

Prospect House (Malpas) Limited

Prospect 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 

Overall summary

We carried out an unannounced inspection of Prospect House on the 24th of August 2015.

Prospect House is a large detached property situated in the main street of Malpas village. It is very close to all of the local amenities. The home is registered to provide accommodation and nursing care for up to 48 people.

The service had 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 and their families who were able to tell us that they were happy living at Prospect House and felt safe living there. They told us that staff were well trained, knowledgeable and very good at their jobs. People felt cared for and believed that care and attention by staff had helped them to progress and remain healthy.

Summary of findings

People received care that was personalised and met their needs effectively. People had care plans which were person centred. This included an acknowledgement of their health needs but also placed emphasis on their social history and interests. We saw that care practice matched the information included within care plans. There were plenty of staff available to meet the needs of people who lived at the service. The registered manager and deputy managers regularly worked 'hands on' to ensure that people received care that met their needs. Good recruitment procedures meant that only staff suitable to work in the home were employed by the registered provider. There was evidence that staff were supported to attend external meetings in order to contribute and influence best practice in that area.

People lived in an environment that was clean, hygienic, well-maintained and designed to enable them to move independently.

The registered provider and staff have promoted excellent links within the community. They had been involved in making Malpas village a Dementia Friendly Community. Staff from the home have been involved with the dementia Café that Prospect House ran from the

adjacent Church. After the inspection the registered provider informed us that Prospect House had won a Cheshire Community Pride Award in recognition for their work in this area. The registered manager and registered provider adopted an open and transparent style of management and sought the views of all concerned about how the standards of care in Prospect House could be maintained or enhanced. This has been done in an imaginative and innovative way. For example: pink and yellow slips were introduced into the home whereby anyone could raise an issue at any time. These were then addressed by the registered manager and/or the registered provider.

The registered provider and registered manager had used the five questions asked of services by the Care Quality Commission to guide staff practice and ensure a high standard of care was provided to people living at Prospect House.

The service had recently been awarded a beacon status by the Gold Standards Framework for Care Homes in 2015. The gold standard framework is geared towards those services providing end of life care to ensure better experiences for people.

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 told us that they felt safe living at Prospect House.

Staff had received training in safeguarding vulnerable adults and were aware of the types of abuse and what action to take if allegations were made to them.

Staff were recruited appropriately with checks made before they came to work at the service.

The management of medicines promoted the health and wellbeing of people who lived there.

Good



Is the service effective?

The service was effective.

People and their relatives told us that they through the staff were well trained to do their job.

Staff were aware of the capacity of people to make decisions for themselves and deprivation of liberty orders had been applied for.

Staff received appropriate supervision and appraisals for their roles.

People had their nutritional needs met

Good



Is the service caring?

The service was caring

Staff interacted with people in a patient, friendly and reassuring manner. People are involved in their care with explanations given by staff.

The privacy and dignity of people was promoted.

Good



Is the service responsive?

The service was responsive.

The registered manager and staff were very responsive to people's needs. Systems were in place to ensure that people were listened to and action taken as appropriate. Care plans were personalised and detailed individual needs. People were involved in reviews of their care plans to ensure that they were happy with their care.

Appropriate activities both within the service and in the local community took place. Staff were involved in community activities which included running the dementia café in the adjacent church. The service has been awarded Cheshire Community Pride Award in recognition of this work.

People who used the service and their relatives confirmed they knew how to raise a complaint if needed. Complaints were responded to and investigated appropriately.

Good



Is the service well-led?

The service was very well led.

Good



Summary of findings

The registered manager and registered provider operated a transparent and open style of management. The management team used imaginative ways in seeking people's views. This gave all people the opportunity to comment on the service provided. The actions taken were fed back to contributors and suggestions are listened to and acted upon.

Staff felt supported by the management team both professionally and personally.

The management team had adopted a philosophy of care linked to the five questions we ask of services and the staff team were fully conversant in this.

Prospect 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 inspection took place on the 24th of August 2015 and was unannounced.

The inspection was carried out by an Adult Social Care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of care provision for older people. During our visit the expert spoke with people who used the service, relatives, staff and observed care practice.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications,

comments, concerns and safeguarding information. Our visit involved looking at seven care plans and other records such as staff recruitment files, training records, policies and procedures and complaints files. We also looked at the Provider Information Return (PIR) which the registered provider returned to us when asked.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. Healthwatch undertook a visit on 28 January 2015 which identified positive outcomes for people who used the service.

