

# Consensus Support Services Limited

# Aldeburgh 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

The inspection took place on 25 October 2017 and was unannounced.

When we last inspected this service it was rated good.

At this inspection we found the service remained good.

Aldeburgh House provides accommodation and personal care for up to eight people who have a learning disability or autistic spectrum disorder. People who use the service may also have a physical disability. At the time of our inspection six people were living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support. Their care plans were individual and contained information about how they preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

## 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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Aldeburgh 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 25 October 2017 and was unannounced, and was carried out by one inspector. We reviewed the information held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people who used the service, three care staff, team coordinator, registered manager and the operations manager. Some people had complex needs and were not able to speak with us; therefore we used observation as our main tool to gather evidence of people's experiences of the service.

We also made telephone calls to relatives and professionals for feedback about the service. We reviewed two people's care records, two medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

For a more comprehensive report regarding this service, please refer to the report which was published following our last visit in September 2015.

Detailed findings

# Is the service safe?

## Our findings

At the previous inspection had concerns in that one person had not received their prescribed medication because the staff failed to re-order any after they had run out. The service had learnt from this and put processes in place to prevent this happening in the future. The team coordinator was responsible for auditing the medication records and storage arrangements. Records we reviewed showed that people received their medications as prescribed, and were securely kept and at the right temperatures. The medications entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Where medicines were prescribed on an as required basis, such as medicines for epilepsy that were given when someone had a seizure, there were clear instructions (PRN) protocol in place about when the medicine was needed. People had their medication kept in their rooms in lockable cabinets.

People told us they felt safe living at Aldeburgh House. One person told us, "Yes, I feel safe the staff look after me." They also told us they could speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. One relative we spoke to told us, "We have no concerns we never have to worry about [relative name] not being safe."

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. For example, they had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. Our records demonstrated that they were clear of their roles and responsibilities with regards to keeping people safe, and reported concerns appropriately.

There were systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. For example, with the administration of their medications, when going out into the community and how to respond safely and appropriately to incidents where people may present with distressed reactions to particular situations. Staff worked with people to manage a range of risks effectively.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe. This involved the manager submitting a monthly log of all incidents and accidents to the provider. This assured us that there were systems in place to monitor trends so that action was planned to reduce the likelihood of any reoccurrence.

We saw records which showed that equipment at this service, such as the fire system and mobility equipment, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

Staff told us they felt there was enough staff on shift to keep people safe. Staffing levels had been determined by assessing people's level of dependency, and staffing hours had been allocated according to the individual needs of people. Staff rotas showed that staffing levels were enough to keep people safe and to meet all their health and social needs. For example, there were enough staff rostered on to enable people to go out and participate in activities, such as swimming and trampolining. Some people required 2:1 support when accessing the community and this was taken into account when planning the rotas. There was a 24hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is a criminal records check, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people and worked alongside existing staff before lone working to enable them to get to know the person's needs and how they would like to be cared for.

## Is the service effective?

### Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "The staff know what I like doing and help me when I need them to." One relative told us, "The staff know [relative] really well, they have complex needs and the staff do a good job."

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). We found people were being supported appropriately, in line with the law and guidance.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and moving and handling. Training for staff was provided mostly via e-learning and some group based sessions. Staff told us they would prefer more group based training however, they did feel that the training gave them the skills needed to care for people effectively. One member of staff told us, "We are always encouraged to do training and to keep it updated." The manager did not carry out documented observations to ensure that staff were competent in putting the training into practice. However, staff told us they were able to discuss the training with the team co-ordinator who worked alongside them on a regular basis and therefore observed staff practice but at the present time this was not formally documented. We discussed this with the registered manager who informed us they would start to carry out and document staff competency assessments of training. Staff told us that they were supported with regular supervisions where their professional development was discussed as well as any training requirements.

The staff told us they had a meeting with people to discuss the menu and this allowed people to make choices of what they had to eat. People also told us they had a choice of what to eat. We observed people making their own lunch and drinks with staff support. Where required, the service worked with people to support them to maintain a healthy weight and make healthy food choices.

