

Consensus Support Services Limited

Perrywood House

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?

Good ●

Summary of findings

Overall summary

Perrywood House is registered to provide accommodation and personal care for up to 7 people and there were 6 people living in the home on the day of inspection. The service 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, an unrelenting desire for food, driving the person towards excessive eating, which, if left unchecked can result in life threatening obesity. Other characteristics of PWS include learning disabilities that may range in severity, and challenging behaviours.

At the last inspection, in January 2015, the service was rated Good. At this inspection we found that the service remained Good.

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.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training and the ongoing professional development that they required to provide appropriate support to people. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with their personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage complaints.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the home. People, their relatives and other professionals told us that they had confidence in the manager's ability to provide high quality managerial oversight and leadership to the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Perrywood 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 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 was a comprehensive inspection that was completed by one inspector on 13 and 18 April 2017 and was unannounced.

Before the inspection, 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 the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included authorities who commission services from the provider.

During our inspection we spoke with three people who used the service and six members of staff including support staff, kitchen staff and the registered manager. We also spoke with three people's relatives.

We looked at records and charts relating to three people. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received care from a dedicated and caring team of staff. Recruitment processes ensured that staff were suitable for their role and staff told us that their employment was only confirmed following appropriate checks; one member of staff said "I filled in an application form and was interviewed for the job; they asked for references and did a criminal record check before I was allowed to start work."

Staffing levels were responsive to people's needs and rotas reflected that there were sufficient staff on duty. People told us that staff were available when they needed them and that they didn't have to wait to receive the support they needed. One person said "The staff are marvellous; they are always there when you need them." A relative said "There are enough staff for them to spend some one to one time with people, [Name] really enjoys that." Our observations supported these views and we saw that staff were readily available to support people and responded to their requests in a timely way.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe, but also maximised their independence. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us "I've been trained in safeguarding and would report any concerns to the manager, but I also know I could go higher up; if needed." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People's medicines were safely managed and the medicines management systems in place ensured that people received their medicines as prescribed. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. One person was being supported to take increased responsibility for administering their own medicines; the appropriate risk assessments and checks were in place to facilitate this.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed to provide appropriate care and support. For example, staff had received specialist training in PWS, conflict management, nutrition and healthy eating. This training focussed on enabling staff to understand more about PWS and how best to support people with the challenges they faced. One area in which staff said that they would benefit from increased training was in the use of the computer systems required to complete their e-learning and to carry out the administrative work needed when writing care plans. Staff had regular supervision and appraisal; one staff member said "We have regular supervision and a self-development review every three months; we can talk about our workload, team work and the people we support."

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us "I talk to my keyworker and choose what I want to do, when." Staff had a good understanding of people's rights regarding choice. Assessments had been conducted to determine people's ability to make specific decisions and the registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

One of the main characteristics of PWS is Hyperphagia, which undermines the individual's capacity to make consistently rational decisions about eating. People require supportive boundaries to be in place to enable them to enjoy their food without seriously compromising their health. People had been supported to understand the impact of their condition and one person said "It's really good here, the staff have supported me to lose a lot of weight; they've helped me to understand what's healthy and what's not." People were enabled to enjoy their meals and had access to snacks within a carefully controlled diet plan.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals. We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as the dentist, optician and community mental health services.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person told us "All the staff are nice and very supportive." Another person told us "The staff are supportive and respectful."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful activities and conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example what activities they wanted to take part in and what they wanted to eat and drink.

Visitors, such as relatives and people's friends were encouraged and made welcome and people from other services managed by the provider were supported to visit friends in the home. People's relatives told us that the service supported them to be involved in their family member's life; one person's relative said "The staff keep us in touch with how [Name] is and are always very helpful".

People were encouraged to express their views and to make choices. Each person had an identified keyworker, a named member of staff who took particular responsibility for their on-going support and plan of care. People told us that they chose the member of staff who would be their keyworker and that they could change if they were unhappy. Keyworker's were responsible for ensuring information in the person's care plan was current and they spent time with them individually updating this. One person told us "My keyworker helps me with my care plans, I know what's in them and I agree with it." Another person said "I've looked at my care plan with my key worker and I'm happy with it."

People were treated with dignity and respect. Staff knew each person as an individual; they were aware if people became anxious or frustrated and provided them with support in a consistent and dignified manner. People told us and we observed that staff were respectful of their personal space and that when people wished to spend time alone this was respected.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people living in the home. These included person centred plans that contained information regarding people's hopes and aspirations for the future.

Staff knew people very well; they understood each person's background and knew what care and support they needed. They amended people's care and support to ensure that it was provided in an individualised way that would result in the most positive outcome for the person. For example one person took part in regular exercise as part of a strategy to manage their weight. Staff explained that they had amended the person's exercise routine to include more frequent, shorter walks; as the person enjoyed these and was more willing to participate fully.

People were supported to follow their interests and take part in social activities. One person devised their own weekly timetable of activities with staff support, they told us "I plan things with my keyworker, they come with me on trips out, anywhere I want to go; I like going to see the horses and I like visiting museums, I also like arts and crafts and doing jigsaws."

People were encouraged to take part in day to day household activities that contributed to the running of the house. These included preparing food and doing their own laundry and cleaning; one person said "I think it's good that we do the household duties, it makes you feel more independent and makes you do things for yourself rather than relying on staff all the time." The service also supported people to access employment and volunteering opportunities in the wider community. One person had successfully gained paid employment and also volunteered in a local café. They told us "[Staff] helped me to get the job; I like working, I like my independence and I enjoy meeting new people."

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. One person's relative told us "I've got no complaints; they [staff] are so open and helpful." We saw that there was a clear complaints policy in place and records were maintained of all issues raised with the manager, detailing the action they had taken.

Is the service well-led?

Our findings

People were very positive about the registered manager and felt confident that they would always listen and take account of their views. One person said "The manager is lovely, a wonderful manager, they have an open door policy and you can go and talk to them about anything." Staff members felt that the registered manager was always friendly and approachable, one member of staff said "[Registered Manager] is the best, they care for the staff and the supported individuals and always listen to what we have to say."

The service had a positive ethos and an open culture. Staff members were enthusiastic about their roles and committed to providing good care to the people they were supporting. One member of staff said, "We aim to support people really well; around their PWS, their dietary needs and enabling them to do more for themselves; to be more independent." The provider had ensured that staff knew how to challenge the management of the service to help drive improvements and staff were prepared to use the whistleblowing procedure if they had any concerns about people's welfare.

There were a number of opportunities available for staff to provide feedback, including regular team meetings and surveys. Staff felt that they were part of the service and were able to contribute to its development. A staff member said, "We have lots of opportunities to speak out during team meetings and handover meetings, we can be very open and discuss any issues." People were also encouraged to provide feedback as they were invited to attend regular meetings and regular surveys of their views were undertaken.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as audits carried out by the provider. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure that people received appropriate care and support that met their needs.