

Consensus Support Services Limited

Deansbrook Farm

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

About the service: Deansbrook Farm is a residential care home registered to provide accommodation with personal care for up to ten people with learning disabilities or those with autistic spectrum disorder. At the time of the inspection eight people were living at the service.

Services for people with learning disabilities and or autism are supported

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Staff understood the risks to people and the measures in place to keep them safe. Risks to people were assessed and managed well.

Systems were in place to ensure people's medicines were managed safely. The service was involved in a national project stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP). This was having a positive impact on people's quality of life.

Staff remained committed to supporting people to manage their anxieties and behaviours in a positive way.

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.

Sufficient numbers of staff were employed to meet people's needs. The recruitment, induction and training processes in place ensured staff had the right skills and experience and were suitable to work with people who used the service.

The service applied the principles and values consistently 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.

The management team and staff were committed to providing a person-centred culture which valued people as individuals. Staff were intuitively caring and were observed treating people with dignity and respect.

People had access to food and drink based on their individual choice and preferences.

People were receiving personalised care responsive to their needs, including access to health care services. Staff worked well with other professionals and services to ensure people received the support they need to stay well and safe.

People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific, approach for providers of health and social care to meet the communication needs of people with a disability, impairment or sensory loss.

Work was in progress to develop End of Life care plans to ensure people's wishes would be taken into account at such time.

Systems were in place to assess the quality of the service and ensure risks and regulatory requirements were being understood and managed.

There continues to be a positive, open and inclusive culture in the service. Where things had gone wrong, systems were in place to learn from such incidents and make the necessary improvements.

Rating at last inspection: Good (Report published 08 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deansbrook Farm on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Deansbrook Farm

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 team consisted of one inspector and an assistant inspector.

Service and service type

Deansbrook Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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 with two people who were able to express their views, but not everyone chose to or were able to communicate with us. Therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us.

We spoke with the registered manager and three care workers. We also spoke with the operational lead who was a representative of the provider, and the company's behavioural support therapist.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives of people using the service by telephone to obtain their views of the service and experience of the care provided.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. This was confirmed in conversation with people's relatives. Comments included, "I do believe [Person] is safe," and "I definitely feel [Person] is safe. The staff have got to know [Person], it takes a while, but they have got to know them and their ways well."
- Staff had a good understanding of processes to keep people safe and how to report concerns. One member of staff told us, "If I was concerned with something I would report to the manager. If I had to, I would tell someone higher up or go to social services."
- The registered manager was aware of their responsibility to liaise with the local authority and where safeguarding concerns had been raised, such incidents had been managed well.
- The Community Nurse Practitioner told us, "I have no concerns, or safeguarding issues regarding this service. The service reports all safeguarding concerns to the relevant authorities and always share safeguarding concerns with me as their link nurse."

Assessing risk, safety monitoring and management

- Risks to people were anticipated and managed well to keep them safe. This included risks such as managing finances, accessing the areas of the home, such as the kitchen, the community, and using the vehicles to access the community.
- People's complex needs meant they often behaved in ways that challenged others. Positive behaviour support plans had been developed in consultation with the person, family members, the company's behavioural support therapist and where needed, specialist advice from other professionals.
- The positive behaviour support plans provided detailed guidance for staff on how to support people during episodes of distressed behaviours, including self-harm.
- Staff understood people's routines which provided continuity and stability and helped to reduce causes of behaviour or distress. Relatives confirmed this. One relative commented, "I know the carers look after my [Person], they are aware of the impact other people have on [Person], but they manage situations well."
- Where restraint was used, this was only carried out by trained staff, with agreed techniques, with the least restrictions possible and clearly documented.
- People's risk assessments identified early warning signs and actions for staff to take to reduce the risk, with contingencies in place for managing crisis situations. These linked to the behaviour support plans and were regularly re-evaluated to see what was working and not working.
- Regular fire safety checks were undertaken to reduce the risks to people if there was a fire..
- Systems were in place to ensure that equipment was safe to use and well maintained

Staffing and recruitment

- The service had enough staff to meet people's complex needs including additional support hours as contracted by the local authority funding the care.
- The registered manager told us all people using the service required one to one staff, with one person needing two staff when accessing the community. This was confirmed by people's relatives. One person told us, "I have no issues with staffing. My [Person] always has two staff to support them."
- Staffing levels were regularly reviewed as people's needs changed. The registered manager and staff worked flexibly to meet the needs of the people using the service.
- A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- Random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP.
- Where medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered.
- The service had signed up to STOMP a national project which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. Reducing these medicines was helping people to stay well and have a good quality of life.

