

Prospect Housing and Support Services

The Pines

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?	Requires improvement 
Is the service effective?	Good 
Is the service caring?	Requires improvement 
Is the service responsive?	Requires improvement 
Is the service well-led?	Requires improvement 

Overall summary

The Pines is a care home which provides care and support for up to six people. No one living in the home is able to communicate verbally as each person has a profound learning disability. At the time of our visit there were six people living at the home.

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 and associated Regulations about how the service is run. The registered manager was not present during our

inspection as they were due to leave the organisation. We were assisted by the deputy manager at the inspection who was joined by the new manager who informed us they were about to start the process of registering.

People lived in an environment that was not well maintained or clean and staff did not always display behaviour that may show they respected people or had considered them.

People were encouraged to take part in a range of activities however we found that some external activities

Summary of findings

were cancelled meaning people did not go out as often as they could. Records held for people did not always record sufficient information to provide staff with information about care or activities provided for people.

Quality assurance audits took place although we found some areas identified from the providers audit had not been acted on. Regular medicines audits were undertaken to ensure staff were following best practice in medicine administration and we found medicines were administered and stored in a safe way.

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. For example, those people who liked animals. Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were enough staff deployed each day to enable people to either stay indoors or go out to activities. Staff had a relaxed, easy-going relationship with people. It was evident they understood people's individuality and needs and respected people's when they wished to have time alone.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place.

Staff were provided with training specific to the needs of people which allowed them to carry out their role in an effective way. Staff met together regularly and felt supported by the deputy manager. They told us they felt, "Valued" by the provider. Staff were able to meet their line manager on a one to one basis regularly.

Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event. We found appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff helped people be independent when they could and supported people to keep healthy as a range of nutritious foods individualised to people's requirements was provided. People had access to external health services and professional involvement was sought by staff when appropriate.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home. This included any compliments people had.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People did not live in an environment that was clean and well maintained.

Guidance was available for staff on people's individual risks.

There were enough staff to meet people's needs.

Medicines were managed, administered and stored safely.

Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Requires improvement



Is the service effective?

The service was effective.

People were provided with a range of healthy, nutritious foods. Food options had been discussed with a dietician.

Staff met with their line manager regularly and were provided with appropriate training which enabled them to carry out their role competently.

Where people were unable to make decisions for themselves, or their liberty was restricted, staff had followed legal guidance.

People had involvement from external healthcare professionals to support them to remain healthy.

Good



Is the service caring?

The service was not always caring.

Staff did not always show people respect or make them feel that they mattered.

People were encouraged to be independent and make decisions where they could.

There were some examples of kind, caring interactions between staff and people.

Relatives and visitors were able to visit the home at any time.

Requires improvement



Is the service responsive?

The service was not always responsive.

People were able to take part in activities that interested them. However people did not always go to their outside activities as often as planned.

Staff responded well to people's needs or changing needs and people and their relatives were involved in their plan of care.

Requires improvement



Summary of findings

Complaint procedures were available for people and relatives confirmed they knew who to speak to in the event of a complaint.

Is the service well-led?

The service was not always well-led.

Contemporaneous records were not always kept for people.

Quality assurance checks were completed to ensure staff and the environment were meeting the needs of people. However, actions identified had not always been dealt with.

Staff, people and their relatives were involved in the running of the home.

People felt supported by management and staff had an understanding of their responsibilities.

Requires improvement



The Pines

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 was 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 was an unannounced inspection that took place on the 12 October 2015. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all 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.

On this occasion we did not ask the provider to complete 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. This was because we inspected this service sooner than we had planned to.

As people who lived at The Pines were unable to tell us about their experiences, we observed the care and support being provided and talked to relatives and other people involved during and following the inspection.

As part of the inspection we spoke with the new manager, the deputy manager, two staff, two relatives and two health care professionals. We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

We last inspected The Pines in May 2013 when we had no concerns.

Is the service safe?

