

Consensus Support Services Limited

Ellsworth House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 3 October 2015 and was unannounced. When the service was last inspected in September 2013 we identified that there was one breach of the regulations. This related to the safety and suitability of the premises.

Ellsworth House is registered to provide care and support for up to eight people with a learning disability. At the time of our inspection seven people were living at the home. Five people were living in the main part of the home. Two people lived in self-contained bungalows situated next door to the main house.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are “registered persons”. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not cared for in a safe, clean and hygienic environment.

Summary of findings

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

People maintained contact with their family and were therefore not isolated from those people closest to them.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. The systems had failed to identify the shortfalls found at this inspection such as the concerns surrounding the environment and infection control. Arrangements were also in place for obtaining people's feedback about the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not cared for in a safe, clean and hygienic environment.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Requires improvement



Is the service effective?

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good



Is the service caring?

The service was caring.

We observed that good relationships had been established between staff and the people they provided care for.

People's privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Good



Is the service well-led?

The service was well-led.

People were encouraged to provide feedback on their experience of the service and monitor the quality of service provided.

Good



Summary of findings

To ensure continuous improvement the manager conducted regular compliance audits. We would recommend that the provider reviews the effectiveness of their quality assurance and auditing processes, particularly surrounding environment and infection control issues.

Ellsworth 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.

The inspection took place on 3 October 2015 and was unannounced. The last inspection of this service was in

September 2013 and we had identified one breach of the legal requirements at that time. This related to the safety and suitability of the premises. This inspection was carried out by one inspector.

On the day of the inspection we spoke with three members of staff, the deputy manager and the registered manager.

Some of the people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

People were not cared for in a safe, clean and hygienic environment. The registered manager did have a copy of 'Code of Practice on the prevention and control of infections and related guidance 2010' (code of practice). However they had not assured themselves that the systems and practices in place for infection control within the home, complied with the code of practice and guidance for the protection of people who use the service.

The bathrooms were not clean. The bathroom flooring was heavily stained and in some places was coming away from the wall. In one bathroom there was no bath panel and the pipes were exposed. Not all radiators were covered. In the en-suite bathrooms toilets and sinks were dirty. Although we were advised that carpets were spot cleaned daily and deep cleaned monthly they were stained throughout the building. Walls throughout the home were grubby and were chipped and in need of re-decoration. One kitchen had damaged cupboards and a dis-used washing machine had not been replaced. The provider was not repairing the damage or sourcing appropriate alternatives to improve the environment in a timely manner.

The laundry room was cluttered. The work surfaces were dirty, as was the sink which had lime scale. We found that bins were not appropriately covered which presented a potential infection control risk. There were mops which were designated to clean different parts of the house stored on top of each other in a bucket which meant that bacteria could develop. The laundry area increased the risk of cross contamination.

We were told that daily, weekly and monthly cleaning schedules were in place to monitor the frequency and standard of cleanliness of the home. Despite the use of cleaning schedules when a member of staff was asked what they thought about the cleanliness of the home they acknowledged that it was not acceptable and they started to address the issue whilst we were at the inspection.

We reviewed the most recent infection control audit and none of these issues were identified. The registered manager told us that they had discussed their concerns about the environment to their manager at a recent supervision meeting. They had also advertised for a maintenance man to be employed for 30 hours each week. The supervision notes recorded that the general

environment of the service was very poor in places and identified actions that needed to be taken forward. Following our inspection the registered manager also sent us copies of reports they had sent to the operation's manager proposing that refurbishment work needed to be undertaken as a matter of priority.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with generally felt the staffing level was appropriate. There were sufficient staff to help people and we observed people having 'one to one' time with staff. The deputy manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service. On the day of our inspection one member of staff called in sick. Their absence was covered by another member of staff. We were told that extra staff would also be utilised if required, such as taking people away on activities. This position was confirmed by members of staff we spoke with.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission. Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced

Is the service safe?

Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and they received by people safely. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as utilising the home environment, use of the service's van and managing finances. Assessments were reviewed and updated, mostly on a monthly basis. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to assist the person to manage their finances. Potential risks were identified and control measure instructions were provided on how to appropriately support the person. Practical instructions were also detailed enabling the person to be independent, as far as possible.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the manager.

Is the service effective?

Our findings

The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction training period was over 12 weeks and included training specific to the new staff members role and to the people they would be supporting. The manager told us the induction included essential training such as first aid, health and safety and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in manual handling, fire safety, first aid awareness support and food hygiene had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy awareness and positive behaviour management training.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as mandatory training, the people that staff support, what was working well and not so well. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where

they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "People are given choices about their daily lives."

We made observations of people being offered choices during the inspection, for example what activities they wanted to undertake during the day. Where a person was unable to communicate staff utilised a number of techniques such as using simple sentences and pictorial indicators to enhance their understanding of the person's requirements. Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, where possible. Depending on the specific issues such as medication reviews, decision making agreements involved the appropriate health professionals, staff and family members. We were told that the latter were invited to attend such meetings but did not necessarily attend the meetings.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered the DoLS application process involved family members, staff members and a mental health capacity assessor.

