

Consensus Support Services Limited

31 King Edwards Grove

Inspection report

31 King Edwards Grove
Teddington
Middlesex
TW11 9LY

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18 February 2019

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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: 31 King Edwards Grove provides accommodation and personal care for up to eight people with a learning disability and autism. At the time of the inspection eight people were living at the service.

The service had been developed and designed in line with the values that underpin the CQC Registering the Right Support policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of the service:

- Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to ensure people's medicines were managed safely and to reduce the risks associated with the spread of infection.
- Sufficient numbers of staff were employed to meet people's needs and ensure they had maximum choice and control in their lives. This included supporting people to access a wide range of activities in the community that reflected their specific needs and interests.
- 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.
- Staff supported each other and were observed treating people with dignity and respect.
- People received personalised care responsive to their needs, including health care services. The registered manager and staff worked well with other agencies to ensure people received the support and services they needed. People were involved in choosing their meals and drinks. Staff monitored nutrition and meals were based on people's individual choice and preferences.
- 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 identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.
- Staff felt supported in their roles and had confidence in the manager. There was an open culture of learning from mistakes, concerns, incidents and accidents and other relevant events. Staff understood how to raise concerns and felt comfortable doing so.

Rating at last inspection: Good (Report published 17 August 2016)

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

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.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection took place on 18 February 2019 and was unannounced. The team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of people with learning disabilities and autism.

Service and service type: 31 King Edwards Grove 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 who was in the process of becoming registered with the Care Quality Commission. Being registered 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.

What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke and spent time with everyone who lived at the home and observed how people and staff

interacted with each other throughout the day.

We spoke with four support workers, an acting deputy manager, the manager and operations manager for the service. We looked at four people's care records, records for three staff and reviewed records relating to the management of medicines. We also looked at policies and records in relation to complaints, staff training, maintenance of the premises and how the registered person monitored the quality of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff had a good understanding of processes to keep people safe and how to report concerns.
- One member of staff told us, "We work hard to help people live in the way they choose, but also keep them safe."
- Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
- The manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, such incidents had been managed well.
- Positive behaviour support plans were in place to guide staff on how to support people during episodes of distressed behaviours. Staff understood the routines in place for people which provided continuity and stability which helped to reassure people and reduce causes of distress.

Assessing risk, safety monitoring and management:

- Risks to people were anticipated and managed well to keep them safe. This included risks such as epilepsy, behavioural support needs, managing finances, and transport.
- People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- Systems were in place to ensure that equipment was safe to use and well maintained.

Staffing and recruitment:

- There were sufficient staff available to meet the contractual arrangements and facilitate people's access to activities.
- The staff rota was planned around people's individual activities to ensure their hours and needs were being met.
- A 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.
- Profiles were in place for each person describing their preferred method of how they wanted or needed to take their medicines.
- 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 also looked at wider ways of keeping people safe with regard to medicines and had signed up to a national project called "STOMP" which was concerned with preventing the over-medicating of people. "STOMP" stands for "Stopping Over Medication of People" with a learning disability, autism or both with psychotropic medicines, and is about helping people to stay well and have a good quality of life.

Preventing and controlling infection:

- The service was clean and tidy and free from hazards.
- We observed staff using personal protective equipment at all times, when this was needed.
- Cleaning products were stored safely and soaps and hand gels were available in bathrooms and toilets.

Learning lessons when things go wrong:

- Systems were in place to ensure lessons were learned and improvements made when things went wrong.
- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents were monitored by the manager and the operations manager to ensure oversight of health and safety in the service. Learning from such incidents was shared with staff at supervision and monitored through the service's quality audit processes.

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

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 and mental health needs were being assessed and met. Where people had specific health needs, advice had been sought from health professionals
- Staff had received training to ensure they have the skills and experience to support people with specific health conditions, such as managing epilepsy and PEG feeding in line with recommended best practice guidance. Percutaneous Endoscopic Gastrostomy (PEG) is medical procedure where a tube is passed into a person's stomach to provide a means of feeding when oral intake is not adequate, due to the risks of choking, because of poor swallowing.
- Care records reflected that relatives had input into people's care, including their past, likes, dislikes, health and their behavioural needs.

Staff support: induction, training, skills and experience:

- Staff told us they had access to the training they needed that gave them skills and knowledge to carry out their roles. Training included challenging behaviour, positive behaviour support, epilepsy, safeguarding people, and administration of medicines.
- One member of staff told us, "We have lots of training and when it's time for any refresher we get told."
- Staff told us, and records confirmed, that they received induction training when they first started working at the service.
- Staff told us they received regular supervision and annual appraisal regarding their performance.

Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. The gap between the departure of the previous manager and the recruitment of the current manager had led to some gaps in staff supervision. However, the new manager was aware of this and showed us plans to address this.

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

- People were supported to eat and drink meals of their choice and maintain a healthy balanced diet. One member of staff told us, "We have weekly menus with people's choices as a basic starting point. But, if someone decides on the day that they would prefer something else, we support them with that."
- People had access to the kitchen and could help themselves to snacks, as well as being encouraged to shop and prepare their own meals.
- Mealtimes were arranged to meet people's individual needs and to fit in with structured activities. People's specialist diets were considered. Where a person had their meal through their PEG tube, staff made sure they were included in the mealtime, so as not to be excluded.