Our findings

People were not living in an environment that was well maintained or had the standards of cleanliness people should expect. Upon our arrival we noted two fence panels in the front garden were missing leaving a big gap meaning there was a lack of security around the home. The front door entrance area was covered in cobwebs and looked quite un-inviting. Inside the home we saw the floor areas of the bathrooms were dirty around the skirting and the base of the toilet and one shower chair had mouldy disintegrating rubber feet and worn vinyl on the seat. The kitchen was not clean and some of the cupboards doors were ill fitting. We saw dirt running along the underneath of the units and stains on the dishwasher and the edging of some units. The laundry room was dirty around the flooring and the washing machine stained. There was lime scale over the sink.

There was a sensory room with a large water bed in it however we were told by staff the water bed was not working. They said it had not worked since it had been purchased meaning it could not be used by people. We found staff were using the sensory room as a place to store their personal belongings, for example their coats and bags, as we saw a locker unit had been placed in the corner. The lounge area of the home was not homely looking, it was sparse with one cabinet with minimal items on it. We saw no sensory items placed around the home for people to use, touch or feel. All sensory items were kept in the sensory room which meant people may not be able to access them easily. There was a malodour when you entered the home which was unpleasant for people.

We had been notified in early September 2015 there were problems with the boiler in the home which had affected the hot water. The deputy manager told us this had still not been resolved and it meant that, for example, the hot water in the bath just trickled out of the tap. This meant people had to wait whilst staff filled the bath from the electric shower.

The lack of good maintenance and cleanliness of the home was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff deployed to meet the needs of people. We saw throughout the inspection there were a sufficient number of staff around to support people,

interact with them or take them out. We were told two people had gone out for the morning accompanied by two members of staff. We observed there were still enough staff left at the home to attend to the needs of the people who remained indoors. The deputy manager told us there would usually be three staff on duty during the day and two at night. They said staff carried out caring duties as well as the cleaning, laundry and cooking. They told us they only used agency staff in the event of staff sickness which meant people were cared for by a consistent staffing team. Staff felt there were enough staff on duty to support people, carry out the duties they had to undertake and also spend social time with people.

Accidents and incidents were logged in order to help keep people safe by taking action to prevent reoccurrence. We read the log included the details of any incident and how it had been dealt with by staff. We read there had been very few incidents in the last twelve months.

People were supported to live their life in a safe way. We read staff had reviewed people's individual circumstances to identify where they may be at risk. For example, some people 'loved' animals and risk assessments were in place for them covering the potential risk of them touching animals without understanding potential dangers. Other people had risk assessments around their mobility or being in the kitchen. For example, one person liked to spend time watching staff cook. Staff were knowledgeable about people's risks when we asked them which meant they understood what they needed to do to keep people safe.

Staff helped keep people safe from abuse because staff understood safeguarding procedures and told us who they would go to if they had any concerns relating to abuse. We saw there was a flowchart available for staff and we noted the home held a copy of Surrey's Multi Agency safeguarding policy. One staff member told us, "If they (people) have bruises you have to report it." Another was able to describe the different types of abuse that could take place. One relative told us, "I have never seen anyone being unkind to her and always leave feeling that she is safe."

In the event of an emergency people's care would not be interrupted and they would continue to receive appropriate care. We read information and guidance for staff in relation to contingency planning and actions and noted people would be relocated in another Prospect home if The Pines had to be evacuated.

Is the service safe?

Staff followed best practice in relation to medicines which meant people received their medicines in a safe way. Medicines Administration Records (MAR) contained photographs to ensure the medicine was given to the right person. Each person had a sheet which detailed which medicines they were receiving. Guidance was available to staff on when to give PRN (as required) medicines, which included the reason the person may need it together with the types of behaviour a person may display to indicate they required it. We read people had homely remedies (medicines which can be purchased over the counter) guidance which was signed by the GP.

Medicines were audited to identify any mistakes or areas for improvement. A monthly medicines spot check was carried out by the registered manager to check signatures were in place on MAR charts and medicines were accounted for properly.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Is the service effective?

