

Consensus Support Services Limited

Perrywood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Perrywood House is a residential care home for up to seven people. The service specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS) and learning disabilities. PWS is a genetic condition that means people with the condition will have an insatiable desire for food, which can make the person eat excessively. This has the potential to result in life threatening obesity. There were six people using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to maintain their health and well-being through careful planning of food intake and access to relevant health and social care professionals.

People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

There were enough staff deployed to meet people's needs. Staff were recruited using safe recruitment practices; people assisted with interviewing of new staff. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. The manager responded to complaints using the providers policies.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care. Staff were involved in making improvements following incidents and lessons learnt were clearly communicated. The new management team promoted a staff culture which was open and honest.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

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

Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Perrywood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We had not requested any information from the provider before the inspection. We used all of this information to plan our inspection.

During the inspection-

We met five people who used the service and spoke with two relatives on the telephone about their experience of the care provided. We spoke with nine members of staff including six support workers, the deputy manager, the manager and the operations manager. We spoke with one visiting social worker and spoke with two professionals on the telephone.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "I have had my training, I have not had to raise any safeguarding, but if I do I will go to the manager."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Staff had received information on the provider's whistleblowing policy. One member of staff told us they would follow the policy, they said, "I would go to the top managers if I had concerns."
- The management team had raised concerns appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. One person was being supported to review their risk assessments and care plans, they told us these reflected their needs. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence supported people to understand and reduce risks associated with taking part in their planned activities, work and travel.
- People had been involved in practicing how to evacuate the home in case of an emergency such as fire. Each person had their personal emergency evacuation plan which informed staff how to support them safely.
- People were supported to monitor the environmental safety of their home. For example, people were at high risk of scalding, they were supported to measure the temperature of the hot water in their rooms to ensure these were maintained at a safe level.

Staffing and recruitment

- There were enough staff deployed to provide people with the support they needed.
- People received care from a relatively new staff team who consistently provided their care and were beginning to know people well.
- Staff were recruited using safe recruitment practices whereby references and their suitability to work with the people who used the service were checked. People took part in the recruitment process by interviewing staff and providing feedback to the managers.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.

- The management team completed actions identified in the last infection control audit to improve the prevention of infection.

Using medicines safely

- People received their prescribed medicines as planned.
- Staff received training in the safe management of medicines. One member of staff told us, "I had my medicines competency checked."
- Regular medicines' audits informed managers of any issues, which were rectified in a timely manner. The management team had identified further improvements were required in the recording of 'as required' medicines and had taken appropriate action to seek guidance to make the necessary improvements.
- The provider had signed up to the stop the over medication of psychotropic (STOMP) health campaign and the Health Care Charter (HCC). That are aimed at reducing the over use of psychotropic medication to ensure the people receive appropriate health intervention.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions. They had implemented a more comprehensive handover to overcome any risk of communication breakdown. Staff told us, "The new hand over sheets are working well. It is safer now, we don't miss things, having it written down is helpful."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed before they commenced using the service to ensure staff understood their needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example moving and handling and mobility tools.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received training to support people in their daily lives, including subjects such as conflict management, positive behaviour and sexuality and relationships.
- Staff received additional training to meet specific needs, for example care of people with Prader-Willi Syndrome. One member of staff told us, "This training was very useful, it gave me more of an understanding of the condition."
- Staff received regular supervision and guidance to support them in their roles. Staff told us their management team were very supportive.

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

- People living at Perrywood House 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. Staff knew the specific dietary requirements and eating plans for each person living at the home and supported people to follow them.
- People's weights were monitored regularly; people were supported to adjust their diet to manage their weight. One person's relative commented, "Staff are very good at supporting [Name] to keep their weight down which is essential for their condition. Staff are careful with the quality and quantity of [Name's] food."

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

- People were supported to make healthier life choices such as diet and exercise.

- Staff supported people to attend planned health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. People had consented to and received their yearly flu vaccination.
- The provider had set up emergency procedure protocols for the risks of choking and other medical emergencies that relate to Prada-Willi syndrome.
- Staff worked closely with the learning disability teams at the commissioning local authorities to manage and maintain people's care in line with people's wishes.

