

Consensus Support Services Limited

Bannigans

Inspection report

19 High Street
Corby
Northamptonshire
NN17 1UX

Tel: 01536263296
Website: www.grettonhomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bannigans is a residential care home providing accommodation and personal care for up to 4 people with Prader Willi syndrome, learning disabilities and/or autism. At the time of the inspection 4 people were receiving support. The property is a large detached two storey building with individual bedrooms and communal living areas with a small garden to the rear of the property. The service offers 24-hour support.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not always able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture".

Right Support

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

Support plans required more information for staff to understand how to support people to mitigate risks. People's plans were person-centred and reflected people's views and wishes.

People received their medicines safely and had access to appropriate health and social care support.

People were supported to maintain meaningful relationships with people who mattered to them.

Right Care

People's care, treatment and support plans reflected most of their needs and this promoted their wellbeing and enjoyment of life. Improvements were being made to incorporate all areas of people's lives.

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 they knew how to apply it.

The service deployed appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

Systems to monitor the quality of the service required improvement to ensure audits were effective and

actions were completed in a timely way.

The values and attitudes of managers and staff supported people to live inclusive and empowered lifestyles. Staff promoted equality and diversity when supporting people.

People and staff had opportunities to give feedback about the service and contribute their thoughts and ideas for improvement. They felt listened to and were confident that any issues would be resolved.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 16 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this full report.

Enforcement

We have found breaches in relation to consent and management oversight at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement



Is the service caring?

The service was caring.

Details are in our caring findings below.

Good



Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good



Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement



Bannigans

Detailed findings

Background to this inspection

Inspection team

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

The inspection was carried out by 3 inspectors, one of whom is a senior specialist for People with a learning disability and autistic people, 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

Bannigans is a 'care home' without nursing care. 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 we looked at both during this inspection.

Registered Manager

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 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 asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We visited the service location on 15 and 30 November 2023. We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the area manager, registered manager, deputy manager and 2 care staff.

We reviewed a range of records. This included 4 peoples care records, multiple medicine records, audits, accident and incident records and 2 staff recruitment files.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks were assessed; people were involved in developing care plans and strategies to minimise the known risks. However, people's support records did not provide enough information for staff to understand or reduce the risk. For example, a person's risk assessment about self-harm did not include specific hazards which were known to cause harm.
- Another person's risk assessment about food and drink restrictions did not identify a related health condition or refer to guidance about how staff should support the person with this. This meant new staff or staff who did not know the person well may not have enough information to reduce the risk. Staff we spoke with were knowledgeable and showed us the procedures they followed to support the person.
- The provider had recently updated their method for recording all the safety checks for the service such as fire, water and health and safety. Staff had recorded the safety checks in line with the new procedures.

Using medicines safely

- People received their medicines as prescribed.
- Some areas of recording 'as required' medicines did not have all the information staff needed to understand when and why they should give these medicines.
- The provider had recently implemented a new system to record non-prescribed medicines such as pain relief, throat lozenges and topical creams; this system required embedding into practice.
- People were assessed for their ability to administer their own medicines. We observed one person administering their own medicines under supervision.
- Staff received training and had their competencies checked to ensure they could manage people's medicines safely and the registered manager carried out regular medicines' audits.

Systems and processes to safeguard people from the risk from abuse

- People were protected from harm and abuse as staff received training in safeguarding. Staff demonstrated to us they understood how to recognise and report any concerns to the registered manager, provider and relevant professionals.
- Safeguarding incidents had been reported and investigated. The provider used the information to make improvements to the service and to help prevent reoccurrence.
- People told us they felt safe at Bannigans and were comfortable in telling staff they knew well when they were worried about anything.

Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- People received care from staff who were deployed across two services, as the neighbouring service managed by the same provider and registered manager was in the same grounds. The registered manager explained this arrangement meant that people could receive care from staff they knew, and the manager and deputy manager provided care and support whilst recruitment was on-going. This had an impact on the time the managers could provide oversight of the service.
- People were able to use their commissioned support hours flexibly. This meant support could be timed to meet people's chosen lifestyles.
- Staff had access to managers who were on-call for the organisation for advice or support in emergencies.
- The provider had acquired suitable references and undertaken DBS checks for staff working in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection including the cleanliness of premises

- People were protected from infections as staff followed the provider's infection prevention and control policies and procedures to manage and help prevent infection outbreaks. One relative told us, "When I've been to Bannigans, it's always been in tip top condition."
- Staff understood when to use and dispose of PPE effectively and safely.
- The registered manager used systems to monitor and maintain the cleanliness of the service.
- People were supported to receive visitors. One relative told us, "I can visit anytime I wish." Other relatives described how they found the home very welcoming when they collected their relative for visits to their family home.

