

Consensus Support Services Limited

31 King Edwards Grove

Inspection report

31 King Edwards Grove
Teddington
Middlesex
TW11 9LY

Date of inspection visit:
01 August 2022

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01 September 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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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

31 King Edwards Grove is a residential care home providing personal care to six people at the time of the inspection. The service can support up to eight people; however not everyone living at the home received personal care.

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

Right Support: People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. People received support from staff to make their own decisions about medicines wherever possible. Staff received support in the form of continual supervision, appraisal and recognition of good practice. People were referred to health care professionals to support their wellbeing and help them to live healthy lives

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: Staff assessed people's sensory needs and did their best to meet them. People received support to eat and drink enough to maintain a balanced diet. People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff supported people to express their views using their preferred method of communication. People had the opportunity to try new experiences, develop new skills and gain independence.

Right Culture: Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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

Rating at last inspection

The last rating for this service was good (published 15 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

31 King Edwards Grove

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

This inspection was carried out by two inspectors.

Service and service type

31 King Edwards Grove 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. 31 King Edwards Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information and statutory notifications we had received. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, three care staff and one person living at the home. After the inspection we received feedback from two relatives. We reviewed a range of documents in relation to service delivery including three people's care records and medicines administration records. We also reviewed other documents in relation to the running of the service; such as policies, audits and three staff files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Potential risks to people were suitably monitored and managed. At the time of inspection, we identified one person's risk assessments could be more specific in defining staff responses. The provider ensured they updated this immediately after the inspection and we were satisfied with their prompt response.
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks.
- The provider monitored the safety of the premises to support people to stay safe. This included regular fire and premises safety checks. Records showed that where improvements and actions were identified these were promptly responded to.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes helped to safeguard people from abuse. Staff had a clear understanding of their responsibility in identifying, reporting and escalating suspected abuse. One staff member told us, "If people [management] above aren't doing what they should I would whistle blow."
- Records showed that where any safeguarding concerns were identified the service liaised with the local authority and fully investigated any such incidents.

Staffing and recruitment

- Staff were safely recruited. They were subject to 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.
- Records showed the provider sought appropriate assurances to ensure staff were safe to work with people. Staff provided their full employment history, satisfactory references and proof of identity.
- Relatives told us there were enough staff to meet people's support needs. One person said, "I think there are enough staff." We reviewed the planned rota and observed, that there were enough staff to have meaningful interaction with people.

Using medicines safely

- Staff were aware of the provider's medicines procedures if they identified there was a medicines error. Staff confirmed they would report any medicines errors or incidents to the registered manager immediately and seek guidance from a health professional.
- One person told us, "Every morning the staff help me with my medicines." We reviewed medicines

administration records and found that people received their prescribed medicines at the times that they needed them. Suitable protocols were in place for 'as required' medicines, so that staff were clear when people should be given them.

Learning lessons when things go wrong

- People benefitted from a service that learned lessons when things went wrong. The registered manager had systems in place to ensure issues were identified swiftly affording them the insight to drive improvements.
- Incidents were reviewed by senior staff members to identify patterns and trends. Where changes were required staff were then debriefed to mitigate further occurrences.

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 using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Visitors were required to provide evidence of a negative lateral flow test upon entry to the premises.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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 living at the home were funded through the local authority. Care records included a full assessment carried out by a social worker to determine the level of support people needed.
- People's care needs were assessed in line with best practice. For example, the use of an allocated keyworker to review people's progress regularly.

Staff support: induction, training, skills and experience

- People received support from staff that underwent frequent training to enhance their skills.
- Staff spoke positively about the training provided. One staff member told us, "The training here is very good. I always learn something new and I can then manage situations better as I've had the training. Supervisions we talk about safeguarding and whistleblowing."
- Staff reflected on their working practice through regular one to one supervision with the registered manager. Staff confirmed supervisions covered all aspects of their role, including people, work load, policies and the staff team.
- The provider training matrix showed that staff undertook a range of training and competency assessments to ensure they were competent in carrying out their roles.

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

- People were encouraged to make healthy food choices where possible. Staff had a clear understanding of people's dietary requirements and preferences.
- Staff supported people to make meals and people were encouraged to help devise the weekly menu. One person told us, "The food and drink here is good. My favourite food to have here is chicken curry with a little bit of spice. The staff make curry."
- The menu was available in the main lounge noticeboard for people to review, where preferred a different meal to the one on the menu, this was provided.

