

Consensus Support Services Limited

Belstead Villa

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?

Requires Improvement 

Overall summary

This inspection took place on 14 April 2015 and was unannounced.

When we inspected this service in June 2014, we had moderate concerns regarding the numbers of staff available to meet people's needs at all times. At this inspection we found that improvements had been made.

Belstead Villa provides care and support for up to four adults with a learning disability. On the day of our inspection there were four people living at the service.

The service has had three changes of manager within a period of 18 months. The current manager was not registered with the Care Quality Commission (CQC) and was long term absent from the service. There was an interim manager in post. As part of their condition of registration the provider is required to have a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

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.

We found that the culture of the service was positive and focused on the needs of people who used the service.

Staff had received training and were able to describe how to recognise signs of abuse and how they would respond and alert relevant authorities should they suspect people were at risk of harm.

Staff had been trained in safe techniques and care plans provided guidance for staff in how to respond and support people appropriately when they presented with distressed reactions to situations or others.

People were relaxed and comfortable living at the service and their privacy and dignity respected and promoted. Staff regularly engaged with people and had a good rapport with everyone. People were involved in making decisions about all areas of their care.

Staffing levels were planned and reviewed to adapt to the changing needs of people. This meant that there was planning to ensure that there was sufficient staff available to meet the needs of people at all times.

Staff received the supervision support and training they needed in order to carry out the range of roles and responsibilities of their roles.

People were supported to be involved in the planning of menus and encouraged to be independent in learning budgeting and cooking skills. People were encouraged to eat a balanced diet and were involved in decisions regarding what they ate and drank.

The provider carried out regular quality and monitoring of the service. However, audits had failed to identify shortfalls with regards to work required to ensure the laundry room was maintained to a safe and hygienic condition and the monitoring of medicines stocks. Without adequate safety monitoring systems in place this presented a risk to people who used the service and staff.

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 safe as there were sufficient staff available at all times to meet the assessed care and treatment needs of people.

Staff had been trained to recognise the signs of abuse and demonstrated their understanding of how to report incidents of suspected abuse to the relevant authorities.

Good



Is the service effective?

The service was effective as staff understood people's needs and preferences. Staff had up to date training and opportunities to receive one to one supervision.

People were satisfied with the quality of food provided and supported to maintain a healthy diet. People were also supported to become independent with learning to manage food budgets, food preparation and cooking skills.

Good



Is the service caring?

The service was caring because the service was focused on promoting the dignity and respect of people who used the service.

People had been consulted regarding their care and support needs. People's independence and autonomy and choices about how they lived their daily lives had been promoted and respected by staff.

Good



Is the service responsive?

The service was responsive as care and support plans were centred on the care and support needs of the individual person. Care plans were detailed and provided staff with comprehensive guidance to enable staff to understand the needs of people.

People were occupied and supported to pursue their choice of social and leisure activities which promoted their hobbies, leisure and educational needs. People were supported to maintain links with the local community and access to people who were important to them.

Good



Is the service well-led?

The service was not consistently well led. The providers audits had failed to identify shortfalls in the monitoring of medicines stocks and action to maintain the laundry room to a safe and hygienic condition.

The service did not have a manager registered with the Care Quality Commission.

Requires Improvement



Summary of findings

Staff were complimentary about the support they received and the culture of the service was found to be positive and focused on the needs of people who used the service.

Belstead Villa

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 April 2015 and was unannounced.

The inspection team consisted of two inspectors.

On the day of our visit we spoke with three of the four people living at the service. Two support workers, two team leaders and the interim manager.

We looked at three people's care records and carried out pathway tracking. Pathway tracking is where we look at a person's care plan and check that this is being followed and their care needs met. We did this by speaking with the staff who cared for people, observation of care provided and by looking at other records relating to how the provider monitored the quality and safety of the service.

Is the service safe?

Our findings

People told us they needed support from staff to receive their medicines. They also told us that staff supported them to receive their medicines in a timely manner.

Medicines were stored safely in locked medicines cabinets. There was a system of regular audit in place. However, we found that audit records did not reflect the actual number of medicines in stock and had failed to identify errors made in calculating a carry forward of stock from one month to the next. However, we were assured that people had received their medicines as prescribed as this was an administration error only. The interim manager recognised that the audits did not include a check of stock which would identify medication administration errors and rectified this immediately.

Staff and the manager told us that all staff had received training in the safe handling and administration of people's medicines.