Learning lessons when things go wrong

- Staff followed the providers systems to record and manage incidents and accidents. One member of staff told us, "We discuss changes and improvements we need to make from incidents so we can learn and prevent reoccurrence."
- Lessons were learned when things went wrong, and learning was shared across the organisation through meetings and newsletters.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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.

- The service was not always working within the principles of the MCA. People were at risk of having restrictions on their liberty without the suitable safeguards in place.
- The registered manager and staff did not fully understand or apply MCA legal requirements. Assessments by the service did not follow the MCA code of practice and recorded outcomes about people's mental capacity to consent were confusing and contradictory.
- People had restrictions on their access to food and drink without their recorded consent or a best interest decision recorded; mental capacity assessments to determine if health professionals or staff could make the decision to restrict food and drink did not always follow the MCA code of practice. For example, people's conditions which may affect their ability to make decisions at times were not considered.
- The provider had not applied for the appropriate Deprivation of Liberty Safeguard authorisation to restrict people's access to the kitchens in their home, or for the restrictions to the access to food and drink. The provider could not demonstrate they had used the least restrictive path of care.
- Where people did not have any family or guardianship, the provider had not ensured they had access to an advocacy service to support them with devising their care plans and consent to care.

The provider failed to always record consent for decisions which placed restrictions on people. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the registered manager told us they would take action to review MCA assessments and make DoLS applications where needed and we saw some evidence of this. They were also arranging for additional training in MCA and DoLS to upskill the staff team.

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

- People had their own bedrooms and shower rooms which reflected their personalities. People had their own keys for their rooms which enabled them to keep their rooms private. When people wanted to have a bath, they accessed this in the neighbouring service situated in the same grounds as Bannigans. People's records did not state if people preferred baths or the impact on people going to another home, or people in the other service having visitors to their home for baths.
- The registered manager recognised the home layout did not account for people as they became less mobile through age or ill health. This had been raised with the provider for consideration for future adaptations.
- The communal areas were homely. People accessed their laundry facilities and the manager's office with staff as this area was situated through the kitchen, which had restricted access. One relative said, "There is a nice lounge, dining room and conservatory, [Name] has access to all those."

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

- People's needs were assessed before they moved into the home. However, functional behaviour assessments and positive behaviour plans were not always completed. This was not in accordance with national guidance and best practice and meant staff did not have enough information to provide consistent support in response to people's distress and emotional reactions.
- People's assessments did not always cover all aspects of people's lives. For example, where people needed support with relationships and sexuality, there was no specific assessment to identify or support the person's sexuality needs, or whether they were able to consent to a sexual relationship.
- People visited Bannigans and met people and staff before deciding to move into the home. The registered manager told us, "It's important the new person and people already living at Bannigans are compatible and they agree."
- People's diverse needs were considered during the assessment process. This included support required in relation to their culture and lifestyle choices.
- People's assessments reflected their preferences, likes, dislikes and agreed lifestyle choices to manage their medical conditions.
- Staff used evidence-based tools such as the Malnutrition Universal Screening Tool (MUST) to carry out their assessments.

Staff support, training, skills and experience

- Staff received induction, training and supervision. This included the completion of the care certificate. The Care Certificate is a set of standards that social care and health workers should adhere to during their working practice.
- Staff had the skills and knowledge they needed to support people. Staff completed annual refresher training and specific training to support people with a learning disability and people living with Prader-Willi Syndrome. Training included positive behaviour support, diabetes, choking, first aid, nutrition and healthy eating.
- Staff received regular supervision meetings with the registered manager. One member of staff told us, "I get a lot of support from staff and managers, I feel part of the team as everyone is really nice."

