

Consensus Support Services Limited

Gretton House

Inspection report

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Date of inspection visit:
27 April 2017
02 May 2017

Date of publication:
08 June 2017

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

Gretton House is registered to provide accommodation and personal care for up to 20 people and there were 17 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 March 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. There were enough staff to provide care and support to people to meet their needs and appropriate recruitment procedures were followed. 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 were provided with a thorough induction and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions. People were supported to maintain good health and nutrition.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People had personalised plans of care in place to enable staff to provide consistent support in line with people's 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 staff told us that they had confidence in the manager's ability to provide high quality managerial oversight and leadership to the home.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement. People were supported to have choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

Gretton 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 inspection took place on 27 April and 2 May 2017. The inspection was unannounced and was undertaken by 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.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioners who help place and monitor the care of people living in the home.

During our inspection we spoke with nine people who used the service and nine members of staff including support staff, kitchen staff and the registered manager. We also spoke with four 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, recruitment and training information for staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Staff here are very good, I've never been frightened, I feel safe here and the staff are helpful." A relative explained, "They have done everything they can to make sure [Name] is safe and they manage this well." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report my concerns to the manager." Another commented, "You can report to people outside of the home; social services or the police."

Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. Staffing levels were adjusted to ensure people's needs were met 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's relative said "There are enough staff to ensure that [Name] gets the support they need and is able to do the things that they want to do."

People had individual risk assessments to enable them to be as independent as possible whilst highlighting any potential risks to their safety. These had been developed with input from the person, staff and other professionals if required. They covered a variety of activities including specific risks that are particularly relevant to people with PWS; such as having a high pain threshold and risks posed by excessive food consumption. They also considered how best to support people to take the positive risks necessary to have a fulfilled life and undertake the activities they enjoyed. These were reviewed on a regular basis and updated when required.

People's medicines were managed safely and administered at the prescribed times. We observed medicines being administered and staff were knowledgeable about the way in which people preferred their medicines to be administered and remained with people whilst they took their medicines. Staff also told us and records confirmed that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed.

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One person's relative told us, "The staff are very competent." Another person's relative commented, "The staff interaction with the clients is good and staff have a good understanding of PWS."

All staff completed a thorough induction when they commenced at the service and they received on-going regular training appropriate to their roles. The training provided to staff was specifically tailored to the needs of the people they were supporting; for example, staff had received specialist training in PWS, conflict management and healthy eating. Staff told us they were well supported by the registered manager. One member of staff said, "The manager takes time to talk to us, to check that everything is ok." We saw records which showed staff received regular supervisions and annual appraisals.

People were encouraged to make decisions about their care and their day to day routines and preferences and staff had a good understanding of people's rights regarding choice. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager were aware if people's freedom was being restricted to promote their safety, a best interest decision assessment would have to be made with a view of making a DoLS application.

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 "I was twenty seven stone when I came here and now I'm eight stone...I have to slow down and not put too much [food] in my mouth." We observed the lunch and tea service and saw that staff sensitively managed people's anxieties around food and supported people in a way that minimised their concerns about the food they would be served.

People were able to access additional healthcare when required. A relative said, "If [Name] has to go to hospital, they send a carer to be with them." Staff promptly contacted health professionals in response to any deterioration or changes in people's health and acted on their instructions. We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as the physiotherapist, optician and community mental health services.

Is the service caring?

Our findings

It was clear from our observations that people had developed positive relationships with staff and were treated with kindness and compassion. One person said, "The staff are really kind." A relative said, "They are excellent; all the staff are such caring carers."

People and their relatives described how staff supported them in a caring and inclusive way. People's friends and family were encouraged to visit; relatives were very complimentary about the welcome they received from staff when they visited their family member. One person's relative said "The staff are lovely, very friendly; they always speak to us and tell us how [Name] is getting on."

People were treated with dignity and respect; they were relaxed and comfortable in the presence of staff and clearly felt comfortable in their presence. Staff were able to tell us about each person, for example their likes and dislikes, their past life and family and the activities that they enjoyed. They were able to describe how this knowledge impacted on the support they provided to individuals; particularly at times when they may be upset or anxious.

People or their representative were involved in planning how their care and support would be provided. People had the opportunity to attend regular review meetings with staff, to amend and update their plan of care. Care records we viewed showed that the person or relative if appropriate had been involved in discussions about their care.

People had information in an accessible format on how to access advocacy services should they need to. At the time of this inspection no one was receiving support from an advocate however, the registered manager described how they had supported people to access advocacy services in the past.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, in a private area so they would not be overheard. 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. We saw people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their bedrooms after knocking and being invited to enter.

Is the service responsive?

Our findings

People were assessed before they came to live at Gretton House to determine if the service could meet their needs. The outcomes of these assessments were used to develop individual, detailed plans of care. These included person centred plans, in which people were supported to record their plans for the future; for example things that they wanted to do and goals they wanted to achieve. Staff explained how each goal could support the development of different life skills. For example one person was planning a particular holiday as part of their person centred plan and this was enabling them to learn how to plan and stick to a budget.

Staff knew people very well; they understood each person's circumstances and life history and this knowledge helped them to understand how best to support them. This knowledge and understanding was continually reflected upon and reviewed in response to any changes in the person's wellbeing or care needs. Staff 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 staff described how one person who had required intensive staff support with their behaviour had progressed and was now better able to cope in different situations and as a result was able to access more social opportunities and activities.

People were supported to follow their interests and take part in social activities. Activities were based upon people's interests and hobbies, and people were asked for new ideas of activities they would like to try, and these were carried out. People told us about the activities they had enjoyed; these included a visit to Harry Potter World, tending the allotment, baking and going to shops and cafes." People were encouraged to take regular responsibility for household activities, for example washing up and tidying the kitchen after meals. This helped them to develop living skills and provided them with a sense of pride that they were contributing to the running of the home.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to. One person's relative told us, "I've no concerns but any problems I know I can speak to the manager." The provider had a complaints system in place to record concerns and the action that had been taken as a result.

Is the service well-led?

Our findings

The service had a clear vision and values that were based on a positive ethos and a supportive culture. The registered manager was visible and aware of the day to day culture of the service. One person told us "If I had a problem I'd tell [registered manager], she is a good manager." Staff told us that the registered manager worked alongside them if they were needed and they knew all of the people who were supported by the service. Staff members were passionate about their roles and committed to providing individualised support to people. They were encouraged to consider the best way to support individuals and to discuss new ideas with the people they supported. One member of staff told us, "We support people to manage their PWS really well, but we also need to support them to do as much as they can for themselves, be as independent as possible."

Staff members were encouraged to be a part of the service and were able to contribute to its development. We saw that staff were asked for their feedback through team meetings and surveys and this was acted on. During team meetings there were discussions about person centred planning, values and continuous improvement.

People were also encouraged to provide feedback as they were invited to attend regular meetings and regular surveys of their views were undertaken. We saw the results of the most recent surveys; the results had been analysed and where comments had been made the provider had responded.

Quality assurance systems were in place to help drive improvements and a number of quality audits had been carried out. These included audits of care plans, medicines and the environment. The provider had carried out regular inspections of the service and reports for these were seen. Where areas for improvement had been found action plans were in place.