

Consensus Support Services Limited

Perrywood House

Inspection report

78 Rockingham Road
Kettering
Northamptonshire
NN16 9AA
Tel: 01536 522151
Website: www.grettonhomes.co.uk

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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 27 January 2015. Perrywood House is registered to provide accommodation and personal care for up to 7 people and there were seven people living at the home at the time of this inspection. The home specialises 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.

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.

People who used the service were well looked after by a staff team that had an in-depth understanding of how each person wanted to be supported. Staff encouraged people to be as independent as possible and treated them with dignity, respect and kindness.

Summary of findings

There was sufficient staff available to keep people safe and to meet people's individual care and support needs. Safe and effective recruitment practices were followed.

Staff could identify what constituted abuse and were knowledgeable about the risks of abuse and the reporting procedures to follow if they wanted to raise any concerns.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service. There were suitable arrangements for the safe storage, management and disposal of medicines.

People were supported to have sufficient to eat and drink to maintain a balanced diet and food choices were plentiful and were monitored by staff with specialist skills in nutrition.

People were not deprived of their liberty. Staff knew how to obtain an urgent authority to request a deprivation of Liberty Safeguards (DoLS) if it was ever necessary to restrict people's liberty to keep them safe.

Staff received Induction, training and regular supervision and appraisal which enabled them to carry out their job role effectively.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements. People, staff and relatives' feedback was sought and acted upon.

Staff understood their role and had confidence in the way the service was managed.

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.

People were protected from the risk of abuse and staff knew how to identify abuse and what action to take to keep people safe.

Medicines were stored and administered safely.

Unsupervised access to foods was safely managed.

There was enough staff on duty to keep people safe and to provide care and support to people when they needed it. Effective recruitment practices were followed.

Good



Is the service effective?

The service was effective

Staff had the knowledge and skills to carry out their role effectively and this was based upon best practice.

Regular supervision and appraisal systems were in place for staff.

Specialist advice was sought so that people had sufficient to eat and drink to maintain a balanced diet.

Staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People were supported to make choices about their care and staff were respectful of their decisions.

Staff were confident in their knowledge of peoples care requirements and how to deliver their care and support.

People's dignity and privacy were respected and upheld by all the staff.

Staff demonstrated a caring approach to people.

Good



Is the service responsive?

The service was responsive.

Hobbies and interests were actively encouraged and supported.

Peoples care plans were individualised and had been completed and reviewed with the involvement of people.

The provider sought the views of staff, people and their family members on a regular basis and took action when necessary to make required changes.

Good



Summary of findings

Referrals were made promptly to healthcare professionals when assessments or treatment was required.

There was a complaints process and complaints were dealt with promptly and thoroughly.

Is the service well-led?

The service was well led.

The service has a registered manager in post

Quality assurance monitoring systems were in place and improvements to the service had been made as a result of these.

Audits had been completed by the manager to check that the service was delivering quality care to people.

The manager provided visible leadership to staff. Staff understood the philosophy of the service and how they can contribute towards this.

Staff had confidence in the management of the service.

Good



Perrywood 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 6 January 2015 and was carried out by one inspector.

Before the inspection we asked the provider to send us 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.

Prior to the inspection we contacted health and social care professionals that had been involved in people's health needs. We reviewed the data we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also spoke with people that used the service and their family members. We did this so we could obtain their views about the quality of care provided at the service.

During the inspection we undertook general observations in communal areas, we spoke with six people and we looked at how people were supported to participate in their chosen hobbies and interests. We spoke with six members of care staff, the manager and the cook. We also spoke with three visiting senior managers. We reviewed the care records of three people. Staff supervision and appraisal schedules and quality assurance reports about the service.

Is the service safe?