Preventing and controlling infection

- Systems were in place to control and prevent the spread of infection.
- The premises were clean and tidy.
- Staff were trained and understood their responsibilities when preparing and handling food and maintaining cleanliness and hygiene in the premises.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents were monitored by the registered manager and operations manager to ensure oversight of health and safety in the service.
- Systems were in place to ensure lessons were learned and improvements made when things went wrong. The behavioural support therapist commented, "The team are very honest, when things haven't gone well. For example the registered manager felt an incident of restraint had not gone well in a difficult situation and reported this to safeguarding. This was investigated, and we were reassured that under the circumstances, staff had acted appropriately. We are not scared to say when things have not gone well. I think we are very transparent and feel very assured because of the external oversight."
- Learning from such incidents was shared with staff at supervision and monthly team meetings.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans contained information on how their physical, mental and social needs were being assessed and met.
- Observation and care records confirmed people's care, treatment and support was being delivered in line with professional guidance.
- The registered manager told us due to the complexity of people's behaviour's they had sought advice from psychiatrists, intensive support team and behaviour nurses, and welcomed their input. They commented, "We are very open about what we do here and will always ask for advice and support."
- Feedback from the Community Nurse Practitioner confirmed this. They told us, "I am satisfied that the care they provide to everyone in this service is of a high standard. The care team have good knowledge and understanding of people's needs. The registered manager and behavioural support therapist are good at request discussions with the consultant psychiatrist and community nurse practitioners where they have concerns about people using the service."

Staff support: induction, training, skills and experience

- People's relatives told us they were confident staff had the skills to support their family members. Comments included, "I do believe carers know how to support [Person], I watch them helping them, and they definitely have the skills, staff are excellent with [Person]," and "Yes, staff do have the right skills and experience, they definitely cope with [Person] very well."
- Staff received a range of training that gave them the skills and knowledge to carry out their roles and meet the specific needs of people using the service.
- The provider employed their own behavioural support therapist who provided bespoke training to staff. This training focussed on the specific complexities of people using the service, which ensured staff had the skills to provide safe care and respond to unforeseen events.
- Staff told us when they first started working at the service they completed an induction, which included training and shadowing an experienced member of staff. Comments included, "I shadowed each person using the service at least twice, which definitely gave me the skills and confidence to do the job, and "The shadowing is absolutely needed. You learn different things from each person you shadow."
- Staff received regular supervision and had an annual appraisal with a senior member of staff, regarding their performance, and training and development needs.

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

- People's nutritional needs were assessed, and professional advice and support was obtained for people when needed.
- Staff were aware of people's dietary needs, including those that needed a soft diet due to the risk of choking, and those under the dietitian.
- People were supported to eat and drink and maintain a healthy balanced diet. Comments included, "The food is great here, I do help shopping for food, also like going to cafes, and having fish and chips at the Mariana," and "I enjoy the food."
- People chose what they wanted to eat, where to have their meal and had access to the kitchen. One person told us, "I can make my own coffee, and tea and do my own toast in mornings."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked well with other professionals to ensure continuity of care and support to people when moving between services. The registered manager gave an example where a person had successfully returned to the service after an extended period in hospital.
- We received positive feedback from a behaviour therapist involved in the transfer. They told us, "I worked alongside the manager and their team when [Person] was discharged from the hospital to Deansbrook. I met and spoke frequently to both the manager and behaviour support specialist to discuss the transition plans. I also visited the home to discuss assessments with staff. The whole team were very proactive and asked relevant questions relating to [Person]. I had several telephone calls from the manager and the team ensuring everything they were putting into place would be suitable for them." This had resulted in a positive transition to the service.