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

- People had "Hospital Passports" which provided relevant and helpful information to hospital staff if people had to attend. Internally the service had its own positive behaviour support (PBS) team who could help staff in designing individual support plans for people. The service worked in accordance with the provider's PBS Charter which set out the standards and described its aim to provide support which was always "ethical, responsible, non-aversive, compassionate and enriching."

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

- There was a programme of planned maintenance, redecoration and landscaping the gardens.
- The service provided a safe and comfortable environment for people to live. Rooms were bright, clean and tidy. People had access to communal areas, including an open plan lounge, dining area and kitchen.
- People's rooms had been decorated to reflect people's personalities and individual needs.

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

- There were arrangements in place for people to have the support of GP services, community health support services and mental health support services.
- Risks to people's health and welfare had been identified and acted on, for example with regard to epilepsy, behaviour, or being out alone.

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.
- People's care records contained information on how staff supported them to make day-to-day choices and decisions. One member of staff told us, "Everyone is capable of making at least some choices and we help them to keep control over the things they can do for themselves, like what to wear, what activities they want to do, when and what they want to eat."
- 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 health professionals had been involved.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The manager was able to show us those records where people had authorisations in place to restrict their freedom for their own safety.

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

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. We saw positive interactions between staff, and the people they supported. Staff used appropriate body language and facial expressions 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. One member of staff commented, "Where they can, we encourage people to do things for themselves, such as helping with some housework, shopping or cleaning their rooms."
- People's rights were respected and consideration was taken of anyone's cultural, religious or other protected characteristic under the Equality Act 2010.

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

- Information, such as how to make a complaint, or what activities or meals were planned had been produced using an easy read format. This enabled people to be involved in discussions and decisions.
- Care plans contained information as to how the person's emotional and social needs should be met and what was important for them. Input from relatives was recorded and the information was user friendly.
- Although most people were not able to hold lengthy discussions about their care, they were able to tell us, either through short conversations or through pictorial images, that they felt comfortable and cared for at the home and felt respected by staff.
- Examples included comments such as "My family are coming to take me out. Staff helping", "Staff calm me down if I'm upset", "I do what I want", "I love my music, staff dance and sing with me" and "I have a nice room".
- One person was able to describe his enjoyment of art using the Picture Exchange Communication System (PECS) which uses images and pictures to communicate. The person was able to show us examples of work and work which had been carefully framed and displayed by staff.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity, respect and kindness.
- Staff were respectful in their interactions with people. They were discreet when offering support to people and ensured people had their needs met in privacy.
- 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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People using the service received care, support and treatment personalised specifically for them.
- Care plans contained detail guidance for staff on how meet people's individual needs. The plans were person centred, referring to people's preferences on how they wished for their care to be provided. These include how they communicated, made decisions, and access activities of interest and therapies that benefited their health and wellbeing.
- Care plans contained information to show that people's care and support needs had been discussed and agreed with family members. We saw that the assessments and support plans that were drawn up for people reflected people's daily life in the home, for example in the choice of activities they participated in or in how staff responded to their needs. This meant that people were supported in a person-centred way according to individual needs.
- We saw that where people had behaviours that risked being challenging to themselves or others, the service used their Positive Behaviour Intervention Team (PBIT). This team took a person-centred approach to find out the reason behind an individual's challenging behaviour and produced support plans and strategies to reduce the behaviour and improve the person's quality of life.
- People had access to a range of indoor and community based activities designed to meet their interests and health benefits. These included college, trips to favourite TV shows and community activities such as swimming.
- Staff had received training in various communication mediums including signs and use of the Picture Exchange Communication System (PECS). PECS is a recognised method of communication using pictorial images. This was in accordance with the Accessible Information Standard, a means of identifying, recording, flagging, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives where those needs relate to a disability, impairment or sensory loss.
- Systems were in place to acknowledge and respond to complaints. Three complaints from neighbours had been received in the past 12 months and all had been resolved within the 28-day period.

End of life care and support:

- Some people had had their end of life wishes discussed. However, not everyone had made decisions about these and the manager planned to revisit these conversations in future reviews, if deemed appropriate.

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

The service was well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The management team and staff demonstrated that they had a good understanding of equality, diversity and human rights in order to provide safe, compassionate and individual care.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.

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

- The 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.
- Staff told us they felt supported by the registered manager. Comments included, "The manager is very hands-on", "The manager has got to know everyone" and "The manager isn't scared to leave the office and get involved with people."
- The service had clear and effective systems in place to identify and manage risks to the service and drive improvement. These included monthly meetings by the provider's Direct Support & Risk Committee which reviewed regulatory performance, any significant issues and how these should be addressed. Other groups included the Continuous Improvement Group and Best Practice Group, which met quarterly and included senior management as members.
- There were regular systems in place to effectively monitor the quality and safety of the service. Audits included infection control, medication management, the safety of the environment, the accuracy of care records and the nutritional needs of residents.

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

- A survey was completed annually, and the feedback from the last one completed was positive.
- People and relative's views about the service were sought through regular meetings and informal contact.
- Staff meetings were organised for all staff to give them an opportunity to discuss any changes and raise any suggestions.

Working in partnership with others:

- The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Good professional relationships were maintained between the service and health professionals, social workers, and other community groups to enable people to gain access to other services.