Our findings

People felt safe at the home. One person said “The staff are really good, they make sure you are safe, they make sure that all the doors are locked at night and that we don’t open the doors to strangers, this makes me feel safe”. Another person said “I love this home I feel safe here.” We observed that some of the doors within the home were locked during certain times of the day, for example, the kitchen door. People told us that they knew why the door had to be kept locked and that they felt safer knowing that they could not access the food that was stored there. People also told us that they were offered drinks and snacks throughout the day so they were not worried about the kitchen door being locked sometimes.

People were protected from the risk of abuse as safeguarding referrals had been made by staff when there had been any concerns that people were at risk. Posters were prominently displayed around the home giving contact telephone numbers for staff to ring if they wanted to raise any safeguarding concerns. When we talked to staff they were able to tell us, what constituted abuse, how they would recognise abuse and what action they would take if they suspected that abuse was occurring at the home. Staff were also able to tell us who they would report safeguarding concerns to outside of the home, such as the local authority safeguarding team or the Care Quality Commission.

People were protected against unnecessary risks to their safety as assessments to reduce risks to people were in place. The assessments included for example, risks associated when people managed their own money, accessed the local community, and what support people required so that they could safely increase their independence. For example with preparing their own breakfasts or accessing the community. We noted that people had been involved in the review of their risk assessments and that care plans had been updated with them as people’s needs had changed.

During lunchtime we observed that when the hot meals had been plated up that they were not immediately given

to people. The cook explained to us that they had to ensure that the temperature of the meals was not too hot as people would eat them very quickly and may be at risk of burning their mouths.

People were cared for safely in an emergency situation. People had practiced monthly evacuation drills so that they knew what to do if the fire alarm sounded. Staff explained that they told people to expect a fire drill, and then a ‘poster’ of a fire would be placed in a room, so that staff and people could respond to a situation as if it were real. People said that they knew what to do in the event of a fire. Procedures were also in place for regular maintenance checks of equipment such as firefighting equipment to ensure it was in working order.

People received their medicines when they needed them. The procedure to manage medicine safely was followed. The manager showed us how they managed medicines and we saw that all medicines were obtained, stored, dispensed and accounted for. Protocols were in place for people to have ‘as required’ medicines such as paracetamol and cough linctus. Each protocol gave instruction for staff to follow so that the correct dose was given to people safely.

There were enough staff on duty to meet the needs of the people living at the home. The manager told us that staffing levels were arranged to take into account people’s individual activities which included attending work, social events and going to the gym. When people required additional support on a one to one basis to help keep them safe we observed that the staff were very familiar with the requirements of that person. The staff member that was providing the one to one support explained that they carry out most of that person’s support and that they were very familiar with any risks such as unsupervised access to foods and what action to take to minimise risks to keep people safe. The staffing rota’s indicated that there were sufficient staff on duty to meet people’s requirements.

The provider ensured that all the required employment checks were completed before staff commenced work at the home. This ensured that staff were of good character and suitable to work with people living at the home.

Is the service effective?

Our findings

People received sufficient food and drink which ensured a balanced diet. People told us that they had Prader-Willi Syndrome (PWS). One person said “I feel ok here around food, whereas at home I don’t have the same structure.” Another person said “Staff give us good healthy meals.”

Risks and nutritional needs were identified by dietary and nutritional specialists and meals were provided which ensured a healthy balanced diet. The registered manager told us that people were involved in the planning of their menus and that each meal was designed to meet each person’s individual requirements. We observed people enjoying their lunch and we saw that the food was plentiful, looked appetising and was home cooked. We noted that healthy snacks and drinks were provided throughout the day. We spoke with the cook and they told us that each person had a list of foods that they did not like and a list of foods that were offered as a replacement so that all the foods available at the home were what people preferred to eat.

One person said “I know all the staff and I like them, they have helped me a lot and I have improved since I have been here.” Relatives were complimentary about staff’s knowledge of their family member’s needs and how to support them. One relative said “The home is very suitable for [name] requirements; staff are very well trained and provide the support needed for people to manage their Prader-Willi Syndrome.”