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

- People's bedrooms were personalised and reflected people's individuality.
- People had the opportunity to make suggestions for updating the home decoration. For example, people asked for different flooring in the lounge, this suggestion had been included in future plans.
- The garden provided accessible outdoor seating for people to use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff followed best practice guidelines and to limit people's access to food managed by avoiding unnecessary exposure. For example, people attended social events such as discos where food was not served. This practice was necessitated by a duty of care and was reflected in each person's care plan as being in their best interest and with their consent.
- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- The manager confirmed no people using the service were currently subject to any restrictions to their liberty under DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care from staff who knew them well. They had formed good relationships which people told us were invaluable. One person told us they trusted staff, they said, "I can discuss things with [Name of staff]."
- People told us staff were kind and friendly. A visiting professional from a local authority told us staff were warm and approachable. A relative told us, "I'm very happy with [Name's] care, [Name] has made good friends and always seems happy when we speak on the phone."
- Staff took pride in people's progress and spoke positively about the people they cared for. They shared examples of people meeting their weight targets and taking part in their chosen activities.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. Some people maintained their independence in travelling to activities and work, requiring support only when they experienced difficulties managing their condition.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

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

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

- People and where appropriate, their relatives had been involved in creating and updating their care plans. We observed one person reviewing their care plan with their learning disability professional. The person said their care plans were accurate.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, staff helped to support people to spend time doing activities with their friends.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities. One member of staff told us, "[Name] likes to be independent, but needs support as they have recently gained weight. I suggest activities we can do together, [Name] is really responsive to this."

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

- People were supported to maintain their relationships with their families and friends. Staff supported people to travel to and from their family homes, which were of considerable distance.
- People had formed friendships and relationships through the provider's social network of homes and people's own activities; staff supported people to meet up regularly. A relative told us, "[Name] likes to visit their girlfriend at another home, staff support them."
- People were helped to pursue their hobbies and pastimes. For example, one person liked animals, staff supported them to visit places such as an interactive zoo where they could see and touch small animals.
- People were supported to gain and maintain jobs and volunteer roles. People's plans included people's aspirations and how to achieve these.

Meeting people's communication needs

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

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns

- People had the opportunity to raise concerns verbally with staff. The management team planned to

provide a key worker for each person to build a trusted relationship, so people could feel more comfortable raising their concerns.

- The new management team had responded and resolved historical complaints. There had not been any complaint raised since the new management team had been in post.

End of life care and support

- People were given the opportunity to record what was important to them at end of life. Staff followed people's wishes.
- The provider recognised people's need to express themselves when people from their social group died; they facilitated gatherings to remember the person. For example, one person showed us photographs where they attended a social gathering to talk about and celebrate someone's life, where people had dressed up in a theme that matched the person's personality.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a manager who was in the process of applying to be the registered manager.
- The provider had formed a new management team consisting of the manager, deputy manager and operations manager. This team promoted person centred care in all aspects of the service. One member of staff said, "The new manager is innovative. They have new staff and a new team. Staff are beginning to gel, they are doing a really good job."
- Staff told us they felt supported by the management team. One staff member said, "I am so proud to work here, the team is working together now. Since [new manager] has been here we are pulling together, it's getting better."
- Staff told us they were happy working at the service and felt supported by the management team.

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; Continuous learning and improving care

- The manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken. The manager had implemented new systems for handover which had resolved issues relating to medicines and continuity of care. One member of staff said, "The communication between us and handover information is much better."

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, they worked together to complete the action plans to resolve the issues.
- The provider and manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- People were asked for their feedback through formal surveys and at group meetings. Issues and

suggestions were acted upon.

- Staff told us they felt listened to. For example, staff had identified there had not been enough staff, so more staff had been employed. They told us, "I love this job, now I get more time for interaction [with people], they are a brilliant bunch."
- People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

- The management team was developing their relationship with people's GP, district nurses and health teams.
- There was a close working relationship with the community learning disability teams from each person's local authority who commissioned their care.