

# Consensus Support Services Limited

## Gretton House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Gretton House is a residential care home providing care and support to 15 people at the time of inspection, most of whom live with Prader-Willi Syndrome, a rare and complex genetic condition. The service can support up to 20 people.

### People's experience of using this service and what we found

#### Right Support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The service worked with people to plan for when they experienced periods of distress. An inhouse behaviour specialist supported people and staff develop strategies to manage and reduce distressed behaviours. These were recorded in positive behaviour support plans where needed.

People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. People were supported to attend GP and other appointments independently or with support depending on their preferences and abilities. Staff supported people to make decisions following good practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the good health outcomes.

#### Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Recruitment was ongoing to fill vacancies. Staff received training and support appropriate to their roles.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability or Prader-Willi Syndrome may have. This meant people received compassionate and empowering care tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Gretton House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two Inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gretton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gretton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and 10 relatives about their experience of the care provided. We received feedback from 15 members of staff in person and via email including the registered manager, area manager, deputy manager, team leaders, support staff, kitchen and domestic staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, supervision and training records, meeting minutes, policies and procedures were reviewed. We received email feedback from four professionals who work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- People were cared for safely and felt safe living in the service. This was confirmed in feedback from people and their relatives. One person said, "They look after me well. There's nothing I don't like. I'm happy here." A relative told us, "[Family member] feels safe and always wants to be at Gretton."
- Staff received training to recognise abuse and protect people from the risk of abuse. Safeguarding was regularly discussed in team meetings.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed as their needs changed. Support plans set out how people could be safely supported whilst promoting their preferences and independence.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Some people showed expressive emotions and could become distressed. Guidance was sought when needed from the provider's positive behaviour support team to ensure staff understood how to support people safely and effectively. During the inspection we saw one person create coloured picture cards with the positive behaviour support worker to show and communicate to staff how they felt. Staff could give the person support or space depending on what card the person showed them, reducing the risk of emotions escalating.
- People's daily welfare and activities were monitored and recorded. Staff completed daily notes in individual booklets, which were reviewed weekly and a summary report produced. The registered manager planned to review the weekly report to ensure it was used as a quality assurance tool as well as a summary of events. People's day to day needs were also discussed in daily handover meetings, which we observed during the inspection.
- Hospital information packs were available in people's care files which ensured up to date essential information could be shared in the event people were admitted to hospital. This included additional information about Prader-Willi Syndrome which clinical staff needed to be aware of.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Some people had restrictions imposed on their liberty through DoLS procedures. We identified not all documentation was up to date. The registered manager acted upon this immediately when brought to their attention, and initiated a full review. We did not find any negative impact upon people due to this.
- We found the service was working within the principles of the MCA. Assessments were undertaken to support people's decisions making in specific areas. For example, managing medicines, consent to intimate relationships and the kitchen door being locked.

#### Staffing and recruitment

- There were sufficient staff available to meet people's needs. Due to the rural location of the service, limited public transport network and competitive staff market, recruitment was ongoing to fill vacancies. The staff team worked together to cover vacant shifts, with support from agency staff as required. One professional told us, "There has been a significant change in staff recently, but this change seems to have been managed well both in terms of staff knowing their role and how they have bonded with the residents."
- Staff recruitment and induction training processes promoted safety. Staff spoke positively about working together as a team to support people in the way they preferred and which met their needs. Staff knew how to take into account people's individual needs, wishes and goals.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People received supported from staff to make their own decisions about medicines wherever possible and told us they understood what they were taking their medicines for. We saw that there were no gaps in the medicines administration records (MARs), and people received their medicines on time.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. For example, we saw records of one person who was epileptic had a seizure chart in place, with processes in place to escalate to the GP when necessary.
- People were supported by staff who were assessed as competent and followed processes to prescribe, administer, record and medicines safely. People who were prescribed topical medicines (such as creams) had body maps of where the this should be applied so that staff could apply these correctly.
- When errors occurred or incidents reported, we saw that this was investigated by managers, learning identified, and changes made to reduce the risk of reoccurrence.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.



- The service tested for infection following government guidelines.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the service in line with current guidance.

#### Learning lessons when things go wrong

- Processes were in place for staff to follow should an incident or accident occur. We saw appropriate follow up action was taken. This included consideration of how to reduce the risk of something similar happening in future.
- Staff completed forms when an incident or accident took place, or when someone showed expressive emotions or had a seizure. Forms were scanned into the system so could be monitored and reviewed by the registered manager as well as staff based elsewhere, for example, head office.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Throughout the inspection we saw and heard about examples of people being supported to pursue their interests and achieve good outcomes. For example, we saw one person walking laps of the garden. They told us they had gained weight when they went to stay with their family, so when they came back to Gretton House they did more exercise to lose it again, which they felt positive about. This also included going to exercise classes such as zumba.
- Positive feedback was received from people, relatives and staff about the approach and availability of the registered manager. One staff member told us, "It's a lovely place to work. Management are flexible, supportive and approachable. [Registered manager] has brought a different perspective, more centred around people who live here as it's their home." A relative said, "It's managed very well. I have no concerns otherwise [family member] will tell me."
- Staff we spoke to enjoyed working at the service, found their roles rewarding and placed people living there at the centre of everything they did. One staff member told us, "We, as a team, put our heart and soul into delivering the best care that our wonderful people deserve."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- There were effective systems in place to monitor the quality and standards of the service. This included audits by the registered manager, and operations manager who visited regularly. Audits were effective in identifying issues to be improved. We saw recent audits found some care records were not fully up to date, which was discussed in the team meeting and being addressed. We did not find any negative impact upon people because of this.
- The registered manager had effective oversight of key areas of the service. This included promoting good communication between staff at all levels to ensure consistency for people living in the service. The

management team promoted a person-centred culture and staff were clear about their roles and responsibilities in achieving this.

- Regulatory requirements and responsibilities were met by the registered manager. Notifications to the CQC were submitted as required.
- The registered manager was supportive of the inspection process and welcomed feedback on any areas which could be improved further.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service supported people with a range of abilities and equality characteristics. People and their relatives were fully involved with their care and made significant decisions with the support of staff and other professionals where required. Two relatives told us they thought some areas of communication could be improved, but they remained satisfied with the care and support provided. The majority of relatives we spoke to were happy with communication and their level of involvement.
- People had opportunities to participate in regular key worker and house meetings to share their views and be part of decision-making processes. We saw minutes from recent house meetings which discussed what had been good or bad in the last month, menu ideas, activity ideas and home improvement ideas.
- Staff meetings took place regularly where a range of topics were discussed. Minutes showed information was shared and there were opportunities for discussion about broader issues such as the values of the service and the ethos of continuous improvement.
- Feedback surveys had recently been circulated to people living in the service, staff and residents. We saw feedback had been collated and a report produced

Working in partnership with others

- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- We received positive feedback from health and social care professionals who worked with people living in the service. One professional stated, "Overall, the level of support and care they provide to the residents is excellent." A social care professional said, "Over the past couple of years I have been impressed with the paperwork that has been completed with [person's name], there has always been appropriate (and person-centred) care planning and risk assessments which have had a focus on Prader-Willi Syndrome."
- Staff worked positively with professionals in the community for the benefit of people. For example, we saw a police officer had visited to talk about safety. People took the chance to have a discussion with the police officer about respectful behaviours to each other and looking after each other's belongings.
- People's health, well-being and weight management were promoted through partnerships with community groups and instructors. This facilitated people's attendance at a variety of exercise classes and outdoor activities, particularly important to support weight management for people living with Prader-Willi Syndrome.