

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 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

Gretton House is a residential care home providing personal and nursing care for up to 20 younger people with a diagnosis of learning disability, autism or mental health concerns, 16 people had a primary need of Prader- Willi syndrome. PWS is a rare genetic condition that causes a wide range of physical symptoms, learning difficulties and behavioural problems. At the time of our inspection 18 people were using the service.

The service was based in a large house which is a listed building. This is larger than current best practice guidance.

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

We made a recommendation regarding mental capacity assessments.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; however the current policies and systems in the service did not support this practice.

People told us they were supported by kind staff who knew them well. Staff had received appropriate training and understood how to raise any safeguarding concerns they may have.

People's needs were detailed in their care plans and risk assessments. Staff supported people in a person-centred way as all the information regarding communication, choices, routines and likes and dislikes was documented.

People told us the food was good and some people helped in the kitchen preparing meals. Staff knew what support people needed with their nutrition and hydration and supported them to meet these needs. Referrals were made to external health professional as required.

People were supported to engage in activities that were relevant to them, including games, reading, craft, shopping, employment and accessing the community.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff felt supported by the registered manager and received regular supervisions. The registered manager was accessible to everyone and was open to suggestions and feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 9 June 2017).

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector, one inspection manager 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.

Service and service type

Gretton House 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 registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, care workers and the chef. We also spoke with one professional who regularly visits the service

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 and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- People told us they felt safe. One person told us, "Staff make me feel safe."
- There were procedures in place to keep people safe. All staff had training on safeguarding and understood their role in identifying and reporting any concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place and staff were aware of people's potential risks and what strategies could be used to keep them safe.
- People had positive behaviour support plans [PBS] that supported staff in understanding potential triggers and strategies to reduce anxiety and any behaviours that may challenge.

Staffing and recruitment

- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks.
- Employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- People and staff told us there were enough staff on shift to meet individual care needs.

Using medicines safely

- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required, and knew what action to take if they made an error.

Preventing and controlling infection

- People were protected from the risks of infection as the staff supporting them had undergone training in infection prevention and undertook safe practices when providing care.
- The environment was clean and there were cleaning schedules in place to ensure regular cleaning took place.

Learning lessons when things go wrong

- We saw evidence that showed that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.

- The registered manager completed a range audits and shared the findings with the staff team to ensure continued learning.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had not been completed for when staff restricted a person's diet due to their diagnosis of Prader-Willi Syndrome. The manager agreed to rectify these after the inspection.
- For two people who wanted a relationship, decision specific mental capacity assessment had not been completed. This meant that staff could not confirm that both people understood the risks regarding relationships and that they could both consent. The registered manager agreed to complete these immediately.
- The registered manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.

We recommend that the registered manager considers all decisions that may require a mental capacity assessment and completes these as a priority and that any discussions held with people regarding MCA is clearly documented. We saw no evidence of harm regarding mental capacity assessments not being completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- Within care files people had a detailed section called 'All about me.' This contained information regarding

what was important to the person including 'how best to support me,' 'important people' and 'my history.' This supported staff to know the best way to deliver care to a person.

Staff support: induction, training, skills and experience

- Staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep staff up to date with best practice guidelines.
- People told us they felt staff were trained well to support them. One person said, "The staff are trained and know what they are doing."
- Staff felt supported and received regular supervisions.

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

- People told us the food was good, although choices were limited if someone didn't like the meal an alternative was offered.
- We observed lunch served and saw staff worked well with people to reduce any anxieties around food.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as vegetarian and any support people needed.
- When required, people were weighed regularly to ensure they remained healthy. One person told us, "I've lost weight and can fit into my jeans. I love it here."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Care plans documented people's healthcare requirements and clearly identified any involvement with healthcare services.
- When required people were referred to external health professions such as speech and language therapists, psychiatrists and community nurses.
- Staff supported people to attend doctors, dentists and hospital appointments.

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

- People had the choice of how to decorate their bedroom. People showed us their bedrooms which were personalised to them.
- When rooms within the house were decorated people were involved and could help choose colour schemes and furniture.

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.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs and cared for them in a respectful way. People told us they liked living at Gretton House and that the staff were kind and caring. One person said, "They [staff] care, well actually the care is excellent." Another person told us, "The staff know me so well and are easy to talk to."
- The interactions we saw were positive, with staff and people engaging well with each other. We saw staff talking to people about a range of subjects including their family, activities they wanted to do and general 'how are you today' conversations.
- People were supported to ensure their religious or cultural needs were met. This was documented in their care files so staff knew who required support and how the support should be offered. One person told us, "I go to church, staff take me, and I have communion." Another person said, "I go to church as well."