Our findings

People were supported to have a varied diet. There was a four-week rolling menu and we looked at some menus for previous weeks and saw that people were provided with a good range of food which included healthy options. We read at a residents meeting earlier in the year staff had displayed photographs of foods for people to encourage them to identify the foods they would like to eat. It was noted that no one was interested in the pictures so staff had used their knowledge of people and their individual likes, dislikes and dietary requirements to develop the menus.

People were provided with fresh produce and individualised meals. We saw plenty of fresh food in the fridge and larder. One person had a particular dietary requirement and we read staff had allowed for this and developed a menu personalised for this person. Their relative told us, "Her diet is managed extremely well." Other people needed to eat more healthy food in order to maintain a balanced weight and we saw this had been taken into consideration. We heard from staff that menus were compiled with advice from the dietician which was confirmed by the professional we spoke with. The healthcare professional said at staff's request they had carried out a refresher session recently about eating and drinking awareness but added staff were already supporting people accordingly.

We saw people eating lunch together in the kitchen area and noted staff had prepared people's food in an appropriate way. For example, some people required pureed or a fork mashable diet and we saw this had been done. People who required help with eating were assisted by staff at a slow pace and we heard staff speak to people through this period and encourage them to eat.

Staff understood the Mental Capacity Act (MCA) 2005 and ensured that any decisions made were in people's best interest. Mental capacity assessments had been undertaken for individual decisions for each person. For example, in relation to one person and their medicines. We read when best interest meetings were held as staff had recorded these.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the

rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been made for people who lacked capacity where restrictions had been placed on them. For example, where people were unable to leave the house unaccompanied.

Staff received appropriate and relevant training to enable them to feel confident in their role and to help them meet people's specific needs. For example, training in epilepsy, the mental capacity act and moving and handling. One staff member said, "Prospect is good for training." We read from the training records that staff were up to date with mandatory training required by the organisation, such as safeguarding, health and safety or first aid.

Management checked that staff were putting their training into best practice and ensured they were following the standards expected of Prospect. One staff member said, "I have supervisions. If there are areas I feel less confident in I go to superiors and they support me."

People's communication needs were identified to help guide staff on what an individual might need. We read in people's care plans how staff had identified signs, facial expressions or body language of individuals and translated these into what a person may be asking for. For example, we read how one person displayed a particular behaviour to show they were bored.

People could expect to receive effective care. We read where people suffered from epilepsy staff were provided with clear guidance on signs and symptoms to recognise. Details in care records included actions staff should take in the event someone suffered from an episode and where people had different types of epilepsy this was recorded, described and guidance given. A log of episodes was kept by staff to allow them to monitor the frequency and severity to help decide whether external professional support was needed.

Staff supported people to remain healthy. Each person had a health action plan in place which detailed the health care professionals involved in their care, for example the GP, optician, dentist or dietician. Care records held information on people's diagnosis and health needs. A relative told us,

Is the service effective?

“She always gets checked up if not feel well.” They added if their relative had to go to hospital staff would support them whilst there. For example in helping them to eat (because they understood their relative’s specific needs).

Is the service caring?

Our findings

One relative told us, “Excellent care. They love her. I see it.”

Staff did not always display behaviour that ensured people were treated in a respectful way. We heard staff regularly talking about people over their heads. For example, we heard staff say, “Just leave her there” when they were not ready for someone to sit at the table. One member of staff was heard to say, “It’s feeding time” as lunch was being prepared and another put someone’s food on their plate with their bare hands. The kitchen area was quite small and we watched as staff pulled one person out of the room by wheeling them backwards without prior warning. At lunch time we noted two people sat at the table for half an hour before receiving their meal and one person was served 10 minutes before everyone else meaning they had finished before others started.

Following lunch most people were sitting in the lounge area. A member of staff came into the room and offered staff a hot drink, however this offer was not extended to any individuals sitting in the lounge. We asked staff about this who told us they had had a drink after their lunch. However, people were not given the opportunity to have another one should they wish it.

