopping. We saw that they were supported to do this. Another person attended college and others were planning to go out for a walk. Staff we spoke with knew people well and what hobbies and interests they liked to be supported to do. We saw that there was a dedicated activity room which contained games and art and craft equipment for people to use.

Relatives we spoke with said that the service supported their relative in going home for the day or weekends to stay with them. One relative told us how staff were very supportive in bringing their relative home frequently for visits. Another family member told us that their relative was supported in carrying out activities they enjoyed such as swimming and cycling.

The service had an effective complaints procedure in place for staff to follow if people or relatives wished to make a complaint. People knew how to raise concerns if they needed to. The manager told us that they had spoken with all the relatives since they had been there to see if there were any issues they needed to address. Relatives we spoke with confirmed this and said that if they had any concerns they would raise them with the manager.



# Is the service well-led?

## Our findings

The service had a new manager in post who was going through the process to become the registered manager. We saw they had taken steps to address issues within the service and make improvements. This included targeting training to get all staff up to date to help them perform their role. The manager told us they were very keen on providing staff with the skills they required to perform their role effectively; and that he held a number of training qualifications that enabled him to deliver training directly to staff.

The manager promoted an open and empowering culture. We saw that regular staff meetings and supervision had commenced and on the day of our inspection there was a staff meeting held attended by all staff. When we spoke to the manager after the meeting we saw staff had raised issues at the meeting that they had also told us about. This told us that staff were able to raise issues directly with the manager and were able to discuss solutions. One issue discussed was that staff felt isolated at times due to the layout of the house. One of the solutions discussed was about staff carrying the house phones which incorporated in them an intercom system, to help them feel less isolated.

Staff we spoke with were able to tell us about the support they had received from the manager through meetings and supervision. Staff were very complimentary, they felt the

manager was implementing new ideas to improve the service. Staff also told us that they felt listened to and were optimistic that improvements and new ways of working would continue under the manager's leadership. Staff told us they knew how to raise concerns and that they could 'whistle blow' if they felt their concerns were not being addressed.

The manager told us that they had started spending time working with staff and people and had allocated themselves shifts to work. This told us that the manager was working with staff to ensure that they were visible to people and relatives and to experience first-hand how the service worked. Relatives we spoke with all knew the manager and confirmed they had spoken with them and that they were available to them. This demonstrated good management and leadership.

The service had a number of quality monitoring tools in place that the manager was using to build on and sustain the improvements they were implementing. For example, they had designed an action plan for improvements they wanted to implement and we could see they were working towards achieving these. One direct result we saw was that people's support plans were now being regularly reviewed. This is important to ensure people are receiving the correct support. This supported the service to deliver high quality care and continually improve.