

# Consensus Support Services Limited

## Parvale House

### Inspection report

223 Rockingham Road  
Kettering  
Northamptonshire  
NN16 9JB

Tel: 01536484970  
Website: [www.grettonhomes.co.uk](http://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 ●

# Summary of findings

## Overall summary

This unannounced inspection took place on the 24 June and 1 July 2016.

Parvale House provides accommodation with personal care for up to six people. There were six people in residence when we inspected.

Parvale House specialises in supporting adults with a range of complex needs and behaviours associated with Prader-Willi Syndrome (PWS). This is a genetic condition that predominantly manifests with early years onset of hyperphagia which is an abnormal unrelenting great desire for food driving the person towards excessive eating and, left unchecked, life threatening obesity. Other characteristics of PWS include, for example, learning disabilities that may range in severity, and challenging behaviours are a feature of PWS whether or not the person has a measured learning disability.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were cared for by sufficient numbers of care staff that were experienced and had received the specialised training they needed to do their job safely when supporting people with PWS. The care staff worked well together as a cohesive and motivated team. They enabled the people they supported to successfully manage the constraints they faced as a consequence of PWS. People benefited from living in a safe, well structured environment that was conducive to individuals living with PWS to experience a healthy lifestyle.

People's care needs had been comprehensively assessed prior to admission. Each person had a person centred care plan that reflected their individual aspirations and the goals they set to enable them to live fulfilling lives. Care planning was in keeping with the provider's values that each person should be empowered by the care staff team to experience achievements in their day-to-day lives. These achievements ranged from modest daily living successes through to life enhancing changes such as sustained weight loss transforming a person's health for the better.

People's individual preferences for the way they liked to receive their support were respected. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Care staff were mindful that people with PWS experienced heightened anxieties that had a negative impact on their quality of life if day-to-day living lacked sustainable boundaries that people understood had a positive impact on their wellbeing. Care staff consistently ensured that people experienced a well-structured day that enabled individuals to thrive.

People's healthcare needs were met and they received timely treatment from other community based

healthcare professionals when this was necessary. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals with expertise in PWS. People had enough to eat and drink. They benefited from a menu that reflected their choices and preferences.

People benefited from receiving a service that had robust quality assurance mechanisms embedded into practice at Parvale House. The care staff team played their part in ensuring people received good quality care and they had confidence in the senior management team to provide them with the support and training they needed to do their job.

People, their families or significant others, were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate action would be taken to try to resolve matters to their satisfaction.

## 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.

People's care needs and consequently any associated risks, including those specifically arising from Prader-Willi Syndrome (PWS), were comprehensively assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of knowledgeable care staff that had the experience and competence to provide safe care.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

### Is the service effective?

Good ●

The service was effective.

People benefitted from being cared for by care staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People received care from care staff that had the training and acquired skills they needed to meet the complex needs of people with PWS.

People's healthcare and nutritional needs were consistently met and carefully monitored, and other healthcare professionals were appropriately involved when necessary.

### Is the service caring?

Good ●

The service was caring.

People were individually involved and supported to make choices about their day-to-day care. Care staff respected people's preferences and the choices they were able to make about how they received their care.

People's dignity was assured when they were supported with personal care and they were treated with kindness, compassion and respect.

People received their care from care staff that interacted with them positively, enabling them to express their views and manage the personal challenges they faced as a consequence of PWS.

### Is the service responsive?

Good ●

The service was responsive.

People were enabled to cultivate and act upon their aspirations and were motivated by care staff that gave due recognition to each person's achievements.

People's skills and abilities were utilised to enhance their self-esteem and individuals had been encouraged and enabled to take up meaningful paid work with employers in the community.

People received personalised care that was holistic and quality of life enhancing. People were enabled to establish and sustain adult relationships with consensual partners in a safe environment that was sensitively and respectfully managed by the care staff team.

### Is the service well-led?

Good ●

The service was well-led.

People benefited from receiving support from a provider that worked hard to support its management team by promoting and building upon individual strengths through training and opportunities to rise through the organisation.

People hugely benefited from a managerial culture that from top to bottom strived to have direct day-to-day involvement with the people they supported.

People's aspirations and achievements were promoted by leadership that motivated and enabled people to do well in the challenges they faced.

# Parvale 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 was carried out by an inspector and took place on 24 June and 1 July 2016.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people in residence and four care staff including the registered manager. We also received positive comments by email from a relative. We looked at four people's care records and related documentation about the support people required.

We also looked at four staff records in relation to recruitment, training, and best practice. We looked at other documented information related to the day-to-day provision of the service and quality assurance monitoring practices by the provider, registered manager and senior staff.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed the communal accommodation and facilities used by people.

# Is the service safe?

## Our findings

People's care needs were safely met by sufficient numbers of experienced and trained care staff on duty. People were protected from experiencing unsafe care arising from insufficient staffing. The provider required that staffing levels were proactively monitored and a weekly report sent to senior managers within the organisation to evidence that optimum staffing levels were being sustained. This was acted upon by the registered manager. There were on-going recruitment drives to build up 'bank staff' that were readily available to cover for care staff absences due to sickness or leave.