We spoke with people who used the service, their families, staff and observed care practice within the service. Our visit also included a review of records relating to the service. These included care plans, risk assessments, medicines records, personnel files and audits.

We conducted a full tour of the premises. This was done to ensure that standards of hygiene and decoration were being maintained.

Is the service safe?

Our findings

People we spoke with during our visit told us that they felt safe, well cared for and extremely happy and lucky to be at Prospect House. We observed one person wanting to go to the local village and steps were taken to ensure that they were accompanied by a member of staff to ensure that they were safe doing this.

We spoke with three members of the staff team. They demonstrated an understanding of the types of abuse that could occur and had received training in this. This was confirmed through training records. They told us how they would report any allegations and felt confident that their managers would take action. The registered manager made the local authority procedure for reporting concerns available to us and outlined the process of completing monthly returns made to the local authority in respect of low level care concerns. These were completed appropriately and returned to the local authority when necessary. A procedure for the reporting of safeguarding concerns was on display throughout the building.

We spoke to staff about them raising care concerns. They were aware of the whistleblowing process and how they could raise concerns with external agencies such as the local authority and the Care Quality Commission. Our records suggested that since our last visit there had been two safeguarding referrals made to the local authority. One was unsubstantiated and the other was not connected to the care provided.

We toured the premises. We found that the premises were clean and hygienic although we did note a slight odour in the 'Garden room's' area for people who have dementia. The premises were well decorated and maintained although the registered manager did recognise that some areas, again in the 'Garden rooms' area, would be in need of refurbishment and re-decoration. We observed domestic staff undertaking their tasks throughout the building during our visit. Domestic staff were using personal protective equipment during their work.

The registered provider confirmed that the service received a five star rating for their catering facilities.

The building was in a good state of repair. Maintenance staff were employed by the registered provider and were present during our visit. Some building work was being undertaken outside and apart from limited access to the

garden area at the time for people (for the reasons of safety); we did not see any disruption experienced by them. We saw that people were encouraged to be independent in accessing areas of the building with their safety in mind. A small outside area was available to people and alarm pendants were available to be used by people if they fell or needed staff assistance. This was linked to the call alarm system within the building.

We looked at staffing levels. We did not receive any concerns about staffing levels either from the people who used the service or the staff team. Staff rotas indicated that there was a mix of staff on duty including registered nurses, senior care assistants, care assistants and ancillary staff. The registered manager and deputy managers were also included on the rota for periods of time during the week to provide 'hands on' care to people who used the service. We noted that staffing levels in the living area for people with dementia was maintained at higher levels and we observed many people receiving a one to one level of support. The registered provider informed us that staff were involved in determining the staffing levels required at the service.

Recruitment files for new staff were found to include all relevant checks. These checks included reference to whether they had been included on the Disclosure and Barring list (known as DBS), references and their medical fitness to perform their role. We looked at three files and noted that where an issue with a historical police conviction had occurred, the registered provider demonstrated that the risk had been assessed appropriately. Files included interview notes and application forms indicating people's experience.

Accidents were recorded appropriately as they occurred. Any accident that had resulted in serious injury was always included in a notification to us as suggested by our records. We saw that accidents were audited so that any common themes could be identified to ensure that future re-occurrence was minimised.

Medicines were safely managed. Only registered nurses were responsible for the administration of medication. We saw that all medication was appropriately stored with special attention paid to the management of controlled medicines. These medicines were stored separately with a controlled drugs register in place for nursing staff to sign. We checked one controlled medication recorded in the register with the amount in stock and found that it tallied. One registered nurse had the role of managing all aspects

Is the service safe?

of medication. This included auditing on a regular basis to ensure that medicine management was safe. No -one self-medicated at the time of our visit. Risk assessments were available to assess whether it was safe for people to manage their own medication.

We looked at how the registered provider assessed the risks faced by people while they were being supported. We saw that risk assessments had been reviewed on a regular basis

and completed appropriately. These included risk assessments in relation to continence, the likelihood of falls, people's nutrition and their susceptibility of pressure sores. In addition to this, assessments had been completed for those risks present in the environment. Again these had been updated and reviewed.

The registered provider has installed a sprinkler system in the building to promote fire safety within the home.

Is the service effective?

Our findings

People we spoke with assured us that they felt very confident that all staff knew what they were doing. We spoke to two relatives who gave an account of how the nutritional needs of their relative had progressed while they had lived at Prospect House. They considered that the “care and attention” given to their relation meant that they had progressed from having no appetite to regaining their normal weight. They told us that this had been done through “gentle encouragement”.

