

## Consensus Support Services Limited

# Gretton House

### Inspection report

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Gretton  
Corby  
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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 

### Overall summary

This unannounced inspection took place on 31 March 2015. Gretton House is registered to provide accommodation and personal care for up to 20 people and there were 19 people living at the home at the time of this inspection.

There was a registered manager in post; 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 2008 and associated regulations about how the service is run.

At the last inspection on the 20 January 2014, we asked the provider to make improvements to the safety and suitability of the premises and this has been completed.

The home specialised in caring for people living with Prader-Willi Syndrome (PWS). This is a condition where people have a chronic feeling of hunger that can lead to excessive eating and sometimes life threatening obesity.

# Summary of findings

Advice and support was sought from professionals specializing in PWS. The staff were knowledgeable of the condition and ensured that people were supported to self-manage the condition and maintain a balanced and varied diet.

Robust staff recruitment systems were practiced and people living at the home were actively involved in the recruitment processes. The staffing levels were closely monitored to ensure sufficient staff were on duty at all times.

New staff were provided with comprehensive induction training and all staff were provided with ongoing training, which covered vocational training specific to meeting the individual needs of people living at the home.

All staff were provided with one to one supervision, which enabled them to discuss their support needs. An annual staff appraisal system had been introduced to enable staff to plan their learning and development aims and objectives.

The staff treated people dignity and respect and ensured their rights were upheld. They were knowledgeable about what constituted abuse and the reporting procedures to follow when raising safeguarding concerns.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People had individualised care plans in place that took into consideration their occupational, social and recreational preferences.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare and suitable arrangements were in place for the safe administration and management of medicines.

Robust quality assurance systems were carried out to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon. Complaints about the service were taken seriously and responded to appropriately.

There was a strong emphasis on continually striving to improve. The manager and staff had achieved recognised quality accredited training and they regularly attended joint best practice meetings with other organisations. They worked closely with the Prader-Willi Syndrome Association (PWSA). The manager attended the PWSA provider forums and shared information on current best practice with the staff team.

The service worked in partnership with other organisations. Feedback from the health and social care professionals involved in people's care and treatment was positive. The manager and the staff team strived for excellence through consultation, research and reflective practice and updates on current best practice was shared with the staff team at Gretton House.

The vision and values of the service were person-centred and made sure people were fully consulted, involved and in control of their care and treatment.

# Summary of findings

## 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 safe.

The provider had fully addressed the areas that had required improvement from the last inspection. Regular maintenance checks were carried out on the equipment and the premises.

The staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they witnessed or suspected abuse.

People were supported to understand what keeping safe means, and they were encouraged to raise any concerns they may have

The staff recruitment procedures were robust.

There was sufficient staff available to provide people's care and support needs.

People's medicines were safely managed.

Good



### Is the service effective?

The service was effective.

People received care from an established staff team that were trained to meet their individual needs.

The staff received regular supervision and support from their managers.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) codes of practice.

People had access to advice and support from professionals specialising in treating Prader-Willi Syndrome (PWS).

People were supported to eat a balanced diet that promoted healthy eating.

Good



### Is the service caring?

The service was caring.

People received care from staff that treated them with respect and dignity.

People were involved in making decisions and planning their own care.

Staff understood how to respect people's privacy, dignity and human rights.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to engage in occupational and recreational activities.

People were supported to develop and maintain relationships with people that mattered to them.

Good



# Summary of findings

## Is the service well-led?

The service was well – led.

The vision and values of the service were person-centred and made sure people were fully consulted, involved and in control of their care and treatment.

There was a strong emphasis on continually improving the service. The manager and staff had achieved recognised accredited training and they regularly attended joint best practice meetings with other organisations.

Staff at all levels fully understood the standard of care that was expected of them and the principles of care such as dignity, privacy, respect, choice, inclusion and promoting people rights was at the heart of supporting people living at the home.

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 was planned to check 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 unannounced inspection took place on 31 March 2015 and was carried out by one inspector.

Prior to the inspection we contacted health and social care professionals that had been involved in people's health needs. 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.

During the inspection we made general observations of the care people received. We spoke with five people living at the home to hear their views about the quality of care provided at the service. We also spoke with the registered manager, the deputy manager, two senior care staff and three care staff and two catering staff. We reviewed the care records and risk management plans of three people living at the home. We also looked at records in relation to staff recruitment, training and support and management quality assurance records.

