

Consensus Support Services Limited

Leofric Villa

Inspection report

6 The Beeches
Brunswick Terrace
Wednesbury
WS10 9FB

Tel: 01212729007

Date of inspection visit:
03 November 2022
04 November 2022

Date of publication:
23 February 2023

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?	Requires Improvement ●

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

Leofric Villa is a residential care home providing personal care for up to 8 people. The service provides support to people with learning disabilities and autism. At the time of the inspection there were 4 people living in the home.

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

Right Support: Individual risks were assessed and managed well to keep people safe. Risk assessments were specific to people and well used by staff. Incidents and accidents were consistently reported, recorded and investigated.

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.

Right Care: The provider protected people from poor care and abuse. The provider ensured people were treated with respect and dignity whilst receiving care and treatment. There were enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture: The provider had implemented effective systems to assess, monitor and improve the service. The provider placed people's wishes, needs and rights at the heart of everything they did.

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

Rating at last inspection

This service was registered with us on 5 January 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and governance. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Leofric Villa

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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Leofric Villa is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Leofric Villa is a care home with nursing care however, at the time of the inspection, no one living in the home required 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 not a registered manager in post. The provider was in the process of recruiting to the position.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information received about the service. We sought feedback from the local authority about their knowledge of the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 4 people who used the service and 4 relatives about their experiences of care. We spoke to 11 staff including the operations manager, team leader, care staff, and behavioural practitioner.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where topical creams were prescribed, there was not always clear guidance in place for staff to follow. This included information regarding the frequency of application, area of the body and thickness. This meant people were at risk of not receiving the medication as prescribed. We spoke to the provider about this who immediately addressed the situation.
- Despite this, staff we spoke with knew people's medication requirements and how to safely administer medicines, including topical creams.
- Where people were prescribed medicines, this was reflected in their care plans including the reason each medicine was prescribed.
- Medicine Administration Records (MAR) detailed people's prescribed medicines were being appropriately administered in the home.
- The provider ensured staff responsible for administering medicines were trained. Staff we spoke with demonstrated a good understanding of how to safely administer medicines.

Staffing and recruitment

- Before we inspected, we received information there were not always enough staff on duty to meet people's needs. During this inspection, we found no evidence the provider was failing to ensure safe staff levels.
- Staff rotas demonstrated there were enough staff on duty to meet people's needs. Our observations through the inspection, indicated there were enough staff on duty.
- There were a number of staff vacancies in the home and the provider was in the process of recruiting more staff. Because of this the provider used a number of agency staff. Agency staff we spoke with were given an induction and time to read people's care records. Agency staff knew people's needs.
- Some relatives expressed concerns regarding the number of agency staff. One person's relative told us, "[The provider] is recruiting staff so have a lot of agency staff. It would be better with permanent staff, but it is what it is."
- Staff were recruited safely. Pre-employment checks had been completed including requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were safe from the risk of abuse.
- Systems and processes were in place to report, record and investigate safeguarding concerns. Staff we

spoke with knew how to report safeguarding concerns.

- The provider ensured staff received safeguarding training. Staff we spoke with had a clear understanding of how to keep people safe.
- People and their relatives we spoke to told us they felt safe in the home. One person's relative told us, "[Persons relative] is safe there, it's going well." Another person's relative told us, "Yes, [my relative] is very safe there."

Assessing risk, safety monitoring and management

- Detailed care plans and risk assessments were in place for all people to guide staff. Staff knew people well and had a good level of understanding of people's needs. The meant people were supported by staff who knew their care needs.
- Care records were kept under review. Where people's needs changed, care plans and risk assessments were updated to reflect people's current needs. For example, one person developed a medical condition when living in the home. The care plan and risk assessment had been updated to reflect this.
- People had individual personal emergency evacuation plans (PEEP's) in place to ensure they were safely supported by staff in the event of an emergency.
- The provider ensured regular checks of the environment, equipment and premises were conducted to keep people, staff and visitors safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People's relatives were able to visit the home safely and without restriction.

Learning lessons when things go wrong

- The provider had a system in place to capture learning from incidents affecting people's safety.
- The provider ensured such incidents were analysed and took steps to improve. For example, one incident recommended a change to the environment was made to keep people safe and minimise the risk of reoccurrence. We saw the change had been made in good time.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider ensured new staff undertook an induction period. The induction included training specific to the role and shadowing more experienced staff. This meant new staff were prepared for the role and better able to care for people.
- The provider ensured staff received regular training appropriate to their role and people's needs. This meant people were cared for by staff who knew how to meet their needs.
- New staff were required to complete The Care Certificate where appropriate. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The provider ensured people's health and care needs were assessed prior to them moving into the home. Assessments were thorough and included a wide range of areas, for example, personal and family history, behaviours, personal preferences and health.
- Care plans were reflective of people's assessed preferences. Information was available to staff regarding people's personal choice regarding all aspects of their care and was specific to them.
- Staff we spoke with knew people well. Staff were able to describe people's personal preferences and their role in meeting them.