New staff received an induction to the service which lasted four weeks. Staff said that this had included ‘shadowing’ a more experienced member of staff so that they could put what they had learned into practice. One member of staff that had recently joined the service said “I now have a good understanding of how I can best support individuals with Prader-Willi Syndrome, for example people don’t like sudden changes so we try to make sure that activities and appointments run on time.” We observed the staff handover where information was passed onto the staff coming on duty. We noted that staff gave a good handover of people’s activities, the choices they had made and communicated information which ensured that appointments and activities were carried out on time.

The registered manager told us that staff had attended national conferences to learn about developments in how best to support people with Prader-Willi Syndrome. As a result of attending a recent conference changes had been made to the way that support was provided to people that lived at the home. This had included introducing strategies for people to use when they were anxious, and introducing ways for staff to approach people including a ‘sensory’ approach [tone of voice, or touch]. One person said “Whenever I’m upset staff come up and see me and sit with me and they help me with my anxieties.” We noted that one person’s behaviours which had included self-injury had reduced since the introduction of the sensory strategy.

Staff said that they received regular supervision meetings every eight weeks and we saw that annual staff appraisals were in place. Staff also said that during supervision meetings they discussed their future training and any development needs with the registered manager. Staff also explained that they had always received support outside of supervision meetings if they needed advice or guidance on aspects of supporting people with Prader-Willi Syndrome

One person said “The staff always look after me if I am not feeling very well.” Staff told us that people with Prader-Willi Syndrome have decreased sensitivity to pain and may not have a high temperature even when significantly ill. This meant that staff had to be vigilant about people’s

health and take prompt action if they had any concerns. One relative said “The staff are very good at responding quickly if they have any concerns about [name] health, they always ring us and keep us informed.” External healthcare professionals such as G.P’s said “The staff are very good, extremely professional and knowledgeable”.

The manager was knowledgeable about what must be done to make sure the human rights of people who may lack mental capacity to make decisions were protected. The manager told us that all the people that lived at the home had capacity and were able to make decisions for themselves. The manager knew how to obtain an urgent authority to request a deprivation of Liberty Safeguards (DoLS) if it was ever necessary to restrict people’s liberty to keep them safe.

Is the service caring?

Our findings

One person said “The staff are really nice, I am pleased that I have [name] as my key worker as they are really good.” Another person said “All the staff here are friendly and they help me when I need them, they listen to me when I need to talk.” We spoke with staff that explained what they did when someone became unsettled and anxious, and how the actions that they took helped the person to become calm. One member of staff said “When [name] has become calmer we have a hug and then they have some time to themselves which helps them to relax.” Relatives also explained that staff were very caring to their family member. One relative said “I can’t fault the staff they are all really kind.” People received their care and support from a team of staff that knew and responded to people’s Individual requirements in a positive way.

Staff developed positive caring relationships with people. For example a member of staff knew that one person enjoyed helping around the home and they encourage them to help with small jobs such as assisting with making drinks whenever they could. We observed staff interacting with people in a kind and caring way, with lots of laughter and affection.

The staff that we talked to were able to tell us about times when they had arranged for people to experience activities,

trips or events that had really interested them. This had involved quite a lot of arrangements but many of the staff explained that they had sourced the venues, for example trips to see their favourite animals.

All of the relatives we talked to said that they were very impressed with the caring nature of all the staff. One relative said “They always seem to go the extra mile, nothing is too much trouble.” Another family member said “The staff really do care for them very well and [name] calls it home.”

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. Feedback that we received from health and social care professional included the following statement “The carers that accompany the residents are always sensitive to their needs and encourage them to voice their own opinions and also privacy when the resident requests it.”

We noted that the notice board on the ground floor had the telephone number of an advocacy service that people could contact if they needed someone to speak up on their behalf. People said that they spoke with staff or relatives if they needed to discuss anything important to them.

Is the service responsive?