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

- People living at Bannigans had a diagnosis of Prader-Willi Syndrome (PWS). People with PWS experience chronic feelings of insatiable hunger and have a slow metabolism that can lead to excessive eating and life-threatening obesity. People's access to food was restricted to mealtimes, where each person had a personalised meal plan to maintain their weight through a balanced diet.
- Staff were mindful of preparing meals that were appetising and considered people's preferences so that

they enjoyed their food. Social events such as meals in restaurants were carefully planned so people could make and agree their meal choices in advance. Staff ensured there was clear and communication between people and staff about expectations around food.

- Staff received training in food management, they ensured food was stored and served safely.

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

- People who had previously required medicines to manage their diabetes were now managing their condition without medicines by maintaining their personalised nutrition plans.
- Staff were vigilant in monitoring people for changes in their behaviour and demeanour that may indicate changes in their health. People's care plans clearly explained what actions staff need to take including providing key information to health professionals about PWS. One relative told us, "[Staff] have supported [Name] a lot they have health problems, [staff] looked after them really well. When [Name] came back from hospital to the home staff have been good with them and supporting them."
- People were supported to attend regular health checks, vaccinations, dental appointments and health screening. Where people chose not to take part in health screening, staff supported them to have the information they needed to make this decision and ensured people liaised with their GP.
- Staff monitored people's weight to measure the effectiveness of their nutrition plan. Staff were trained to carry out clinical observations such as blood pressure to monitor people's health conditions and feedback these results to health professionals.
- The registered manager provided people with support to navigate the benefits system. One relative told us, "A year or so ago there was a change in the benefits system, the manager prepared the ground and dealt with it."

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 our last inspection we rated this key question good. At this inspection we have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff used positive language when speaking with people, to other staff during handover and in people's care plans. However, people's daily care records sometimes contained less respectful terminology, such as people having 'outbursts' and referring to people as 'aggressive' and having 'challenging behaviour'. This was not in accordance with best practice and did not reflect the empathetic and strengths-based support we saw from staff. After our inspection the provider told us they would act to upskill staff and ensure terminology used to describe people was respectful.
- Staff encouraged and supported people's independence. For example, people were involved in planning their activities, shopping and tasks around the home. One relative told us, "[Name] likes peace and quiet they can go to their room for that."
- People were treated with dignity and respect. One relative told us, "[Name's] got their own room, their 'den' if you like, [staff] respect privacy. [Staff] have a key to [Name's] room for security in case of emergencies."

We recommend the service acts to ensure people's care records consistently refers to people using respectful language.

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

- People told us they felt supported and they knew most of the staff. They said they could talk to staff about anything. We observed staff communicating clearly with people, showing compassion and providing personalised care.
- People and relatives told us staff were kind and caring. We observed staff were friendly and approachable. One member of staff told us, "It's all about building relationships with people."
- Staff received training in equality and diversity and understood how to apply this training in the support they provided.

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

- People were supported to maintain independence with health and care where they could. For example, one person continued to monitor their own blood sugars and give their own insulin.
- People expressed what they required from the staff that supported them. For example, one person stated in their care plan they needed staff who were calm, a good listener, had the same interests, understands their needs and were honest. This person told us they were very happy with the staff that supported them.
- Staff supported people to learn and maintain skills to look after themselves such as taking care of their

personal appearance and clothing.

- People's care plans contained information about people who were important to them. Relatives told us they were involved with people's reviews; some were through discussion via on-line video meetings.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question good. 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 were involved in creating their support plans. This enabled them to choose their preferred exercise and food plans to help improve their fitness and well-being, related to their health conditions.
- People had joined different exercise classes. Where people had not enjoyed the type of music for a particular class, they were found alternate classes.
- People told us they were supported with personal shopping on a regular basis. A staff member said they offered guidance to people about their purchases and respected their decisions. One person told us, "We can express our likes and choices to [the registered manager] and she makes a menu for us all."