Staff did not always show people consideration. We observed one person sitting in the lounge when we arrived and saw they had been placed in a position which meant they would be unable to watch the television. Later on during the morning this person had been moved in front of the television however as the volume was very low it was barely audible. There was a radio station playing in another person’s room which could be clearly heard in the lounge. This meant it would have been extremely difficult to have listened to the television. Before lunch time one person picked up a cup left on the dining table which had cold tea in it. A staff member took the cup from this person, told them it was cold but they would make them a fresh cup. We noted this person never received a fresh cup of tea. We heard another member of staff say to one person, “We are going into the sensory room” but then added, “Let me just make a phone call.”

We saw information about meals for the day and photographs of staff were not located in a place people would easily see as they were displayed in one corner of the kitchen which was not accessible to everyone. Pictures of foods were displayed beside the menu written on the board, but these did not match with what was being served during the day.

The lack of respect shown to people was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could have privacy when they wished. We read how one person liked their privacy and would choose to go their room. There was clear guidance to help ensure staff respected this and give this person their own space. Staff told us they would always knock on people’s doors before they entered their rooms and make sure people were provided with privacy when they were bathing.

People’s individuality was recognised by staff. We saw people’s rooms were personalised and furnished and decorated as wished. One person liked to have a particular item as a comforter and we saw staff had ensured this was available for this person. We saw one member of staff take a person into the sensory room to read them a book and they invited another person in to join them. We heard the staff member read the book and we were aware people were attentive to this. We also saw kind, individual and gentle interactions between other staff and people.

People were encouraged to be independent and make decisions when they could. We saw one person being encouraged to drink independently and where possible people were encouraged to eat by themselves. One person liked to participate in simple cooking tasks, such as stirring food. We heard from a relative if their family member indicated they didn’t want breakfast staff would respect this. They said they felt staff were, “Considerate to her specific needs.”

Relatives told us they were able to visit when they wanted and were made to feel welcome.

Is the service responsive?

Our findings

One relative told us, “I would like her to do more for example, swimming but that needs two staff. They (staff) do a great deal with her.”

People were supported to go to or try activities which meant something to them. Care records included information on each person in relation to the activities they enjoyed and what support they needed from staff to participate in these activities. We saw a staff member get a large sensory ball for one person and we saw this person’s face light up in response. We watched how the person interacted with the staff member and enjoyed bouncing the ball.

We read people could access the community. We read how some people liked to go for a drive in the car or into the nearby town and we saw records which showed this happened. The deputy manager told us group activities were organised at times, for example meals out and people went on holidays either with family members or as a group. Some people went for horse and cart rides and others liked trips to the cinema. Staff told us they decided on people’s activities by trial and error. For example one person didn’t appear to like the music sessions, so this activity had been changed.

We found however that people were not always enabled to go to outside activities as much as they may like or was planned. We read the monthly chart which recorded when people had gone out of the home and noted that three people went out 11 times or less in September 2015 and the same people had only been out two or three times so far this month. The daily notes in people’s care records recorded when outside activities did not take place, but there was no indication of why this was. When this happened the default activity was for people to spend time in the sensory room in the home. We spoke with the deputy manager about this who told us there was a timetable of activities for people, but this would, “Not fill a whole day.” They said they had been unaware that people were not going out as often as their timetable stated but said at times this was due to poor weather conditions.

We recommend the provider reviews each person’s monthly activity chart particularly in relation to outside activities, to ensure people are enabled to attend the activities of their choosing.

Care plans were person-centred, comprehensive and contained relevant information about people to ensure they received the correct support and treatment. Important information about people’s lives were recorded in their care plans. We read there was information about what people preferred to be called, there was personal emergency information and information about people who may be able to make decisions on behalf of them. People also had hospital passports. This is a document which includes useful information about the person should they need to go into hospital.

Staff encouraged people to be involved in the care plans. We read how people had been invited to sit with staff when their care plan was due to be reviewed. Relatives were also involved. One relative told us, “I’m involved in her plan of care and asked my opinion.” Another relative said, “I have been to reviews of care. They (staff) tell me when things change.”