People were encouraged to eat a healthy, balanced diet and their food choices were respected. One person particularly liked fast food and they were supported to visit their favourite restaurant. People appeared to enjoy their Saturday brunch and were offered choices of food. We asked one person whether they liked the food and they gave a thumbs-up sign and said "yes."

Is the service caring?

Our findings

We observed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their daily plans.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, one person's plan advised that the person had a good verbal understanding but also liked to use pictures and symbols when communicating. The plan enhanced staff understanding of the person's needs. Staff were able to understand the person's needs and requests for the day. Staff we observed were patient and fully engaged with the people they were caring for. According to one plan one person liked having their head stroked. We observed this practice and the staff having a giggle with the person whilst providing reassurance.

People's privacy and dignity was maintained. Staff told us they always considered the person's privacy. A staff

member described what action they took to ensure they upheld people's privacy and dignity. They provided examples of how people preferred their personal care routine and giving people their own space to get showered and dressed.

All bedrooms at the home were for single occupancy and had en-suite facilities. People had private space if they wished to spend time alone. We observed that people used their rooms when they wished and person had their own television and home entertainment facilities. Staff demonstrated respect by knocking on bedroom doors before they entered.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such as how a person liked to support and the activities they preferred to engage in.

The staff members enabled the people who used the service to be independent, as far as possible. When they spoke about the people they cared for they expressed warmth and dedication towards the people they cared for. People were provided with activities, food and a lifestyle that respected their choices and preferences.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a dedicated staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the choices they made. We observed that people appeared reasonably content living in the home and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. People who lived in the home had certain members of staff nominated as their keyworkers. These staff worked closely with the person to help them to choose and plan the things they wished to do. Care plans were reviewed every month and a formal review was held once a year or if people's care needs changed. Reviews included comments on what was working, what was not working and how to change things. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person this included having a busy programme of activities as they liked to socialise with other people. An action plan was implemented to enable the person to engage in the activities they liked to attend such as attending a breakfast club, watching football, visiting their relative and attending network groups.

One person's records contained statements regarding their behaviour which was challenging. There were behavioural monitoring ABC type charts in place. An ABC chart is an observational tool that allows a service to record information about a particular behaviour. The aim of using

an ABC chart is to better understand what the behaviour is communicating and incorporate strategies on how best to deal with challenging behaviour. Staff told us that they had received training for supporting people with challenging behaviours and provided examples of strategies used to deal with the person's behaviour.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The service knew people well and were responsive to their needs. One member of staff told us that one person liked to go out in the home's van at least once a day. The social activities recorded varied for people according to their chosen preferences. This demonstrated that the service gave personalised care.

People maintained contact with their family and were therefore not isolated from those people closest to them. Some people visited their relatives regularly. A staff member told us that the service enabled a person to maintain regular contact with their relative as they wrote letters to them telling them about their activities.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

People were not able to complain without assistance and required the support of staff or families to make a complaint. Staff described how they interpreted a change of behaviour to ascertain if people were unhappy. Easy read information was provided for people in a way that they were able to understand such as in pictorial and symbol formats. The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

Is the service well-led?

Our findings

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Annual customer surveys were conducted with people and their relatives or representatives if they wished to give their views. The most recent annual review was conducted in August 2015 and the overall feedback was very positive. The review identified the issues people were most pleased with such as staff being approachable and dedicated. Comments included; “Happy with everything and I would recommend Ellsworth House to anyone who wanted a good care home”; and “Friendly and helpful, determined to do their best.”

Staff felt the registered manager was approachable and listened to them but thought the environment of the service could be improved. There were methods to communicate with staff about the service. The registered manager told us that regular staff meetings were held. We viewed minutes of the previous staff meeting and issues directly involving the running the home were discussed alongside company-wide issues. This meant that staff were informed about the proposed future strategic development of the provider.

A member of the senior team was responsible for running each shift. This ensured that there was a clear line of responsibility throughout the day. Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the staff team as well as one for each of the individuals they support. We saw that staff detailed the

necessary information such as the change of medication in their entries. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals. The provider ensured that walkie talkies were used across the team so that staff working in the bungalows could communicate with the other team members and could call for assistance, if necessary.

To ensure continuous improvement the manager conducted regular compliance audits. They reviewed issues such as; training, staffing, sickness, accident and incident reporting. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that training was up-to-date and signed-off within appropriate time limits. The systems had failed to identify the shortfalls found at this inspection such as the concerns surrounding the environment and infection control.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing, health and safety audit ensured the suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.

We would recommend that the provider reviews the effectiveness of their quality assurance and auditing processes, particularly surrounding environment and infection control issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People were not cared for in a safe, clean and hygienic environment.