

# Consensus Support Services Limited

# Bannigans

## 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

This inspection took place on 12 May 2016 and was unannounced.

Bannigans provides care and support for up to four people with a learning and physical disability. It specialises in dealing with people with Prader-Willi Syndrome. There were four people living at the service when we visited.

The service has 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 2008 and associated Regulations about how the service is run.

Staff had been trained to recognise signs of potential abuse and how to report them. People felt safe living at the service. There were processes in place to manage identifiable risks and to enable people to maintain their independence.

The provider carried out recruitment checks on new staff to make sure they were fit to work at the service. Suitable and sufficient staff with the appropriate skill mix were available to support people with their needs. Systems were in place to ensure that people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and on-going essential training to keep their skills up to date. There was a supervision and appraisal framework in place. This enabled staff to be supported by the registered manager.

People were supported to make decisions about their care and support needs. This was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff ensured that consent was gained from people before providing them with care and support.

Staff supported people to maintain a balanced diet and provided them with healthy options on what to eat and drink. If required, people were supported by staff to access other healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff. Processes were in place to ensure that people's views were acted on. Staff provided care and support to people in a meaningful way. Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity was promoted.

People's support plans reflected how they wished to be cared for; and they received care that was responsive to their needs. A complaints procedure had been developed in an appropriate format to enable

people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service. The registered manager was transparent and visible. This inspired staff to provide a quality service. Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

## 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

Arrangements were in place to keep people safe from avoidable harm and abuse.

People had risk management plans in place to protect and promote their safety.

The staffing numbers were sufficient to meet people's needs safely.

There were systems in place to support people to take their medicines safely.

### Is the service effective?

Good ●

The service was effective

Staff had been provided with appropriate training to carry out their roles and responsibilities.

Staff ensured people's consent to care and support was sought.

People were supported to maintain a balanced diet.

People were able to access healthcare facilities with staff support if required.

### Is the service caring?

Good ●

The service was caring

Staff had developed positive and caring relationships with people.

People's views were acted on.

Staff ensured people were treated with dignity and respect and their privacy was promoted.

### Is the service responsive?

Good ●

The service was responsive

People's support plans reflected how their identified needs should be met.

A complaints procedure was available to people in an appropriate format.

**Is the service well-led?**

**Good** ●

The service was well-led

There was an open and inclusive culture at the service.

The leadership at the service was visible which inspired staff to deliver a quality service.

The quality assurance systems in place were effective.

# Bannigans

## **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.

The inspection was unannounced and was carried out on 12 May 2016 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, four support workers, the registered manager and two social care professionals who were visiting the service.

We looked at three people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

# Is the service safe?

## Our findings

People told us they felt safe living at the service and were protected from avoidable harm and abuse. One person said, "Yes, I feel very safe here." All the people we spoke with made similar positive comments

Staff told us they had been provided with safeguarding training. One staff member said, "If I witness or suspect abuse I would report it to the manager." The staff we spoke with had a good understanding of the different types of abuse and were aware of the safeguarding reporting procedure.

The registered manager confirmed that staff had been provided with safeguarding training and it was updated yearly. She told us that safeguarding was included as a regular agenda item at staff and residents' meetings. We observed safeguarding and whistle blowing posters were displayed in the service. The information included the contact details of different agencies that staff and people could inform in the event of suspected abuse or poor practice. There was also a poster with the heading "Expo- Link". This was a confidential help line that people and staff could use if they wished to report incidents anonymously. We saw training records, which confirmed that staff knowledge on safeguarding was updated yearly. We saw evidence that safeguarding alerts had been raised by the registered manager when required.

There were risk management plans in place to protect and promote people's safety. These included risks associated with people's personal care, nutrition, use of keys, finances and dietary management. We saw evidence in the support plans we looked at that people's risk assessments were reviewed three-monthly or as and when their needs changed. People were involved in the review process. The risk management plans were personalised and included detailed guidance for staff to follow to minimise the risk of harm to individuals.

The registered manager told us that the service had arrangements in place for responding to emergencies or untoward events such as, fire, electrical and gas failure and staff shortages. In the event of the building having to be evacuated arrangements had been made for people to be transferred to a hotel or one of the provider's other homes in the area. We saw evidence that there was always a senior person on call to provide advice and deal with any emergencies.

People told us there were sufficient numbers of staff available to meet their needs and to promote their safety. One person said, "There is always staff around to help us." The registered manager told us that the staffing numbers consisted of two staff throughout the day and one staff member sleeping in on the premises at night. We observed during the inspection that the staffing numbers provided ensured that people were able to be supported safely. We looked at the rota for the current week and the following three weeks and found that it accurately reflected the staffing numbers. We found that there was always a senior staff member on duty to lead the shift and to provide advice and support if needed.

Safe recruitment processes were in place. The registered manager told us that face to face interviews took place. We saw that people were involved in the interview process. New staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring

Service (DBS) checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

There were systems in place to ensure that people received their medicines safely. One person said, "We get our medicines on time." Staff told us they had been trained in the safe handling of medicines and training was regularly updated. One staff member said, "I was not allowed to administer medicines until the manager had assessed my competency. She observes our practice in a discrete manner."