# Is the service safe?

## Our findings

At the last inspection in January 2014, we asked the provider to make improvements to the safety and suitability of the premises. The provider had fully addressed the areas that had required improvement and regular maintenance checks were being carried out on equipment and the premises.

People were protected from the risk of abuse. People told us they felt safe and that the staff were kind. One person said, "I have never ever felt worried about my safety, sometimes I see people argue with each other, but the staff deal with it very well." We saw that "SAFE" booklets were given to people that provided details on how to report for any concerns of abuse.

The manager told us that safeguarding people was a set agenda to discuss at staff team meetings. The company safeguarding policy clearly identified the steps for staff to follow in response to any incidents or allegations of abuse and posters were on display giving the contact details of the local authority safeguarding team to contact for advice and guidance. The staff we spoke with were knowledgeable about their responsibility to act on any concerns or allegations of abuse following the safeguarding reporting guidance. They were also familiar with the 'whistleblowing' procedures to raise concerns directly outside of the home to the local authority safeguarding team or the Care Quality Commission if they had cause to believe the provider was not always protecting people from abuse.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclose and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks. People living at the home were involved in the staff interviews and had a say on whether the applicants were suitable to work at the home.

A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. When accidents happened the manager and staff took appropriate action to ensure that people received safe

treatment. The manager informed us that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

Risks associated with people's behaviour were managed positively so they could make choices and feel in control. One person had taken up paid employment working as a kitchen assistant, they said that working in an environment with access to food had helped them to self manage their condition of PWS so they felt in control. The catering staff said how the person's self esteem had greatly improved and put this down to the person having a feeling of self worth knowing they were put in a position of trust working in the kitchen environment.

Staff told us they had received training on managing behaviour that challenged the service. One member of staff told us they had recently attending a positive behaviour workshop that focussed on reinforcing positive actions when dealing with difficult situations, that had the potential to cause harm or compromise people's safety. They spoke highly of the workshop saying how relevant it was to the work they carried out at the home in supporting people through difficult situations. People told us they thought there was sufficient staff available to provide their care and support.

The staff also confirmed there was sufficient staff at all times to meet people's needs. The manager told us they employed a number of 'relief' staff to cover for staff holidays and sickness leave and this eliminated the need to use staff from outside care agencies. This resulted in people receiving support from a team of staff they knew and were familiar with. Throughout the inspection we saw the staff worked with people at a relaxed pace.

People's medicines were safely managed. Medicines were only administered by senior staff or designated care workers. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place.

People understood they needed support to make decision in some areas of their lives but not others. The staff supported people to retain control of their lives. For example, the risks involved to safely go out in the local

## Is the service safe?

community. During the inspection we observed a member of staff supported a person to visit a local café. The member of staff said the person had not been out of the home for a considerable length of time due to a lack of

confidence. The member of staff took time and patience supporting the person, relieving their anxiety. The visit was successful and the person returned pleased with their achievement.

# Is the service effective?

## Our findings

People received effective care, which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received a thorough induction over a four week period that covered topics such as promoting people's rights, choice, dignity, responsibility and independence. Staff said that they worked alongside an experienced member of staff during their induction period. Many of the staff had worked at the home for a number of years and spoke highly of the training they had received. They told us they had been provided with specific training on Prader-Willi Syndrome (PWS) and how to support people living with the condition.

The manager informed us that training was provided through face to face workshop and e-learning modules that were used to refresh the staffs knowledge on subjects relevant to caring for the client group at Gretton House. They said they attended national conferences to keep updated on 'best practice' approaches in supporting people living with PWS and they shared their learning with the staff team. In addition staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF) at the time of the inspection we were informed that two staff were working towards their qualification.

People's needs were met by staff that were effectively supervised. Staff told us they had regular meetings with their supervisors. We saw that supervision meetings were planned for all staff employed at the home, that included both permanent and 'relief' members of staff. The meetings were used to assess the member of staffs work performance and identify ongoing support and training

needs. One 'relief' carer said, "I absolutely love working here, we all work really well as a team, I receive exactly the same level of support as the permanent members of staff. I have never felt unsupported."