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

- People told us they felt comfortable speaking with staff and managers. People's communication needs were documented in their care records, this supported staff to understand and communicate effectively with each individual person.
- Regular meetings were held with people who lived at Gretton house. We saw minutes of these meetings which showed that people were able to feedback anything positive or if things needed to improve, they also contained information sharing, which ensured people living at Gretton House were informed of changes being suggested or made.

Respecting and promoting people's privacy, dignity and independence

- We saw staff supporting people in a respectful and dignified manner. Staff ensured they didn't discuss anything personal in front of other people and knocked and requested entry before entering people's rooms.
- People told us that staff treated them with respect. One person told us, "They [staff] treat us as individuals, they respect us, and I respect them."
- People were supported with their independence. One person told us, "I work in the kitchen, this will help when I move out." Another person told us how they accessed the computer to buy clothes and Christmas presents.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a section 'what you need to know to support me' within their care files, this included information on communication, relationships, emotions, routines and activities. For example, whether they prefer their breakfast before cleaning their teeth, what time they like to get up or go to bed. This supported staff to offer person centred care to people.
- People had a 'decision making agreement' in their care files, which detailed how the person wanted to be involved in choices. For example, with money, clothes and personal care. This supported staff to understand how involved a person wanted to be in their care.
- Staff told us the care plans and risk assessments were updated and that any changes in a person's need was communicated to them immediately.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were committed to enabling people to socialise and develop and maintain relationships. Staff supported people to go and visit friends and family outside of Gretton House.
- People who lived at Gretton House had the opportunity to have a paid job within the service. Some people had jobs including recycling, being part of the domestic team and emptying bins. People had to apply and be interviewed for their roles.
- People took part in social events and employment. One person told us, "We have a good laugh. It's fun with the staff."
- People maintained close relationships with family members and staff spent meaningful time with people, engaging in conversations, completing activities or going out in the community.

Improving care quality in response to complaints or concerns

- People told us, they were confident in raising concerns. One person said, "I made a complaint [details of complaint given] and it was sorted out well enough, [registered manager] is a good manager."
- The provider had a complaints procedure which was accessible to people, relatives, visitors and staff. The complaints procedure included information about external agencies who could support people with complaints.
- Complaints were investigated, and action taken to address the issues and prevent reoccurrence in the future where possible. Information gathered from complaints was analysed within the service and across the provider's other services. This enabled any lessons learnt to be shared.

End of life care and support

- At the time of our inspection no one using the service required end of life support.
- Care plans recorded the wishes of a person regarding any care leading up to their death, for example, if they wanted to see a priest or minister, if there were any objects or sounds that they wanted played in their room and what flowers, poems or songs they wanted at their funeral.
- The registered manager had a good understanding of end of life care and what would be required to support somebody during this stage of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Policies, procedures and other relevant information were made available to people in the format that met their needs, such as easy read styles, pictures or another language.

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

- People and staff told us they felt supported by the registered manager and that they were visible within the service.
- The provider completed spot check during the day and night to ensure staff continued to offer person centred care.
- Staff felt they worked well as a team and supported each other. One staff member told us, "I love the way we all come together, the door is always open for advice even when we are all really busy."

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

- People who lived at Gretton House could be involved in the recruitment of staff. We saw evidence of people being part of the interview and how their views were considered when offering staff jobs.
- People, relatives and staff were asked for their feedback at individual reviews and through surveys. Survey's showed people were happy at Gretton House.
- Staff told us they could raise suggestions and feedback to the registered manager and that these would be acted upon. For example, one staff member told us, "On a Monday there were less domestic staff, I told the registered manager and we now share tasks out, it is working well."

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

- Audits were completed for a range of checks to ensure the service was safe and met regulatory requirements.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications and regulatory requirements.
- Staff received training to ensure people received support appropriate to their needs. There was a focus on developing staff to achieve better outcomes for people.
- Staff were clear about their roles and understood what the provider expected from them. Care plans detailed people's expectation of care being delivered.

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 provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong by liaising with people and their families and involving them in investigations.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care. Working in partnership with others

- The management team demonstrated an open and positive approach to learning, development and feedback.
- The service had links with external services that enabled people to engage in the wider community.
- The registered manager attended care management forums, local council meetings and regular meetings with healthcare professionals to network, learn and share ideas.