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

- People and their relatives told us the premises were safe and secure. One relative told us, "Although the home is really lovely, the facilities could be better, for example when it's really hot, having air conditioning would really help, the toilets could also do with improving."
- Improvements had been made to the décor and premises, however, due to destructive behaviours of some of the people using the service, maintenance and redecoration of the premises was ongoing.
- Changes to the environment were managed well to reduce distress to the people living at the service.
- The environment was a safe and comfortable place for people to live. Rooms were bright, clean and tidy. People's rooms had been decorated to reflect their personalities and individual needs.

Supporting people to live healthier lives, access healthcare services and support

- People had good access to healthcare services, including an annual health check and access to professionals, such as the speech and language therapy, dietitian and GP.
- One person told us, "I see the GP regularly, yesterday in fact."
- Risks to people's health and welfare had been identified and acted on. Where people had been diagnosed at risk of choking due to swallowing difficulties, or weight loss, advice from health professionals had been sought.

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.

- Systems were in place to support people in the least restrictive way and ensuring their rights were

protected. Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, the relevant people including their power of attorney and health professionals had been involved.

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.

- The registered manager confirmed all eight people had authorisations in place to restrict their freedom for their own safety. Where these were due to expire, the registered manager confirmed they had submitted applications for the authorisations to be renewed.

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 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; equality and diversity

- Staff had developed good relationships with people using the service. People told us, "All the staff treat me very well," and "The staff know my ways. I have a good relationship with staff."
- People's relatives were positive about the care provided. Comments included, "We are very pleased as a family with the support [Person] gets, they are always clean and tidy and well looked after. They are treated as a normal person, as are all the people there," and "My [Person] is happy, I know they like the staff. All the staff are very kind, and [Person] is very settled."
- We saw positive interactions between staff, and the people they supported. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves.

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

- The registered manager had worked with professionals and families when people needed help to make decisions about their care, treatment and choices of where to live in the future. Comments included, "I have power of attorney for [Person's] health and welfare and finances and insist on being present at meetings or informed when they are taking place," and "I am involved in [Person's] reviews, staff always let me know when they are taking place, and if I can't attend they let me know what was discussed. They definitely listen to my views and act on them appropriately."
- People were supported by advocacy services where this was needed
- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. This was confirmed by people's relatives. Comments included, "Carers really know my [Person]. The staff are young, and that's what [Person] needs, people around their own age, that understand them," and "The carers are young and lovely, and treat [Person] as an equal, they talk with them like they are one of them, we, the family are all very happy with the care and support they receive."
- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection.

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 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 using the service received care, support and treatment personalised specifically for them. Their care plans contained detailed guidance for staff on how meet their individual needs. These were person centred, referring to people's preferences on how they wished for their care to be provided.
- People were supported to follow interests and to take part in activities socially and culturally relevant to them. One person told us, "I go to the park, I enjoy walking in the park and having picnics. I also like going to coffee shops, listening to magic radio, I like the 70's and 80's music and movie nights. There is also a disco in Colchester tonight if I want to go." Another person told us, "I like playing board games with my friends. I also like to go out bowling."
- Relatives confirmed people were supported to access activities of choice. One relative commented, "Every time I ring up, [Person] has gone out which is a good thing, I am really glad about it, they go to bingo, bowling, the cinema and college. They love food and eating out."
- People told us they were supported to maintain relationships with family and friends. For example, a member of staff had supported a person using photographs and family tree, to trace their family, and this resulted in a family reunion.
- Relatives told us they could contact or visit the service at any time. One relative told us, "I ring [Person] every day, sometimes twice or they ring me to make sure they are okay, plus once a week they come home. Staff don't mind what time I ring day or night."

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.
- We saw staff used a variety of ways to meet the communication needs of people using the service. These included, communicating with a person through written messages via there computer, photos, pictorial information, people's facial expression and gestures and information produced in an easy read format.

Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge and respond to complaints.
- Information on how to complain was available to people in easy read format to help them raise concerns.
- A review of the complaints book showed there had been one complaint raised about the service, by a

neighbour. The registered manager told us, this was an ongoing situation which they were working hard to resolve.

- Relatives told us they knew how to make a complaint but had not needed to. Comments included, "I have no concerns, if [Person] or staff have any problems, they contact us straight away, and we sort things out before they become a problem," and "I speak with my [Person] most days, and they tell me if things aren't right, little things. Staff listen and do take notice of what they and I say. I have no complaints, they are all very good and try their hardest, and do their best."