The service provided intermediate care in accordance with their contract with health commissioners. This means that people could be provided with short term care prior to returning to their home in the community.

We looked at how the nutritional needs of people were taken into account. Care plans included details of the nutritional preferences of people as well as whether they were on any special diets such as low fat or diabetic. Nutritional risk assessments were in place for all people and these were regularly reviewed. Action was taken when these assessments indicated that people were at risk. This included the monitoring of people’s weights on a weekly basis, the recording of their fluid intake and referral to dieticians if necessary.

We spoke to the chef on duty during our visit. They explained the menus and how choices were available to people at each meal. We were able to see that menus were available on tables in dining areas for each day and these outlined choices available. The chef told us that the presentation and taste of food was important to them and ultimately to people who would eat it.

Some people had to have softer diets. This food was pureed yet presented on a plate to individuals in the same way as other unblended meals. Pureed meals were well presented and showed the individual colours of the food provided.

We observed lunchtime in the main house and in the area which supported people who were more dependent. People were encouraged to sit in the dining room although if people preferred they could eat in their own rooms. Staff spoke with people on an individual basis in order to gain their preferences in respect of meals and drinks provided.

One to one assistance was provided for people who were more dependent. This assistance was provided in a dignified and informative manner with others being encouraged to eat for themselves.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The registered manager demonstrated a good awareness of identifying the appropriate times in which to and how to apply for a DoLS on behalf of individuals and had access to the local authority’s policy and procedure on DoLS. We looked at seven care plans. A capacity assessment of people was included within the wider assessment process. We saw that there were on-going monthly reviews of the capacity of people. One person had been the subject of an urgent authorisation given a major change in their needs. The process had been carried out in an effective and appropriate way and in the best interests of the person. The application for this deprivation of liberty had resulted in the person having their care and accommodation needs being re-assessed. Information on the Mental Capacity Act 2005 was available throughout the building and there was evidence that the topic had been discussed in staff meetings. Staff we spoke with were aware of the legislation and confirmed that they had received training in it. The deputy manager and one of the nurses were members of the Cheshire West and Cheshire DoLS steering group and as a result had assisted with the development of some of the local authority policies.

The registered provider informed us of the use of ‘Engagement’ a multidisciplinary training programme backed up by a personalised training book devised by the registered provider. This was delivered to every new member of staff to ensure that each person who used the service received personalised care. The registered provider engaged with Skills for Care organisation to ensure that staff training needs were recorded.

We spoke to three members of staff. These included a care assistant, a senior care assistant and a registered nurse. They told us that they considered the training to be good and had received training in health and safety topics as well as training geared to meet the needs of people who used the service such as dementia awareness and safeguarding. The registered nurse told us that as well as the above training, they had received training relating to

Is the service effective?

clinical issues. This enabled them to demonstrate development to their professional body. A training matrix was available demonstrating that training was on-going. The training included the management of challenging behaviour and awareness in a technique known as Namaste. Namaste is a technique developed for residents in nursing homes with advanced dementia who are not able to actively participate in mainstream activities.

Staff confirmed that they received regular supervision as well as an annual appraisal. This was confirmed through supervision records. An induction system was employed by the service for new staff. This included training resulting in the gaining of a care certificate as well as appropriate shadowing of existing staff before people were included on the rota.

There was evidence that a “topic of the week” was attached to weekly payslips for staff and that this covered training topics or general information about events within the service. Staff confirmed that communication within the home was effective and that they always knew what was going on within the service.

Throughout our visit we saw evidence of people having their consent gained. This was done through staff asking individuals for their consent to support. This was done in a helpful and discrete manner. For those with limited communication, a communication assessment was in place which meant staff were able to gain consent through non-verbal means. Those who were able to express consent to their care did so through their agreement with the content of care plans.

Is the service caring?

Our findings

People we spoke with told us, “They look after the relative as well as the resident” and “Staff are lovely, they take responsibility for me”. Relatives informed us, “When they ask my relative something, they don't just ask them, they come right over and put an arm around their shoulder and then ask ‘would you like a cup of tea’ actively encouraging and making it personal”. Other comments included “Staff are lovely, really lovely” and “My relative came out of hospital and had lost their mobility. Eventually after coming to Prospect House after four months they can walk again” and “My relation is very happy content here, they are well looked after”.

We observed care practice. Interactions between staff and individuals were caring and supportive. Staff adopted a friendly approach and displayed understanding of each person and their needs. Prospect House provided support to people with conditions such as dementia as well as for older people. Staff were not confined to working in one particular area and as a result were aware of the needs of people in all areas of the building.