People's needs were regularly reviewed by care staff so that risks were identified and acted upon. People's risk assessments were included in their care plan and were updated to reflect any changes and the actions that needed to be taken by care staff to ensure people's continued safety. Risk assessments were developed with people's participation and took into account information from relatives and guidance from professionals with expertise in Prader-Willi Syndrome (PWS).

People benefited from receiving support from care staff that understood their responsibility to identify and act upon new risks, for example if people's behaviours or health deteriorated. They were also mindful of and appropriately acted upon other specific risks associated with PWS, such as the potential dangers posed by people with the PWS having a high pain threshold delaying an alert that they were unwell or injured.

People were safely supported in a structured way that met each person's needs and minimised the risk of people with PWS being detrimentally affected by unnecessary demands they found difficult to cope with. This was achieved by ensuring individuals were not faced with an unstructured day or insufficient warning of a 'change of plan' that may result in challenging behaviours, such as a temper outburst that potentially compromised their or other's safety.

People were safeguarded against the risk of being cared for by persons unsuitable to work in a care home. Recruitment procedures were robust. The Disclosure and Barring Service (DBS) was used, for example, to establish if an applicant was unsuitable at the outset because of the nature of a criminal conviction.

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely, disposed of appropriately when discontinued, and were locked away when unattended. Care staff had received training in the safe administration of medicines.

# Is the service effective?

## Our findings

People received care and support from care staff that had acquired the experiential skills as well the training they needed to care for people with a range of complex needs arising from Prader-Willi Syndrome (PWS).

People's needs were met by care staff that were effectively supervised, trained, and had their job performance regularly appraised. Good practice was monitored on a daily basis by care staff whilst colleagues were engaged with people carrying out activities. Regular individual supervision meetings were held between care staff and their manager throughout the year and there was an annual performance review of each team member.

Newly appointed care staff had received comprehensive induction training that was competency based and prepared them for their duties. This was in line with the requirements of the Care Certificate that sets out the learning outcomes, competencies and standards of behaviour that all staff employed in social care should achieve.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. 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. We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and care staff team were aware of, and acted upon, their responsibilities under the MCA and the Deprivation of Liberties (DoLS) Code of Practice. Care staff acted in accordance with people's best interests.

People received timely healthcare treatment from appropriate community based professionals. Care staff acted upon the advice of healthcare professionals that had a role in people's treatment. Suitable arrangements were in place for people to attend their GP's surgery and receive prescribed treatment when they needed it. People had regular healthcare check-ups to ensure their physical wellbeing.

People's nutritional needs were met. People were pro-actively involved in managing their own food intake and they enjoyed their meals. Care staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs within the constraints of PWS. People with PWS have a hypothalamic dysfunction that undermines their capacity to make consistently rational decisions about eating, particularly so in the absence of support that provides the boundaries they need to enjoy their food without seriously compromising their health.

People's food intake was consistently monitored to ensure they maintained a healthy weight by way of a controlled low calorie diet. Care staff ensured the calorific value of meals was a measured factor in meal choices. In common with other services that provided support to people with Prader-Willi Syndrome (PWS)



people's access to food was necessarily limited. There was, for example, restricted access to where food was stored. Such an environmental restriction minimising exposure to food temptations was necessary as one of the key practical PWS management measures recognised by PWS healthcare professionals. This simple step, in working collaboration with each person supported, minimised the risk of out of control eating and the consequence of life threatening obesity. This practice was necessitated by a duty of care and was reflected in their care plan as in their best interest and had been confirmed by the appropriate external authority as not warranting a Deprivation of Liberty (DoLs) authorisation.

## Is the service caring?

### Our findings

People were supported by care staff that were compassionate, attentive, and empathetic. One relative that had recently visited the home said, ""Parvale was calm, it was warm and welcoming and the 'synergy' between staff and (people) was wonderful."

People benefited from receiving their support from care staff that were mindful of managing the day-to-day stresses of daily living that people were exposed to. People with Prader-Willi Syndrome (PWS) benefitted from doing things at their own pace so as not to become unnecessarily stressed. People were relaxed and comfortable in the presence of the care staff on duty and good natured humour, words of encouragement, and respect for each person was evident throughout the day.

People individually received the undivided attention they needed from care staff. This was provided in a sensitive person centred way. People's right to privacy was protected by care staff that recognised that each person's bedroom was their private space and that access was by invitation.

People were given choices about how and where they spent their time. Some people chose to spend their time quietly in the home and others enjoyed joining in with an activity, such as going out shopping or going for a coffee in town. People benefited from having a 'keyworker' they related to as a first 'point of contact', someone they knew that had this role of getting to know them personally and being able to spend time with them on a one-to-one basis.

People's personal care support was discreetly managed by care staff so that the person's dignity was not compromised. Care staff responded promptly when people needed their attention or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was becoming upset. They were knowledgeable of the 'triggers' that preceded behavioural challenges and acted to minimise people's exposure to them.

People were supported in an environment where positive relationships were nurtured by friendly social interactions. People experienced positive relationships with others. Enjoyable social events regularly featured in people's daily activities, both amongst the group of people living together and with friends people had made in the organisation's other homes.