Our findings

People received care that was assessed and planned to meet their needs and supported them to achieve as much independence and choice as possible. We saw that assessments had been carried out by healthcare professionals such as speech and language therapists, with guidance for staff to follow. For example, staff had been advised to keep sentences short and give people sufficient time to understand what had been said. We spoke with one member of staff who said that they always gave some extra time for the person to think about what had been said, and then they were able to answer the question without feeling rushed.

The manager told us that one person had produced a short DVD about what they thought staff should be aware of when looking after people with Prader-Willi Syndrome. They had presented the DVD to a group of staff that were learning about 'person centred planning'. We read a comment that had been made by the person; it said "Person centred planning has changed my life and my whole environment." The DVD was also used to teach new members of staff about individualised care and how important it was to ensure that people are at the centre of, and involved in the plans to support them.

People told us that they had been involved in choosing which staff would be providing their main support; as each person had a named 'key worker'. The process to identify which member of staff would become people's keyworker was through a 'skills match'. This meant that staff recorded

what they liked to do, and included any hobbies and interests. People then were involved in choosing who they wanted to be their keyworker. We read the following comment in a 'feedback book' in which people wrote comments that were important to them. "I liked the meeting with the skills matching, and I am glad that I have got [name] as my key worker." The manager confirmed that this had worked out very well as all the people had been matched with their chosen member of staff.

People told us that they had been able to follow their interests such as horse riding, and that they had been supported to apply for and had been successful in obtaining some part time work. Another person had returned to the home after spending a day at work, and they told us that they enjoyed this very much. People were encouraged to spend time with staff to review their likes and dislikes and what hobbies and interests they had. The registered manager said this was to ensure that people had an opportunity to consider new ideas rather than repeating the same activities.

People were supported to raise concerns or discuss any issues that were important to them. For example, following a complaint about noise levels at night the manager got all of the people together so that they could all share their point of view. People were then given guidance as to what they could do in these circumstances such as seeking support from staff. Relatives also told us that the manager and the staff were happy to listen and act upon any concerns they may have."

Is the service well-led?

Our findings

People said that they felt involved in the home and that their views were listened to by all the staff. One relative said “I am very impressed; the home is very well led by the manager”. The manager and their deputy worked alongside staff during the working week and also at weekends. The manager explained that this gave them the opportunity to work alongside staff and offer support or guidance if this was required. Staff said that they felt able to discuss any areas of concern or any ideas that they had with the manager as they were always available and approachable.

We observed that the home had a positive culture that valued people as individuals. All the people were able to contribute towards the running of the home, as tasks such as the setting of the table for mealtimes was shared between people, another person helped to maintain the garden which they enjoyed. Staff understood and put into practice the philosophy of the service and the part they played in delivering the service to people by encouraging and supporting people with their individual requirements.

The manager shared information that they had gained from national conferences, including new ideas and ways to support people. This was achieved through informal discussions and formal presentations to staff. Staff said that the presentations were very helpful in giving them additional skills in how to support people with Prader-Willi Syndrome.

Staff were clear about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies

when they are concerned about care practice. Staff said that they felt confident to whistle blow if they had any concerns about the management or practice at the home. They also explained that they had been provided with contact details of external agencies such as the Care Quality Commission if they wanted to raise any concerns.

There were systems in place to monitor the quality of the service. Regular audits were undertaken by an external manager, and we saw that as a result of the audits, any areas that had required action had been promptly addressed by the manager.

Feedback was also sought from staff, people that used the service and their relatives via an annual survey. We noted that the results of the most recent surveys conducted in November and December 2014 were very positive with people giving the home a top rating of 100%. We spoke with the relatives of four people that lived at the home. They all told us that they were extremely pleased with the quality of the support and care that their family member received.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as health and safety. The manager was aware of their role and responsibilities in ensuring that statutory notifications of events were promptly submitted to the Care Quality commission. We concluded that the service was well led.