We witnessed on many occasions, staff dealing with individuals in a dignified manner. We saw examples during our visit of staff knocking on bedroom doors and awaiting an invitation to enter the room. Steps were also taken by

staff to ensure that people who were being supported knew how staff were going to support them and why. Where people had independence, we saw that this was promoted. People who were able to mobilise through the building independently were encouraged to do so and the premises was such that this mobility was unhindered.

The registered provider had devised a confidentiality policy and this had been signed by staff acknowledging its content. Care plans and daily records demonstrated that the health of people was responded to where necessary. Any changes in the physical or mental health of people were documented and referral made to other health professionals when necessary.

The registered provider confirmed that people's preferred priorities for care were collated and recorded at the onset of their stay at Prospect House. This meant staff had a good understanding of people's wishes and could ensure these were adhered to. While no-one was receiving end of life care during our visit, the registered provider was able to provide evidence that the quality of such care had been assessed under the Gold Standard Award Framework. The Gold Standard Framework is geared to training to those services providing end of life care to ensure better lives for people. After a recent independent audit in 2015, the service had been awarded a “beacon” status which suggested excellence in end of life care.

Is the service responsive?

Our findings

We spoke to people who used the service and their relatives. They told us, "The care is very focussed on my needs" and "We are encouraged to take part in activities in the local community". Other comments included, "I get to go to the village but I go with staff so they can keep an eye on me to make sure I am safe" and "Staff are always there if I ring the alarm".

Relatives informed us, "I was not happy when I found that my relative had been in bed until noon today but staff explained why this had happened and I knew that it was because they needed bed rest at that time and that is good" and "I am relieved that after the previous poor care experienced elsewhere that I can leave the home knowing that my relation is being well looked after".

We looked at seven care plans. All care plans were stored on a computerised system and were only accessible to staff through a password system. The registered manager told us that a backup written system was in operation. Care plans included reference to the assessment needs of people before they came to live at Prospect House. These provided an indication of the health and social needs of people as well as specific risks faced by individuals in respect of falls, pressure sores, continence and nutrition. Reference was always made in assessment information about the capacity of individuals to make decisions for themselves.

Assessments were then transferred into care plans. The care planning system was comprehensive and included all the needs people had in respect of all aspects of their daily lives. Reminder systems were built in to ensure that each step of care plans were reviewed, key hospital appointments were attended and risk assessments updated. We saw that care plans were personalised with some people requiring more support in areas such as personal care compared with other people who were more independent. We looked at an additional care plan for one person who had recently left the service. This person's care needs had changed dramatically in a short period of time. The care plan had been adjusted to ensure the safety of the person and others, as well as identifying more suitable accommodation so that needs could be re-assessed given these changes.

All care plans were reviewed on a monthly basis. The registered provider had devised a system where individuals along with their families were invited to discuss their care plans and general experiences of their care on a one to one basis with the registered manager. Four people were invited with their families to attend these meetings each month. The registered manager told us that the meeting with people and their relatives during care plan review meetings also served the purpose of ensuring that any minor concerns were dealt with there and then.

Daily records were also available. All entries were made by care staff through a computerised system with any support given to people recorded as soon as it had been completed. Staff told us that this enhanced their work and that information on interventions with people were accurately recorded after they were made.

A programme of activities was in place. An activities plan was available to people. These included activities within the building undertaken by staff, outings to places of interest and the involvement of the local community. We saw evidence that people attended local church services as well as coffee mornings and flower arranging sessions. We observed some people preferring to pursue their own activities such as reading in one of the lounge areas in the building. An activities co-ordinator was employed by the registered provider and worked on a part time basis. Another activities co-ordinator was due to commence work at Prospect House the month after our visit. We saw that community links with a local school had been established with students being able to gain short term experience of what it was like to live or work in a nursing home.

We saw that activities which supported people with dementia differed from the rest of the service reflecting the specific needs of these individuals. We observed that there was one to one support provided to people from the staff team.

An activity being provided during our visit had been introduced by the registered manager known as Namaste. This is a research based programme. The registered provider told us that senior staff within the home went to London to research its effectiveness after reading the book by its originator. The programme involved an individual session with each person on a one to one basis and involved gentle massage of hands and arms. This provided

Is the service responsive?

the opportunity for staff to speak with each person on an individual basis. The registered manager considered that this had been of great benefit to people and had prevented them becoming isolated.