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff were matched with people to enhance people's interests and activities. For example, one member of staff had an interest in theatre, so they accompanied people who enjoyed going to the theatre. Another person liked animals and staff arranged for them to go to the zoo.
- People participated in group events with others they lived with and from other services run by the provider. People told us they enjoyed these activities which included celebrations, pub, discos, cinema, bingo, concerts and Christmas shopping.
- People planned specific activities for themselves including holidays and horse-riding. One relative told us, "[Name] is always very busy, one of their main occupations is walking which they like, staff escort [Name], they are able to do that sort of thing on a day-to-day basis."
- People's contact with family and friends were supported. One relative told us, "I'm in touch with [Name] regularly five times a week on the phone."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. Staff communicated with people in a way they understood. Information was provided in formats that met people's individual communication needs. For example, there were easy-read documents and on-line documents, pictures and videos for explaining health procedures and

conditions, voting and COVID social distancing.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.

Improving care quality in response to complaints or concerns

- There had not been any written complaints made to the service in the last year. The registered manager explained complaints were usually 'minor' and dealt with but not always recorded.
- The registered manager said they looked for any issues relating to the service in feedback from people and their families. They described how one relative brought up concerns in the review, this was addressed and resolved immediately.
- The provider's complaints policy and procedure informed people, staff and relatives how to complain and how their complaint would be dealt with. People and relatives told us they knew how to make a complaint. One relative told us, "We're encouraged to make complaints. We have no complaints; I would speak to the manager." Another relative told us, "I talk to [Name] on the phone frequently they would make me aware of anything adrift."

End of life care and support

- People were supported to talk about what was important to them. This information was incorporated into 'Thinking ahead' advanced care planning. People recorded who they wanted to be with and where they wanted to be.
- People were supported to cope with life events including bereavement of members of their family, friends and other people using the service.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider carried out a yearly audit in November 2022 which had identified issues with the mental capacity assessments and lack of DoLS applications. The local authority had carried out a quality monitoring audit in August 2022 and found the same issues. The registered manager had failed to act upon these findings and failed to implement the necessary mental capacity assessments and DoLS applications in relation to food and drink restrictions. This meant people were at risk of having their liberty curtailed without the appropriate safeguards in place.
- The provider failed to have a system to monitor the quality of people's personal support plans. They failed to identify where risks to people were not fully mitigated, or where records were sometimes out of date, incomplete or contradictory. People were at risk of not receiving care that met their needs or person-centred as people's support records did not provide enough information for staff to understand or reduce the risk.
- The provider's oversight failed to identify one person did not have access to an advocate. This meant one person did not have independent support for decisions about their care and treatment.

The provider failed to have all the systems in place to make improvements identified in audits or identify where improvements to the quality of the service was required. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the registered manager provided evidence they had taken immediate action to review people's support plans, mental capacity assessments and make DoLS applications.
- The provider's audits had identified the monitoring of health and safety, fire and water required improvement. They had implemented a new system of daily and weekly checks in November 2023. This system was in its infancy and required embedding. The registered manager told us, "Before we would record all this information in so many different places, now it is all in one place we can see clearly what has been checked."
- The service specialised in providing care for people living with Prada Willi Syndrome (PWS). The registered manager and long-term staff were very knowledgeable about PWS. Staff had the opportunity to be supported to have the skills, knowledge and confidence to support people through the provider's PWS training programme.
- The provider was undergoing major changes in the way they provided oversight and support to their services. This included implementing new systems and employing key staff to support managers, for

example, they had employed staff to support service with safeguarding. The registered manager told us the provider was very good at communicating the changes.

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

- People were asked for their feedback at their reviews and suggested changes were adopted. Relatives were sent questionnaires, but as one relative explained they did not complete them as "We've never had anything to complain about, nothing we want to change." Another relative told us they communicated with staff and the managers on a regular basis and did not need to complete the questionnaire.
- Staff meetings took place regularly. Staff told us they felt comfortable to bring up suggestions to improve the service and discussing how they could all learn from incidents. Staff were kept up to date with regular information and updates relating to the home.
- The registered manager and deputy manager provided support to people regularly, this provided them the opportunity to know people well and observe and supervise staff. Staff told us the managers were very supportive and approachable.

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 was aware of their obligations for submitting notifications to CQC, as required by law.
- The provider understood their responsibility to provide honest information and suitable support in line with the duty of candour.
- The provider displayed a ratings poster in the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other health and social care professionals including social workers and the local GP.
- The registered manager was in contact with other managers of similar services to share knowledge and experience.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to always record consent for decisions which placed restrictions on people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have all the systems in place to make improvements identified in audits or identify where improvements to the quality of the service was required.