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. People's care plans contained assessments of their capacity to make decisions for themselves and where people lacked the capacity to make some decisions 'best interest' decisions were made on the person's behalf following the MCA and DoLS codes of practice.

People were supported to eat a balanced diet that promoted healthy eating. The service specialised in caring for people living with PWS. People told us they received good support from the staff, one person said, "I am really pleased how well I have done, I feel more in control of my eating problems." The staff spoke of successes in helping people to achieve significant weight losses, which had enabled people to lead healthier, fulfilling, active lifestyles. The staff were skilled in supporting people to eat a healthy balanced diet, for example, through using self-limiting strategies, food routines and behaviour therapy. We saw the staff closely monitored people's food and drink intake and weights and worked in collaboration with other health professionals.

People had access to advice and support from professionals specialising in PWS conditions. People told us they received good physical and psychological healthcare support and confirmed they regularly attended appointments to see healthcare specialists. On the day of our inspection a member of staff was supporting a person who was anxious about attending a hospital appointment. We observed the member of staff spent time with the person providing comfort and reassurance that helped alleviate their anxiety.



# Is the service caring?

## Our findings

People received care from staff that treated them with respect and dignity. People said they were pleased with the care and support they received from the staff. One person said, "My keyworker knows me very well, we have a good relationship." All the staff were assigned as keyworkers to individual people living at the home, this involved the member of staff working with the person on a regular basis to provide individual support and continuity of care. The staff were able to tell us about their keyworker role and how they supported each other when off shift or on leave to ensure that people received consistent care and support.

People were involved in making decisions and planning their own care. Each person had a profile about them that had been completed by the person with the support of staff where needed. The aim of the profile was for the person to share the things that were important to them in their lives.

Staff developed positive relationships with people. People said they good relationships with their keyworkers and the staff team. During the inspection we saw a member of staff provided practical and emotional support to a visually impaired person who was anxious about travelling by car to attend a hospital appointment the following day. A

particular worry for the person was getting in and out of the car safely, the member of staff took time listening to the person's fears and anxieties and provided practical support to reassure them. The person managed to go out in the car to a local coffee shop and returned feeling very pleased with their achievement.

People's privacy and dignity was respected. People had their own keys to their rooms and were able to spend time in private if they wished to. We observed that staff knocked on people's bedroom doors and waited for permission before entering.

The manager and staff operated an open door policy. During the inspection we saw people comfortably approached staff to talk about day to day events particular to them. The staff stopped what they were doing and gave people their full attention offering people advice, information and explanations where needed.

Staff understood how to respect people's privacy, dignity and human rights. We saw that all staff had completed equality and diversity training and they were aware of the importance of promoting people's rights, dignity and independence. People were supported to engage in daily activities in and outside of the home, people told us they were involved in gardening, housework, such as cleaning their bedrooms and working in the kitchen.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. People told us they were treated with dignity and respect and they felt fully consulted in all decisions about their care and treatment. People told us they could choose which member of staff they wanted to take on the role of their 'keyworker'. This was a member of staff assigned to provide their main support. We saw that meetings took place regularly with people and their keyworkers to discuss and review personal goals to ensure they were being continually met.

Each person had a detailed care plan that was used to guide staff on how to involve people in their care and provide the care need. The people we spoke with told us their care plans were discussed with them and the staff supported them to express their views and what was important to them. They also told us that the staff always gained their consent before providing their care and treatment.

People were supported to engage in occupational and recreational activities. The care records contained information detailing people's interests and hobbies and people were encouraged to record in their care profiles what their likes and dislikes, hobbies and interests were. This was so that activities could be arranged that suited individual preferences. We spoke with one person that worked in the kitchen, they told us they really enjoyed it

and talked of how they helped to prepare meals and snacks for other people living at the home. A member of the catering staff said, "It's very rewarding seeing people working in a kitchen environment, [person] is really doing well, they have gained so much confidence." We also saw that some people enjoyed helping out in the garden. People were also supported to use and maintain links with the wider community, for example, some people did voluntary work with a local charity and others attended day centres and evening clubs.

People were supported to develop and maintain relationships with people that mattered to them. People told us they met up with friends, girlfriends and boyfriends living outside of Gretton House, they told us they regularly went for days out together and invited their friends back to join them for dinner.

The service routinely listened and learned from people's experiences, concerns and complaints.