The service was clean throughout the premises other than the laundry room. This was found in an unhygienic condition. The room was used by both staff and people who used the service. The washing machine was found to be dirty and leaking. The wooden plinth on which the washing machine stood was rotten and mouldy. Parts of the laundry room walls were in need of re-plastering and painting and unable to be cleaned. The low sink was dirty and stained. We discussed our concerns with the interim manager who told us they would take action to ensure that a new washing machine would be ordered immediately and works completed to ensure a safe, clean and hygienic laundry room environment.

People told us they felt safe living at the service. One person told us, "It is a very safe home. It's too safe for me, I want to be more independent." This person also told us they were being supported to move on to supported living accommodation which would meet their needs for increased autonomy and independence. Another person told us, "I like it here, they support me well I feel safe with all the staff who work here. I don't go out on my own and they help me feel safe when they are with me."

Staff received training with regular updates on how to recognise and safeguard people from the risk of abuse.

They demonstrated their awareness of what steps to take to report any concerns. Staff described the importance of maintaining and understood the lines of reporting within the organisation as well as how to contact the local safeguarding authority should they need to do so.

Staff minimised restrictions on people's freedom of movement and choices within and outside the service but monitored them in order to reduce potential risks of harm. Individual risk assessments with action plans had been provided for staff with information which described how to manage risks safely when supporting people. For example, where people presented with distressed reactions to situations and others, there was clear guidance for staff describing actions to avoid and de-escalate behaviour which may present a risk to the individual and others.

Staff received training in understanding behaviour which may present as a result of distress. This included safe restraint and de-escalation techniques. This gave staff the skills and knowledge they needed to keep people safe. Care plans described potential triggers, de-escalation and distraction techniques. This enabled staff to support people in a safe manner.

During our inspection we observed there to be sufficient staff to meet people's needs. Staff were available to support people as required. People who used the service and staff told us there was always enough staff available to support them. Staff described how they worked well as a team and how they covered vacant shifts from within the team and how this avoided the use of agency staff. The numbers of staff available had been assessed according to the needs of people and adjusted to suit the dependency needs of individuals. For example, staffing levels were discussed with stakeholders and increased when planning for the needs of people who required one to one support.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks. People who used the service could be assured that their needs would be met by staff who had been checked to ensure they were appropriately qualified.

Is the service effective?

Our findings

People who used the service told us, “The staff seem well trained”, “I am confident the staff know what they are doing” and “I am confident in the staff who work here to know what they need to do and when.”

Staff most recently employed told us that they received robust induction training with opportunities provided to shadow more experienced staff until they were confident to work on their own. They said that they had orientation to the service and information which helped them to understand the needs of the people they supported.

Staff told us they received a range of training to help them meet people’s needs and keep them safe. They also told us that they had access to training in a number of areas that helped them to support people with learning disabilities. The majority of training provided was via e-learning. However, the interim manager told us that more face to face training was planned and staff confirmed this.

The manager told us that all staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005. Staff we spoke with

demonstrated their understanding of the principles of the MCA. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests. For example, describing how they would respond and support a person who may repeatedly attempt to leave the service. The interim manager was aware of the Deprivation of Liberty Safeguards (DoLS) and what authorisation they needed to apply for if they had to restrict a person’s freedom of movement and deprive them of their liberty.

Staff told us they received regular support with one to one supervision meetings and annual appraisals. The interim manager told us they were planning to introduce competency observations of staff practice in order to monitor standards and provide additional support where needed.

People were supported and encouraged to maintain their independence and learn new skills in food budgeting, preparation and cooking. Staff supported people to manage their weekly allocated budget for food. The level of support was assessed according to individual needs. One person said, “I feel in control, they [the staff] don’t restrict what I do. I feel fully involved in all decisions.” We observed that people could bring their own food and cook their meals in the kitchen. Staff monitored what people ate and encouraged healthy eating. One person who was very independent told us, “I try to have fruit and salad every day.” People enjoyed a take away once a week. People told us they chose the type of take away they wanted. They also chose the meals of their choice from a varied weekly menu. People were positive about the meals provided. One person said, “The food is nice.” Another said, “I like the food and have no complaints.”

People told us that their health care needs were met. One person told us, “I can see my GP if I am feeling unwell.” Another said, “I haven’t had any illnesses but could see a doctor if I needed to. I’ve had eye tests, my eyes are normal. I’ve seen the dentist.” The interim manager told us they were well supported by local health professionals.

Is the service caring?

Our findings

Staff were observed to treat people with kindness were respectful and patient when providing support to people. They demonstrated a good understanding of people's individual needs.

The atmosphere in the service was calm and relaxed. People who used the service told us they were happy with the care and support they received from staff as they listened to them and talked to them appropriately.