End of life care and support

- The service does not currently have anyone approaching end of life. The registered manager told us they were currently exploring ways to obtain people's preferences and choices in relation to end of life care.

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 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

- Staff were aware of the vision and values of the company and applied these in their day to day roles ensuring people received high quality person centred care.
- Staff told us there was a good culture in the service. Comments included, "Staff morale is good, we work as a team and pull together," and "We are a team, we work well together, it can be tough going here, but I don't feel any burnout, the manager comes to help, when we need it."
- People and their relatives told us, the registered manager was approachable, and supportive. One relative commented, "The manager is very good, they manage the service very well, we are very confident in them, they are easy to approach, they are a good communicator."
- The operations manager visited the service regularly. They told us, "Staff have genuine regard for the people here, even though they have complex behaviours, they are very fond of them, this comes from the manager, who sets a good example."

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 operations manager, registered manager and staff understood their responsibility to be open and transparent about events that happened in the service.
- Relatives told us they were kept informed about their family members, including when things went wrong. One relative referred to a previous incident investigated by safeguarding and the police. They commented, "I was kept informed by the manager every step of the way. Another relative told us, "The manager is very good at keeping us informed. They are very honest with me, as I know [Person] can be difficult, if there has been an incident they inform me."
- The behavioural support therapist talked openly about the recent Panorama programme about abuse at Whorlton Hall. They were confident this would not happen at Deansbrook Farm. They commented, "The team are very honest, when things haven't gone well they say. We also expose ourselves to high level external security, by involving and obtaining feedback from the psychiatric team, behavioural specialists, and social workers all carry out spot visits."

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

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- The registered manager praised the staff team, commenting, "I can't fault this staff team, in terms of the empathy and care they have, I can go home and have complete trust in these guys who have people's best interests at heart, even new staff have taken on the value mind set. I know they have bad days, but it's also about the good days, and the fun they have, often in very difficult situations."
- Staff told us they felt supported by the registered manager. Comments included, "I feel supported and I can talk to anyone here (management wise)," and "From support worker to manager we are provided with opportunities to develop. I have been supported to complete a management qualification, as a stepping stone to develop into managerial role."
- The service had clear and effective systems in place to identify and manage risks to the service and drive improvement. This included monthly quality assurance visits carried out by the operations manager.
- The registered manager attended regional meetings with other managers to share information and best practice.

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

- The registered manager told us they tried different ways to seek feedback from people using the service, their relatives and staff on a regular basis.
- Feedback from relatives, was full of praise for the service. One relative had written, to the registered manager and staff, thanking them for their help and motivation throughout the last year and for making life bearable for [Person]. They commented, "They are defiantly not the person I knew back in November 2010 when they first joined you."
- Plans were in place to start a 'key worker forum'. People will be supported to attend with their keyworker to have more control over decisions made about the service, including the environment.
- Team meetings provided staff with an opportunity to feedback their views and suggestions for improvements.
- The provider had recognised the type of work and client group can be stressful for staff. An independent psychologist had been sourced for staff to talk with, about how they feel and have debrief sessions following significant incidents.

Continuous learning and improving care

- The operations manager and registered manager had a strong focus on continuous learning and sharing good practice across the organisation to drive improvement. They told us this helped them feel more integrated as a company.
- Registered managers from the providers other services had been visiting Deansbrook Farm to share experiences and help improve outcomes for people using the service.
- The behavioural support therapist told us, "Staff from Deansbrook Farm have been instrumental in supporting staff at the providers other services, sharing their expertise when people's complex behaviours have reached crisis point."

Working in partnership with others

- The registered manager worked well with other professionals to ensure people using the service receive joined up care that ensured they receive the care and support they need.
- We received positive feedback from a Behaviour Therapist and Community Nurse Practitioner. Comments included, "The care team are always welcoming during my visits; or respond to my telephone calls professionally. They provide a safe and a secure environment for the people using the service. Overall, I found my involvement with this service provider a very positive experience," and "I worked alongside the registered manager, their team and other professionals when supporting a person to transition to the

service. This was a very smooth, joint working and positive transition."