People told us they knew how to raise complaints and knew who to speak to if they were unhappy with any aspect of their care. We also saw that information on how to complain was on display on communal notice boards and was also available in easy read pictorial formats. Regular resident meetings took place and complaints were a regular agenda item. We looked at records of complaints and found the manager had responded correctly in line with the providers own complaints procedure.

# Is the service well-led?

## Our findings

The provider's values and philosophy were clearly explained to staff through their induction programme and training and there was a positive culture at the home where people felt included and consulted.

Staff at all levels understood what was expected of them. The home had an experienced and knowledgeable staff team with many staff holding long service. The staff received appropriate training in order for them to continually develop within their roles. Information was shared with staff at all levels regarding the expectations of continually working in line with the Care Quality Commission (CQC) key lines of enquiry (KLOE) inspection standards. The staff told us they fully understood the standard of care that was expected of them and said that the principles of care such as dignity, privacy, respect, choice, inclusion and people rights was at the heart of supporting people living at the home.

There was a strong emphasis on continually striving to improve the service. The manager and staff had achieved recognised quality accredited training and they regularly attended joint best practice meetings with other organisations. They worked closely with the Prader-Willi Syndrome Association (PWSA). The manager attended the PWSA provider forums and shared information on current practice with the staff team.

The vision and values of the service were person-centred and made sure people were fully consulted, involved and in control of their care and treatment. Some people living at the home were supported to be involved in the Prader-Willi Syndrome research programme that was taking place throughout England.

People living at the home and their relatives were regularly asked for feedback on the service they received. They told us that regular resident meetings took place at which their views were always sought and taken into account.

Annual satisfaction surveys were carried out and feedback received from the survey carried out in February 2014 included people wanting more information on safeguarding and how to raise complaints. As a result the provider had arranged for safeguarding information booklets, called 'SAFE' to be published that gave information on the different types of abuse and how people could raise concerns. Each person had been given

their own individual copy of the SAFE booklet. Complaints information was also on display in printed word and easy read pictorial formats on notice boards throughout the service.

People told us the manager, senior team and the staff were very approachable and supportive. They spoke fondly of the staff and knew each member of staff by their first names. They were also aware of the different roles and responsibilities of each member of staff. Discussions with the manager and the staff team demonstrated that they knew the people living at the home and their families very well, they were fully aware of the individual needs of all people living at the home.

Each of the staff we spoke with told us they felt supported and enjoyed their work. One staff member said, "I absolutely love working here." Another staff member said, "The support we receive is really good, were always kept up to date with any changes in people's care."

Important information on people's changing needs was effectively communicated to all staff. This was presented in an information file that all staff read and familiarised themselves with at the beginning of each shift. We saw within the file was important information on a the protocol for administering a medication prescribed for a person in the treatment of repeated seizures, and recent updates on the deprivation of liberty (DoLS) code of practice. One member of staff said, "Having the 'to read file' means we can check at the start of each shift if there is any important changes to people's needs we need to be aware of. We all check it at the start of each shift so that important information we need to be aware of is not overlooked." We saw that staff had signed to state they had read the information contained within the file.

People and staff were supported to question practice. Each person was given a 'SAFE' booklet that explained situations that could constitute abuse and information on how to raise any concerns about their safety and welfare.

The staff knew their safeguarding responsibilities to protect people from abuse and knew how to raise concerns under the whistle blowing policy directly to the Local Safeguarding Authority or CQC, if they thought the provider did not act appropriately to safeguarding concerns. They confirmed that the manager always acted immediately on

## Is the service well-led?

all concerns reported to them whilst fully maintaining people's confidentiality. We also saw that the Winterbourne View Group initiatives on keeping people safe were shared with people living at the home and the staff team.

The quality assurance systems to monitor people's care were robust and were used to drive continuous improvement. Management audits took place that covered for example, health and safety, medicines, building upkeep and maintenance. We also saw that best practice support and advice was provided from clinical managers based

within the company. Monthly unannounced visits also took place by a senior manager, reports of the visits were produced and areas identified for improvement had action plans in place with timescales for completion.

The service worked in partnership with other organisations to make sure they are following current best practice in providing a high quality service. Feedback from the health and social care professionals involved in people's care and treatment was positive. The manager and the staff team strived for excellence through consultation, research and reflective practice and updates on current practice was shared with the staff team at Gretton House.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.