Consensus Support Services Limited

Bannigans

Inspection report

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Date of inspection visit:
24 May 2018

Date of publication:
17 July 2018

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

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Bannigans provides accommodation and care for up to four people.There were four people in residence when we inspected. This is a service that specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS). This is a genetic condition that predominantly manifests with early years onset of hyperphagia which is an abnormal unrelenting great desire for food driving the person towards excessive eating and, left unchecked, life threatening obesity. Other characteristics of PWS include, for example, learning disabilities that may range in severity.

At our last inspection on 12 May 2016 we rated the service good. At this inspection on 24 May 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. People's care was regularly reviewed with them so they received the timely care they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they felt safe and happy living at Bannigans. There were sufficient numbers of trained and experienced staff to keep people safe. The staff team enabled people to live fulfilling lives and make positive choices that enhanced their quality of life. Staff were conscientious and mindful of providing the support people needed in a sensitive way that respected each person's individuality and their aspirations to have control over their lives. People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals with expertise in PWS. People were supported to have a balanced diet they enjoyed. Their healthcare needs were met through regular check-ups and they had the treatment they needed whenever necessary. People were supported to manage their medicines.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong or new challenges emerged.

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 remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

Bannigans

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 checked 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 comprehensive inspection took place on 24 May 2018 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events, which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home. We also contacted Health-Watch, which is the independent consumer champion for people that use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We spoke with three people using the service and observed the interaction between people and the staff in the communal areas. We also spoke with the team co-ordinator in charge and two other staff. The registered manager had been elsewhere engaged in training when we inspected.

We viewed the accommodation and communal facilities within the home and looked at where medicines and food were stored. We took into account the precautions put in place to protect people against the risk or fire and other emergencies.

We looked at four people's care records and four records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This

included the provider quality assurance audits, maintenance and cleaning schedules, training information for staff, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety. One person said, "They [staff] watch out for me. I feel safe here." There were sufficient numbers of experienced and trained care staff on duty. Recruitment procedures ensured that only suitable staff worked at the service.

Systems were in place to identify and reduce the risks to people using the service and risk management plans that we looked at were detailed and informative. Staff were mindful of, and acted upon, specific risks associated with Prader-Willi syndrome (PWS), Regular checks and vigilance by staff trained in PWS, as well as getting to know each individual's behaviour, minimised this risk. All risk assessments were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.

People's care plans had been kept up-to-date and provided staff with guidance and information they needed to know about people's personal care. Care plans were reviewed with each person on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred.

Systems were in place that showed people's medicines were safely managed by staff. Medicines, were being obtained, securely stored, safely administered and disposed of appropriately.

Staff had received regular refresher training on safeguarding and understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. Staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

The home was clean throughout and staff had training in infection control and food hygiene. There were regular fire drills and staff knew what action they needed to take if there was an emergency.

Staff knew and acted upon their responsibility to raise concerns with the registered manager if there were issues that impacted upon people's safety. Lessons were learned and improvements made whenever things went wrong. 'House' meetings with people, as well as team meetings and individual 'one-to-one' meetings between individual staff and senior staff provided opportunities to enable staff to make suggestions for improvement whenever things had not gone as well as expected.

Good

Is the service effective?

Our findings

People were supported by trained and experienced staff. Staff had a good understanding of each person's needs and the support they needed to enhance their quality of life. Staff had regularly received refresher training in a timely way so they were supported to keep up-to-date with Prader-Willi syndrome (PWS) best practice.

People's nutritional needs were met. People were supported to eat, drink and maintain a healthy balanced diet that was suitable for people with PWS. Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs within the constraints of PWS. People's access to food was sensitively managed but necessarily limited outside mealtimes, for example by restricted access to the kitchen where food was stored.Unnecessary exposure to food was avoided as one of the key practical PWS management measures recognised by PWS healthcare professionals. This practice was necessitated by a duty of care and was reflected in each person's care plan as being in their best interest and with their consent.