Care records showed people's day to day health needs were being met and annual health checks were carried out as well as reviews of the medicines people took. People had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. The registered manager told us they have a good relationship with the doctor's surgery and they carried out home visits when necessary. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

# Is the service caring?

## Our findings

People told us staff were caring towards them and always treated them with dignity and respect. One person said, "The staff are kind and look after me." We observed positive interactions between people and the staff providing support. Relatives we spoke to told us, "The staff team are all lovely without exception they are very kind and caring."

We saw people being encouraged to be independent. For example, people were supported to make their own meals and drinks, rather than staff automatically making it for them.

Wherever possible, people were involved in making decisions about their care. People had been encouraged and supported to sign their care plans to confirm they agree with the contents and if this was not possible their families were involved with their consent. If necessary we saw that people had access to advocates. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Whilst we were unable to speak with some people due to their communication needs, we spent time observing the care they received. All of the interactions with people were considerate and the atmosphere within the home was welcoming, relaxed and calm. Where people were unable to verbally communicate, staff looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

Staff addressed people by their preferred names, and chatted with them about everyday things. Staff were able to demonstrate they knew about what was important to the person. We observed during our inspection that positive caring relationships had developed between people who used the service and staff.

The staff, when speaking to us about the people in their care, spoke with affection and compassion. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. They understood people have preferred routines, likes and dislikes and were able to talk to us about them. We observed people who used the service in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction with staff when engaged in daily activities or discussing their plans for the day.

People told us they were supported by staff to maintain important relationships with friends and family. Relatives told us, "We are able to visit whenever we want to and [name of relative] comes home on a regular basis."



# Is the service responsive?

## Our findings

People and their relatives told us that they felt staff had the skill and understanding to meet their needs and they were satisfied with the care and support they received. Relative's comments included, "yes, we were fully consulted about [name of relative] care plan and we are invited to reviews", "I am kept fully informed about things just how I like it."

The service was being innovative in implementing person centred plans for each individual for example; one person loved their white board. The staff were in the process of supporting the person to put their care plan on a white sheet with the person in the centre and all of their likes, dislikes, needs etc. placed around them using their preferred pictures and colours. The person showed us their 'care plan' which they were able to fold up and transport with them if they wanted to. Another person loved listening to music and the staff were in the process of putting their care plan onto a USB flash drive which can be used to store data. The plan was to use this with a wrist watch and then accompany it with their favourite music. The provider had nominated one person in the service to be a person centred care plan champion this person attended regular training days and they were then responsible for cascading this information down to the rest of the staff team. We spoke to this member of staff and they were enthusiastic and motivated in their job role and were able to tell us about all the different ideas that were being discussed amongst the staff team to enable each person to have a person centred plan which would be meaningful to them.

Care plans and daily notes gave details of activities and outings people were able to take part in and relatives told us they thought their relative had enough to do comments included, "Where [name of relative] lived before I was always having to chase up activities and outings I didn't feel [name of relative] had enough to do but that is not the case now I have no complaints."

People's changing needs and preferences were taken into account so that they received personalised care. We saw that people had a 'pen profile' document in their support plan which clearly described the person's needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan. Care plans were written in an easy read format and some people had signed their care plan to acknowledge they agreed with the contents. The keyworker reviewed the plan on a monthly basis highlighting any changes which were then actioned by management.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection we were shown a log of complaints which gave details of a recent complaint that had been appropriately dealt with. People and relatives confirmed this and told us that they had a good relationship with the provider, manager and staff and could speak to them about any concerns and things were dealt with immediately.

## Is the service well-led?

### Our findings

The registered manager was also a registered manager for another small service. The provider had therefore employed a team coordinator who was responsible for the day to day running of the service in their absence. Staff told us the service was well organised and they enjoyed working there. They said the registered manager and the team coordinator had a visible presence within the service. Comments included, "The management team are great you can always talk to them about any problems, nothing is too much trouble", "I definitely feel listened too and can make suggestions."

It was evident from our discussions and observations on the day of the inspection, that the registered manager knew the people they supported and regularly worked alongside staff. Staff told us that they were treated fairly, listened to and that they could approach them at any time if they had a problem.

The service carried out a range of audits to monitor the quality of the service this included health and safety checks and fire checks. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives as well as other professionals. All of the comments in the surveys were positive.

Professionals we spoke with told us, that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the people who live in the service.