People were encouraged to have visitors, with relatives and friends made very welcome at Parvale House. People that came to live and receive support at the home benefitted from a 'warm' welcome. One relative said, "They (care staff and people in residence) have made (name of person) welcome and (name of person) has developed friendships with (people) there. Imagine (the benefits of) a circle of friends that (name of person) has never really experienced (previously)."

## Is the service responsive?

### Our findings

People received personalised care, each according to their needs. The provider ensured that prior to a person being admitted to any of their homes specialising in supporting people with Prader-Willi Syndrome (PWS) there had been a comprehensive assessment their needs. This assessment had been carried out for the people in residence at Parvale House. The information documented using this 'assessment tool' was very detailed and provided the assessor with a 'holistic' overview of the person's physical needs, mental health needs and potential range of behaviours arising from their PWS that care staff needed to be aware of and act upon. People were assessed if they required 1:1 support with certain aspects of their daily living, such as personal hygiene, particularly if they were overweight at the outset. The assessment also took into account people's values, beliefs, hobbies and interests along with their goals and aspirations for the future.

People benefited from receiving support from care staff that were consistently mindful that they were supporting individuals that had their own hopes, fears, and aspirations. One person said, "They [care staff] know what I'm like and how to help me do things I want to do." Care staff provided people with the individualised support they needed to enable them to enhance their life experiences. This was reflected in each person's care plan that we looked at.

People were enabled to feel pride in their achievements and this was an important factor in their psychological wellbeing. Individual achievements were valued by care staff and featured in articles published in the organisation's news magazine to inspire others. These achievements ranged from individuals doing something they had always wanted to do, to facing challenges to improve and sustain a healthy lifestyle, such as losing weight and enhancing their self-esteem.

People fully participated in care planning and their care plans were reviewed regularly with their involvement. Their 'voice' was documented and integral throughout their care plans. Care plans were live 'tools' to guide staff and for people to input their goals and explore realistic ways of achieving them. Care staff adapted the support people received to reflect their changing needs but at all times ensured the person was actively involved and understood why the change was beneficial. Care planning took into account, for example, if the person required support with emerging, or existing behaviours that challenged themselves or others. These factors were evident in the care plans we looked at and what care staff we spoke with said about how they managed people's support on a day-to-day basis.

People benefited from a thoughtfully structured day with each person knowing what they were going to be doing, with whom, and when. This minimised the risk of confusion that is particularly detrimental to people with PWS because of their heightened sense of anxiety.

People experienced relationships with others in a structured environment that enabled them to enjoy partnerships where they were able to express their sexuality. Contingency arrangements were in place to ensure that a visiting partner always had the option of being returned home if either partner had 'a change of heart'. There were clear guidelines in place that care staff had to adhere to, particularly with regard to not agreeing to an overnight visit if that resulted in exceeding registered numbers of people being

accommodated in the premises. Agreed arrangements for a partner to visit overnight had to take into account vacancies or other service users being away on family home visits.

People knew how to complain and there was a comprehensive complaints procedure in place. There had been no formal complaints since we last inspected. Meetings where people had the opportunity to speak up and have 'a voice' were a regular feature and minutes were kept to reflect actions and decisions taken.

## Is the service well-led?

### Our findings

People benefited from an organisation that was very supportive towards its registered managers and their care staff teams. Care staff were motivated and enthused to ensure high standards were upheld and people received the best care. This drive to promote and sustain best practice underpinned the innovative support people received from the care staff team as a whole. The organisation also worked very closely with the Prader-Willi Syndrome Association (PWSA), as well as utilising the knowledge shared by professionals nationally and abroad that have particular expertise in working successfully with people with Prader-Willi Syndrome (PWS).

People were valued by senior figures within the organisation that were very 'visible' to the care staff team and to the people that they supported. Their attendance at social events that highlighted and celebrated people's achievements was routine. This was appreciated as an acknowledgement of all the efforts that had been made by people and the care staff team that supported them along the way.

People were supported by a team of care staff that had a robust knowledge base that underpinned good practice. People were assured of receiving care in a home that was competently managed on a daily basis by a registered manager that been promoted from within the organisation and had the practical 'hands on' experience of working with people with PWS at Parvale House. There were well defined and accessible lines of support and professional guidance within the organisation for the registered manager to utilise to the benefit of both the care staff team and the people they supported.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Care staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). People's entitlement to a quality service was monitored by the audits regularly carried out by the manager and care staff team. These audits included, for example, checking that care staff were adhering to good practice guidelines and following the procedures put in place to protect people from poor care as well as to enhance the quality of people's lives. The provider had arrangements in place to carry out their own internal 'compliance' monitoring visits. They undertook to review all aspects of service delivery and they had based audits around the Care Quality Commission (CQC) key inspection 'domains' of safe; effective; caring; responsive and well-led.

People's care records were fit for purpose and had been regularly reviewed. Care records accurately reflected the daily care people received. Records relating to care staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Comprehensive policies and procedures to guide care staff were in place and had been routinely updated when required.