Each person's food intake was consistently monitored to ensure they maintained a healthy weight by way of a controlled low calorie diet. We saw that staff were mindful of preparing meals that were appetising and took into account people's preferences so that they enjoyed their food.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles and had received training in assessing people's capacity to make decisions and in caring for those who lacked capacity to make some decisions.

We checked whether the service was working within the principles of the MCA and we saw that they were. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff sought people's consent on a day-to-day basis before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services. Timely action had been taken by staff whenever, for example, there were concerns about a person's health. The outcome of healthcare appointments were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing.

Good

Is the service caring?

Our findings

The staff team presented as friendly and very approachable. The interaction between staff and the people they supported was positive and relaxed. Staff respected people's individuality. People continued to be supported in a caring and inclusive way that was person centred.

Staff used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. When talking with people we heard that staff were friendly and used words of encouragement that people responded to positively. People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people.

Whenever support with personal care was needed this was sensitively provided in the privacy of the person's own room or in the bathroom. Protecting people's dignity was very much to the fore in the way staff interacted with them when providing support. Staff supported people to maintain their personal hygiene during their activities of daily living and enabled them to be as self-caring as possible and take a pride in their personal appearance.

People's right to privacy was also protected. One person said, "I like my room and go there when I feel like it." Each person's room was their own private space where they were able to relax and surround themselves with their personal possessions and things they liked to involve themselves in, such as listening to music or a hobby they had chosen.

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's lives. People were supported to maintain links with family and friends. Visitors were welcome and people chose whether to receive their visitors in the communal lounge or dining areas or in the privacy of their own room. There is a pleasant garden area that is used for entertaining in fine weather. Some people also regularly went to stay with relatives to maintain close family links.

People had access to external advocacy services when required. The staff were able to source information for people should they wish to use an advocate and had supported people to access advocacy in the past. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to their admission to the home. Their care plans were regularly reviewed with their involvement. People received personalised care and support predominantly, but not exclusively, from the staff member assigned to be their 'key worker'. All staff were able to describe in detail the care and support they provided for people.

People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities, including outings into the community, suited people's individual likes and dislikes and were tailored to their capabilities and motivation.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff were aware of the communication needs of the people they supported from the information in the person's care plan. There were regular house meetings so that staff were able to make sure people were kept up-to-date with information about the running of the home, forthcoming events, and had an opportunity to ask questions and have their say. Written information, such as the service user's guide, was available in an 'easy to read' format and with large print as necessary, with each person's individual communication needs taken into consideration.

People said they were encouraged to 'speak up' if they were unhappy about anything. However, none of the people spoken with raised concerns and they were happy with the support they received. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint or were concerned about anything.

Complaints and the action taken to resolve issues were reviewed by the manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made. There were no complaints being investigated when we inspected.

Good

Is the service well-led?

Our findings

There continued to be an open and transparent culture within the home. People's experience of the service, including that of their relatives, continued to be seen as being important to help drive the service forward and sustain good quality care and support.

People received a service that was monitored for quality throughout the year using the systems put in place by the provider. The registered manager completed regular audits, which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice.

People's care records were kept up-to-date and accurately reflected the daily care and support people received. They were regularly involved in reviews of their care plan. Records were securely stored in the office when not in use to ensure confidentiality of information. Records relating to the day-to-day running and maintenance of the home were also accurate, up-to-date, and the action taken to make repairs around the home or replace furnishings was reflective of the home being appropriately managed.

Records relating to staff recruitment and training were up-to-date and reflected the refresher training staff had received since we last inspected. Policies and procedures to guide care staff that had been in place when we last inspected had been routinely updated when required.

Suggestions from people and visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

The staff team maintained good working relationships with external community healthcare professionals and service commissioners. They continued to support them to have appropriate access to the information they required about people's health and wellbeing and to use feedback from them to sustain a good quality service.

Staff said the registered manager and team co-ordinator were always approachable for guidance. They said that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff, registered manager, and by the provider. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

We saw that home's Care Quality Commission (CQC) rating from the last inspection, was prominently on display. The display of the rating of the service is a legal requirement to inform people of our judgements about the quality of care provided. The provider also displayed this rating on their website.