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

- People in the home were responsible for managing their own meals however staff supported them where appropriate. We saw people's care records outlined people's likes and dislikes with meals.
- Staff supported people with shopping. People were encouraged to eat healthy meals. Meals were prepared with the support or supervision of staff encouraging them to be more independent and learn healthy eating skills.
- Where people were at risk of developing unhealthy relationships with food, the provider took steps to support people. For example, one person had a mental health problem which affected their behaviour with food. The provider had put plans in place to ensure the risk was managed and the person remained healthy.
- People and their relatives told us they were happy with the food in the home and the support given by staff. One person told us, "The staff help me with food, they're good." One person's relative told us, "[My relative] is doing really well with food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People received support from healthcare professionals as and when needed. Care records we looked at demonstrated staff worked closely with other providers to ensure people received the right care and support.
- Where people had specific treatment needs, they were referred to other professionals in good time. For example, one person was experiencing a mental health problem. The provider had recognised the person's need for additional support and contacted the relevant service. This meant people received effective care and their treatment needs were met.
- One person's relative told us the provider had ensured their relative was able to access a GP. The relative said "They made sure [Persons relative] was registered with a GP when they moved in and let me know which one it was."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was aware of their responsibilities regarding DoLS. The registered manager had a robust system in place to monitor the DoLS process.
- The provider ensured people's capacity was regularly assessed. In addition, assessments of capacity were ongoing and reassessed regularly.
- Staff we spoke with were able to explain the principles of the MCA and had received training on the subject. Staff were aware of their responsibilities to seek consent when caring for people. We observed staff seeking consent from people when providing care.

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

- People in the home were accommodated in their own self-contained flats with private kitchen and bathroom facilities. People's homes were decorated in the way they wished and were well maintained.
- The provider was overseeing an ongoing programme of repairs and remedial work. Where repairs were needed, the work was completed in good time.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were happy with the care they received. They told us they enjoyed living in the home and found the staff supportive. No one expressed any concerns with the care they were receiving. One person's relative told us, "The support [my relative] gets is wonderful."
- Staff treated people well. We observed a number of interactions between people and staff. We saw staff speaking with kindness and compassion. This meant people felt supported and cared for.
- Staff promoted people's wellbeing in a caring and meaningful way. For example, one person enjoyed particular activities. We saw staff facilitated these activities as often as practicable. Staff told us they understood the importance of these activities for the person and so ensured they were able to participate frequently.
- Care plans included guidance for staff to follow detailing how to promote people's independence. Where people needed support from care staff, their involvement was kept to a minimum in order to encourage people to do as much for themselves as possible.

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

- People were supported to make decisions about their care and how they spend their time. We saw staff asking people how they wished to spend their time and ensuring it was facilitated. People's care was provided in the way they wished and in line with their preferences.
- People's relatives told us their views were sought and they were involved in decisions. For example, one person's relative told us the provider had contacted them for advice regarding their relative's care. We were told this advice was taken on board and listened to.
- People were given information regarding independent advocacy services. This meant people who may not be able to express their views had someone to act in their best interests.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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's care plans included personalised information about the person, such as their daily routine, likes and dislikes and the important people in their life. This meant staff knew what was important to people.
- People's care plans included information on how to meet their individual needs. For example, one person had a medical condition requiring support from staff. Care plans clearly detailed the condition, the impact on the person and how they wished staff to support them.
- People were encouraged to follow their interests and take part in meaningful activities. During the inspection, we observed staff planning and organising activities with people. Where people requested particular activities, staff facilitated the request.

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 had been assessed by the provider and their individual needs considered. This information was included in clear, personalised care plans
- The provider understood their responsibilities under the Accessible Information Standard.
- The provider ensured information was available in alternative formats to ensure people had information they could access and understand.

Improving care quality in response to complaints or concerns

- The provider had a robust policy in place to record and respond to complaints.
- At the time of the inspection the provider had not received any complaints. People's relatives told us they had not had reason to make a complaint however felt the provider would deal with any complaints appropriately.

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.

This is the first inspection for this newly registered service. As there was no registered manager in place there is a ratings limiter of requires improvement. Therefore, this key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 no registered manager in place. At the time of the inspection the management of the home was shared by managers from the providers other services. The provider was in the process of recruiting a registered manager.
- Some staff told us the provider was not doing enough to support them in their role. Staff told us there was not always enough of a management presence in the home. We discussed this with the provider who was able to demonstrate they were doing all that was practicable to address staff concerns.
- The provider was focused on delivering person-centred care. People's individual needs and preferences were sought, and care staff ensured the care they provided reflected people's needs.
- Staff knew people well and supported them to achieve their treatment goals. We saw evidence people's outcomes improved as a result of living in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a system of governance which included regular audits. For example, care records, the environment and medicines were regularly audited. Where the need for improvement was identified, the provider ensure they happened in good time.
- People were supported by staff who were trained and able to carry out their role. The providers training matrix demonstrated staff received training appropriate to the role and people's health and care needs.
- The provider understood their legal requirement to notify us of all incidents of concern, death and safeguarding incidents.

Continuous learning and improving care; 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 had a robust system in place to report, record and monitor incidents and accidents in the home. These were regularly reviewed and analysed. This meant the service was improved for people.
- Staff we spoke with were aware of the providers process regarding incidents and accidents. Staff told us incidents were discussed as a team and the learnings shared across the staff team.
- The management team understood their responsibilities around the duty of candour. There were policies and procedures in place to guide staff. The provider told us they understood their responsibility to be open and honest with people when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider ensured people were involved in the running of the home where possible. People's relatives told us their views and opinions were sought and they were listened to.
- The provider conducted regular team meetings with staff. We looked at the minutes from these meetings and saw staff were encouraged to express their views on the service. Staff told us team meetings were productive.
- The provider ensured people had access to appropriate professionals involved in their care. People's care records demonstrated appropriate information regarding their care and treatment had been appropriately shared with other services. This meant people's care needs were met and cared for holistically.