We observed that medicines were dispensed in monitored dosage systems and stored in a locked cupboard. Each person had a medication profile in place, which included a photograph and a list of all medicines they had been prescribed for along with their side effects. Where people had been prescribed for medicines to be given PRN, (PRN medicines mean to be taken when required but are not part of the daily prescribed medicines), clear instructions were in place for staff to follow. There was an audit trail of all medicines entering and leaving the service. Medicines that were not dispensed in a monitored dosage system were checked daily to ensure that the balance in stock corresponded with the record. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies would be addressed promptly. We checked a sample of the Medication Administration Record (MAR) sheets and found that they had been fully completed. We also checked a sample of medicines and found that the stock levels and records were in good order.



# Is the service effective?

## Our findings

People told us that staff had the right skills and knowledge to carry out their roles and responsibilities. One person said, "Yes, staff are trained and know what they are doing." All the people we spoke with made similar comments.

Staff told us they had been provided with training to enable them to carry out their roles and responsibilities appropriately. One staff member said, "I had good induction training. It was very intense." From our observations we found that people received care from staff who had the necessary skills and understood their needs. They communicated effectively with them and spoke in an appropriate manner.

There were systems in place to support staff to carry out their roles and responsibilities. The registered manager told us that new staff were required to complete an induction and to familiarise themselves with the provider's policies and procedures, people's support plans and the lay out of the premises. They were also expected to work alongside experienced staff members. If staff did not have a national recognised qualification they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). In addition they were provided with essential training such as, moving and handling, fire awareness, safe handling of medicines, safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), food safety and emergency first aid. We saw evidence, which demonstrated that the staff team had completed essential training. There was an on-going training programme at the service to ensure all staff received updated training. We saw evidence that 98% of the staff training was up to date.

Staff told us there was a supervision and appraisal framework in place and that they received regular supervision and a yearly appraisal. This enabled them to discuss their training needs as well as the needs of the people who used the service. We saw written evidence which demonstrated that staff received bi-monthly supervision and a yearly appraisal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the MCA and DoLS. We saw evidence they had been provided with training. Within people's support plans we saw evidence that mental capacity assessments had been carried out. All the people living at the service had been assessed as having capacity.

Consent to care and support was gained from people. The registered manager told us that people had

signed a written consent to agree to be supported with their care and support needs. Throughout our inspection we observed staff gaining consent, from people. For example, when administering medicines, assisting with household tasks, or wanting to go out shopping.

People were supported to eat and drink and to maintain a balance diet. One person said, "We have lovely food here and we get a choice." Another person said, "We get fruit every day." The registered manager told us that people were involved in planning the menu. We saw evidence that the registered manager was in the process of developing the summer menu and had written to people to ask them for their ideas on what should be on the menu. Because of calorie restrictions healthy option meals were provided where necessary; and the nutritional content of meals was checked by a dietician.

People were supported to maintain good health and to access health care facilities. Staff told us people were registered with a GP who they visited as and when required. People were also supported with regular dental and optical appointments. The registered manager told us that information relating to health screening tests was provided in an easy read format. This ensured people were aware of the procedure and what to expect.

# Is the service caring?

## Our findings

People had developed positive and caring relationships with staff. One person said, "The staff are kind and caring." Another person said, "The staff listen to me and I am able to make my own decisions." We observed staff treating people with kindness and compassion. When in people's company staff's body language was positive. They kept appropriate eye contact when speaking to people. We saw people looked comfortable and at ease in the company of staff and were spoken to in a calm manner.

The registered manager told us that staff were provided with equality and diversity training. This ensured that people's different needs were understood and met by the staff team. We saw evidence in a person's support plan that they wished to promote their religious belief. Staff ensured that the person was able to attend church whenever they wanted to. Within the support plans we looked at we saw that information relating to people's likes, dislikes and goals were recorded to ensure they were known to all staff. We saw evidence that people were consulted on things that mattered to them. For example, people were consulted on how they wished to have their bedrooms decorated. We saw bedrooms had been decorated to reflect people's individual preferences and choice. Throughout the inspection we observed people would approach the registered manager and staff for reassurance. This was provided in a sensitive and kind manner.

People were able to express their views. The registered manager told us that people's opinions were sought. For example, people were involved in the recruitment of staff members. We saw monthly house meetings were held and this enabled people to discuss food menus and activities they wished to participate in as a group or individually.

Information on how to access the services of an advocate was available to people and displayed in the service. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). The registered manager told us that there was no one using the services of an advocate to act on their behalf.

Staff respected people's privacy and dignity. People told us that they were happy with the way the staff treated them and that their privacy was respected. One person said, "Staff treat us respectfully." Staff told us that people were addressed by their preferred names. We found that the service had processes in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidentiality policy, which was discussed with staff as part of their induction. Staff were expected to sign the policy when they had read it. This was to confirm they had understood the policy and would adhere to it. We observed people's support plans were kept in a locked room and the computer was password protected. People were issued with bedroom keys to ensure their personal belongings were kept secure. Staff handovers took place in private. There was a telephone box situated in the service to enable people to make and receive calls in private.