People told us their privacy was respected by all staff and told us how staff respected their personal space for example their flats were recognised by staff as people's homes. One person told us, "They treat my flat as my personal space. They wouldn't come in without asking my permission. They always knock on the door and ask if it's alright to come in. Another person showed us their flat and said, "When I want to be alone I can go to my room away from people who are noisy."

Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. One person preferred the support of

female staff with regards to their personal care needs. They told us their care plan confirmed that this had been respected. Staff described how they supported people to maintain their dignity and how they respected people's wishes in how they spent their day and the individually assessed activities they liked to be involved in.

We observed during our visit that positive caring relationships had developed between people who used the service and staff. People who could communicate with us, told us they knew who their keyworker was and how they supported them. Staff were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed.

People were supported to express their views through regular meetings with their keyworker where they were encouraged to be actively involved in making decisions about their care, treatment and support. Care plans reflected people's wishes, choices and preferences. One person told us, "Staff ask me what I like. If I was unhappy I would speak to my keyworker or [my relative]." One person described to us how staff supported them to maintain contact with their relatives who they described as important to them.

Is the service responsive?

Our findings

All of the support plans we reviewed were centred on the care and support needs of the individual person. Care plans were detailed and provided staff with comprehensive guidance to enable staff to understand the needs of people, their strengths and areas where they needed guidance and support to develop independent living skills. Care plans provided guidance on how staff could support people to manage their emotions in order to reduce the likelihood of self-harm. There was a profile of each person, which was organised under the headings; 'what's important to me', 'what people appreciate about me' and 'how best to support me'. This provided staff with a summary of a person's life history, their needs, abilities, priorities and personal preferences.

We observed people to be occupied and supported to pursue their choice of social and leisure activities. For example, we saw that people were supported to attend day services and others provided with one to one support with games which promoted their learning.

People told us they received care and support that was personalised and responsive to their individual needs and interests. People were supported to maintain links with the local community. One person travelled independently. Staff had assessed their safety in the community and only reminded them to charge their mobile phone before

travelling. Others were supported to attend day services which provided training and development to enable them to develop skills. People were encouraged to pursue their individually assessed choice of leisure pursuits and hobbies. One person told us, "This helps me to feel that I am valued and my choice respected in how I live my daily life."

The provider carried out regular surveys which enabled people who used the service, relatives and stakeholders to express their views regarding the quality of the service provided.

The service's complaints policy and procedure was clearly displayed within the service. This contained contact details for the Care Quality Commission, the local safeguarding authority and the management team. The policy outlined clear stages of the complaints procedure with timescales of when people could expect their complaint to be addressed. We looked at the provider's records of complaints. We saw that two complaints had been received within the last 12 months. The records showed us how complaints had been logged when received with limited information as to the response from the provider and outcomes of action taken. However, people told us that any worries or concerns they had about the care and support they received had been responded to appropriately and addressed in a timely manner.

Is the service well-led?

Our findings

The service was without a manager who had been registered with the Care Quality Commission (CQC). As part of their condition of registration the provider is required to have a registered manager at this location. The service has had three changes of managers within the last 18 months. The current manager was long term absent from the service and an interim manager was in post. They told us that this was not a permanent position for them and that the manager would be returning to their post by September 2015.

People said that they were satisfied with how the service was provided and managed. One person told us, "I think the management is good, there aren't any problems."

Our observations of how the interim manager interacted with staff and comments from staff showed us that the service had a positive culture, which was focused on the wellbeing of the people who used the service. Staff told us they were supported well by the management of the service, had opportunities to discuss as a team planning for improvement to practice and aware of safeguarding and whistleblowing procedures. They told us that support to the staff team had improved since the recent change in management. One staff member told us, "The senior management are there when you need them. They are very supportive."

Staff were able to clearly describe their roles and responsibilities as well as the organisational structure and

who they would go to for support if this was needed. The interim manager was visible throughout the service and led by example. They monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities well. Staff told us that they were well supported by the senior team who they described as hands on and able to make decisions when needed to support the service well. They said that communication was good and that staff worked well as a team.

Staff said they were able to suggest ideas for improvement through access to regular staff meetings, supervision and annual appraisals. Staff meeting minutes reviewed demonstrated that staff had been consulted regarding planning for improvement of the service, the care and welfare of people and health and safety issues.

The provider carried out regular monthly quality and safety audits of the service. These included audits which monitored complaints, care plans, incidents and accidents. Incident reports included details of the incident and any follow up action to be taken. Incidents were reviewed by the manager to identify any trends that needed addressing. This meant that issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. However, the provider's audits had failed to identify insufficient monitoring of medicines stock and the work required to ensure the laundry room was maintained to a safe and hygienic standard.