When people’s needs changed, staff responded appropriately. For example, one person had recently broken their hip and appropriate equipment had been provided for them. A relative told us her family member had put on some weight due to a change in their mobility, but they said staff had done all they could under the circumstances to ensure this person’s weight was maintained at a healthy level.

There was a complaints procedure available for people. This gave information to people on how to make a complaint and what action they could take if they were not happy with the response they received. One relative said they would speak to the deputy manager if they had a complaint. We read there had been no complaints about the staff or home.

Is the service well-led?

Our findings

Staff did not keep full, clear contemporaneous notes about people which meant they may not receive appropriate care. For example, people's daily records were incomplete. Some people were at risk of choking and had guidance from the Speech and Language Therapy Team (SaLT). We noted an individual risk assessment around choking had not been included in people's care records and SaLT guidance was amongst health appointment information, so may not be easily identifiable for a new member of staff. We noted in one person's hospital passport their food requirement was recorded as, 'food needs to be cut up' however this person was on a fork mashable diet.

We read in daily care notes, 'due to fire incident this morning bruising likely on x'. We were told by the deputy manager staff had to evacuate people due to the fire alarm going off and this could have caused bruising to people. This was not clear from the daily notes and there was no further information to say whether people had suffered bruising or not. Where MAR needed two signatures this had not always been done. We saw on occasions it was written, 'second signatory not available'. Daily notes did not always contain full details of the care provided. For example, 'no hot water, x only had a wash' which may be misinterpreted as this person had been washed in cold water.

Provider audit visits took place however actions arising from these were not always carried out. We noted from the last provider visit it was recorded, 'daily notes could improve' and 'sufficient and relevant risk assessments to be completed'. We saw at this inspection these areas still required improvement.

The lack of robust quality assurance processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was quality monitored by the registered manager as they carried out regular audits of water temperatures, vehicle checks, fire checks and electrical testing. The registered manager completed a monthly report for the provider which gave detailed information on the number of accidents/incidents, what activities took place, medicines records, staff supervisions and appraisals

and other similar information in order to monitor the daily running of the home. We read actions from some of these audits had been completed, for example some simple maintenance in the home.

Staff said they felt supported and liked working at the home. One staff member said, "I do feel supported. We have support from the deputy. As a team we tend to help each other." We observed this during the day when staff were consulting with each other over people's care or tasks that needed to be undertaken. We read in people's care records it was written, 'remember that this is their home and not just a place of work'. One staff said, "I feel valued by my organisation. One relative told us they, "Liked the openness." They said they had, "Peace of mind" with the home. A healthcare professional told us the deputy manager was very knowledgeable about people and it was easy to work with them.

Staff had a good understanding of their responsibilities and the purpose of their role. Staff had notified and updated CQC of events that affected the home. For example, in relation to the problems with the boiler.

Staff told us they were aware of the ethos of Prospect, which was set up to provide care to the needs of people they were looking after and they thought they did that well.

Staff were involved in the decisions about the home. We were told by the deputy manager there were regular staff meetings where staff discussed a variety of topics. We read the notes from the last recorded meeting and saw it included general discussions about the home. Staff met with their line manager on a one to one basis. This was to give staff the opportunity to discuss their work progress, any concerns they may have, training requirements or any aspirations for professional development.

Relatives were encouraged to give their feedback of the home. We read from the last survey questionnaire four relatives responded. We saw they had indicated staff provided either 'good' or 'very good' care. Comments we read showed us relatives were happy with the home. We saw one compliment to staff from a relative noting how pleased they were with the care provided for their family member.

Following feedback of our inspection the new manager notified us that immediate action had been taken in regards to staff treating people with respect. All staff were to be provided with the Skills For Care Dignity Common

Is the service well-led?

Core Principles packs to work through by early November 2015. The new manager confirmed plans were in place to introduce dignity in care modules in staff monthly supervisions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered provider had not provided people with clean, well maintained premises and equipment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The registered provider had not ensured staff treated people with respect and dignity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had not ensured that up to date, contemporaneous and accurate records for people were maintained.