People told us that if they wished to be alone they could retire to their bedrooms, or to the conservatory for some quiet time. This showed that people could have private and quiet times alone if they wished.

Staff told us they supported people to be as independent as they were able to. People were encouraged to do their laundry with staff support. One person enjoyed cleaning and took responsibility for cleaning some areas in the service.

Staff told us that people's family and friends were able to visit without restrictions. They also told us that visitors were made to feel welcome and people were encouraged to entertain their visitors.

## Is the service responsive?

### Our findings

People told us that the care provided to them met their needs. One person said, "I have a support plan and it has all the information that staff need to know about me." The person commented further and said, "All the staff are aware of my needs and know how to care for me." The registered manager told us that people's support plans were discussed with them on a regular basis. We saw evidence that the support plans had been signed by people to confirm their involvement.

The registered manager told us that prior to a person moving into the service their needs were assessed. Information gathered at the assessment process was used to inform the support plan. There had not been any recent admissions to the service as people had been living there for some time. The registered manager confirmed that people would be provided with a transition period. This would entail people spending weekends, or overnight stays to get a feel of the place before moving in on a permanent basis. We saw evidence that people's views on how they wished to be cared for including information relating to their independence, health and welfare was recorded in the support plans we looked at. The plans were personalised and contained information on people's varying levels of needs, their preferences and histories. We saw evidence the support plans were reviewed three-monthly or as and when people's needs changed. Yearly reviews of people's care needs were carried out, which involved people, their family members, social care professionals and staff. This ensured that the care provided was current and delivered consistently.

People told us that they were supported to follow their interests. One person said, "I go out all the time. I have regular walks to keep healthy. I go on shopping trips, to bingo and clubs as well." Another person said, "One of my goals was to see my favourite pop star [name of person] in concert I did that last night. My dream came true." We saw people had individual activity plans that detailed their daily activity preferences and interests. Some people went out to work and others participated in local groups such as exercise and sewing classes.

People were supported by staff to maintain relationships that mattered to them to avoid social isolation. The registered manager told us that people regularly visited their family members for weekends and day visits. People were supported by staff to entertain their friends. We were told that one person regularly invited friends for coffee. People's birthdays were celebrated. Some people went abroad on holidays and if people wished to group holidays were arranged. This demonstrated that people were enabled to make decisions and have control over their lives.

The service had a complaints policy and procedure in place. People told us they knew how to make a complaint. One person said, "I will tell [name of manager]. She listens to my worries and has sorted things out for me." We saw that the policy was available in an easy read format to assist people with making a complaint and was displayed in the service. We looked at the complaints record and found that complaints had been investigated in line with the provider's procedure and to the complainant's satisfaction.

There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. Surveys were regularly sent out and they were analysed to ensure areas identified as

requiring attention were addressed.

## Is the service well-led?

### Our findings

People and staff told us that the culture at the service was positive, open and inclusive. One person said, "[Name of manager] is lovely she listens to me and helps me if I need help." Similar comments were made by people we spoke with. One staff member said, "[Name of manager] is very good. We can phone her anytime; she is always there to answer questions, even when she is not at work." Another staff member said, "I find the manager very approachable and the home is well organised." The registered manager told us, "I lead by example, I have a good relationship with the people we support and the staff team." This showed there was mutual respect.

The registered manager told us that the service had fostered good links with the community. For example, people who used the service were known to the shop owners such as the local butcher. People attended the local church and participated in events and activities that were taking place. Some people did voluntary work in a local charity shop.

Staff told us there was good leadership and management demonstrated at the service. The registered manager led by example and provided hands on care. We saw that the service's values and visions were displayed in the service. They were underpinned by best practice and regularly discussed amongst the staff to ensure they were implemented consistently.

Staff told us that they were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, they were provided with feedback from the registered manager in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

The registered manager was fully aware of her responsibilities and felt supported by her staff team and other managers to deliver a quality service. She said, "I have regular meetings with the staff team and meet with other managers to discuss operational issues and how best we can improve on the quality of the care we provide to the people we support." We saw evidence that the registered manager was regularly involved in special projects supporting her peers to improve on their processes to ensure that people received a quality service.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the registered manager reported incidents appropriately. We also saw evidence that accidents and incidents were recorded and analysed. Any trends that had been identified, measures were put in place to minimise the risk of occurrence.

There were quality assurance systems in place which were used to monitor the quality of the care provided and to improve on the care provided. We saw that the registered manager undertook regular audits in relation to health and safety, medicines management and record keeping. Where areas had been identified as requiring improvements action plans had been put in place detailing how they would be addressed. In addition yearly audits were carried out by an external consultant. We saw the outcome from a recent audit that had been undertaken and an overall rating of 99% had been provided to the service. This demonstrated

that the service's quality assurance arrangements were robust.