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

- At the time of inspection, the home was undergoing refurbishment. This included improvements and decoration to communal areas, as well as people's rooms.
- We viewed people's rooms and found that they were personalised with items of their choosing and reflected their interests.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to engage with a range of healthcare professionals. This included community nurses, consultant psychiatrists and clinical psychologists. Where people received regular visits from podiatry for example, this was clearly recorded in their care plan.
- People had clear oral care healthcare plans in place to support improvements in their oral hygiene management. Records included evidence of healthcare appointments being booked in a timely manner to ensure people's healthcare needs were met.

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.

- Staff had a clear understanding of their role and responsibility under legislation. One staff member told us, "We cannot make judgements on their [people's] capacity unless their file says so. If they don't have capacity, we will have to intervene, say with their finances. We support them [people] to make their own decision, encourage them to make healthier choices."
- Any DoLS applications were made in a timely manner and staff knew how to access these documents.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were encouraged to maintain their independence and to have as much control over their lives as possible. Staff were aware of how to respond should people have any religious or cultural needs.
- Staff spoke about the people they supported with kindness and compassion. During the inspection we observed staff interacting with people in a manner people chose and with respect. One person told us, "The staff are nice and friendly, they do treat me with respect."

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

- Staff were aware of how to meaningfully engage with people to ensure decisions about their care was identified and acted on. Staff provided examples of times they had supported people to express their views using communication methods which were specific to them.
- Comments from staff included, "We have an electronic questionnaire that we complete. The [registered] manager really does listen to our views and he takes them onboard" and, "The [registered manager] asks for our views in the team meetings."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care records clearly detailed what people were able to do for themselves. People had decision making profiles which clearly defined how people liked to receive information, how choices should be presented and how staff can help them understand.
- Care records defined when people could do things such as make their own breakfast or wash certain body parts. This enabled people to maintain levels of independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- People and their relatives were provided with the opportunity to express their end of life wishes. We identified that where people had chosen not to discuss this, this was not always included in their care records. We discussed this with the registered manager who told us they would update people's records accordingly. We will review the provider's progress with this at our next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. Care records clearly detailed people's preferences in their day to day routines.
- A staff member told us, "The care plan is for staff to know people and understand them and know how to care for them. If I notice there is a change in someone's care plan needed, I would firstly speak with the keyworker and we would observe the person to see if this is a new change or behaviour and then the care plan would be updated."

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.

- Staff knew people well and how they could effectively communicate with them. One staff member told us, "We use Picture Exchange Communication cards for one person. Another person will indicate their response by using gestures."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities that met their social needs and preferences. One person told us, "Sometimes we will go for walks into Kingston and look at the shops. I really like looking at the shops."
- Activities provided included both in house and in the local community. Recent trips included trips to the coast, meals out, bowling, cinema trips and a visit to Kew Gardens. Some people accessed local day centres or undertook voluntary placements at community organisations.
- Where one person had a specific interest, records showed they had a specific keywork session to discuss

their aspirations with a staff member. Records clearly showed what measures would be put in place to support them to achieve their goals.

Improving care quality in response to complaints or concerns

- Systems in place ensured complaints received were investigated and action taken to reach a positive outcome for those involved.
- The complaints procedure was available in picture format, detailing who people could complain to, how it would be managed and externally who they could contact. One person told us, "I could talk to one of the staff [if I had a complaint] or the manager. They would fix it for me."
- Records showed there had been one complaint received in the last 12 months, which had been investigated and action taken.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

- People and relatives were positive about the running of the home. One person told us, "He's [registered manager] a nice man, I can talk to him whenever I want." Relatives told us that the registered manager and staff communicated regularly and kept them updated on their loved ones.
- Staff said, "[The registered manager] pushes for things to be done in a person-centred way. The behaviours of some people living here has reduced and they seem happier. The home in general is a lot calmer" and, "[The registered manager] is always there for people and staff. He is really good and knows what he is doing."

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

- The registered manager was clear in their responsibility to apologise. They told us, "It's about transparency and just being transparent with anything that needs to be raised. Anything we think needs improving and escalating."

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

- The registered manager understood how to monitor the service and make improvements to the quality of care. They told us, "My role is to make sure the culture is positive, person centred and allows people to express themselves and be relaxed in own home." The Care Quality Commission were informed of important events in a timely manner.
- Regular quality assurance checks were carried out to drive improvements. This included reviews of care and medicines records to check compliance and completeness. Where appropriate people living at the home were involved with audits, such as checking the first aid box.

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

- People, their relatives and staff were fully involved in the development of the service. This included regular questionnaires to seek feedback and suggestions on improvements for the home. A clear action plan was in place for developing the service.

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other healthcare professionals to ensure continuity of care. The registered manager spoke to us of the ways people worked with other agencies, such as Mencap to develop people's wellbeing.
- Records showed that the placing local authority were involved in reviewing and supporting people's care needs.