The registered provider told us that staff from Prospect House have been running the Dementia Café in the adjacent Church over the past year. Senior staff within the home were involved in the launch and implementation of the Forget me not café which provided people (residents, relatives, friends, local residents of the village and the wider community) the opportunity to share experiences, support and time to enjoy a cup of tea or coffee, cake and friendship in a community setting away from the home. Students from the local school contributed as volunteers and staff gave their own time as volunteers to enable this activity take place.

Subsequent to the inspection the registered provider informed us that the service has won a Cheshire Community Pride Award for their innovative work in this area and that the registered manager had been invited to attend a reception in the House of Lords in recognition in part of their development of this initiative.

We looked at how the registered provider managed complaints. Our records suggested that no complaints had been received by us since our last visit. Information on how to make a complaint was available throughout the building. The registered provider has introduced a system of 'pink and yellow slips' to ensure that people who use the service, relatives and staff have the opportunity to raise any issues with them. The slips were evident around the service during our inspection. We were informed that the slips could be anonymous and the purpose was to ensure that any 'niggles' were sorted out before they built up.

People told us that they knew how to make a complaint if needed and felt confident that the registered manager would deal with them as quickly as possible. Complaints records showed that complaints had been responded to and investigated to the satisfaction of the complainant. Relatives told us, "We know how to make a complaint but we have never needed too" and "I have all the information I need if it were necessary to make a complaint".

Is the service well-led?

Our findings

We spoke to people about the management of the service. People and their families told us that they were happy with the service and considered it to be well managed and centred on their needs. Staff told us that they found the manager and provider to be supportive both professionally and personally and considered that the service had developed in a positive way. Both of the deputy managers hold a National Vocational Qualification Level 5.

We found that the ethos of the service was open, transparent and centred on current good practice. The registered provider and registered manager had devised a system known as “CREWS”. The registered provider told us that this stood for caring, responsive, effective, well led and safe. This was a philosophy of care directly linked to the five questions we asked of any regulated service. Information on “CREWS” was located all over the building and served as a reminder to staff to ensure that all the care provided to people answered our questions in full. We spoke to three staff members who were able to demonstrate a good understanding of what “CREWS” was about and that this helped them to focus on outcomes for people who used the service. This philosophy was further reinforced by the registered manager telling us that staff knew what was expected of them and that they would be well trained and well supported by the management team. The registered provider informed us that the registered manager was a registered nurse and the two deputy managers were regularly included on the rota. Staff told us that the registered provider was approachable, knew all staff and people who used the service by name and listened to them.

In addition to the two members of staff who were part of the DoLS steering group, members of the senior management team sat on the Palliative Care Development Group, the Tissue Viability Group and the Infection Control Group at the Countess of Chester Hospital, to ensure that people using the service were provided with the most appropriate care according to their needs. In addition members of the senior management team contributed to meetings of the Local Enhanced Services Panel (LES) thus helping to improve the delivery of General Practice Services.

We looked at how the service measured the quality of the care provided. We saw that suggestion boxes were located

throughout the building. The registered manager told us that this was an invitation for all people, whether staff, relatives, individuals or anyone visiting to make a comment about the quality of care provided. We saw that the results of these were made available on a monthly basis and information on what the service had done to address the issues were made available to all. Anyone using the suggestion boxes could do this anonymously if they wanted to. This was in addition to the pink and yellow comment slips seen throughout the home to enable people to make suggestions or raise any issues at any time. The registered provider also informed us of ‘Review Us’ cards which were used as part of their quality assurance process. These were made available in the home. These were independent of Prospect House and the results published on the internet. We looked at the reviews of Prospect house on the internet and found that these were very positive about the care and facilities provided there.

The registered manager told us that “communication and transparency is the key to everything”. Comments made from staff were available and included a response to each suggestion or observation by the registered manager or registered provider.

As part of the quality assurance system the registered provider held monthly Management Review Meetings to consider the performance of the service over the previous month providing assurance that the standards set by Prospect House were consistently delivered. Records of the meetings were held at the service.

We saw that audits were carried out by the management team. These included audits of medications, infection control, accidents and the processing of quality assurance comments. We saw that staff meetings were held with all staff groups on a regular basis as well as supervision and appraisals. The registered manager had introduced a system of staff reward which included a regular “above and beyond” status to recognise good practice.

Our records showed that the registered manager and registered provider always notified us of any adverse incidents which affected the people who used the service. We had asked the registered manager to complete and return a provider information return (known as a PIR) and this was done in a timely manner. The PIR provided us with evidence of how the registered provider was seeking to adhere to our regulations and therefore provide a good quality of care within Prospect House. The service had

Is the service well-led?

recently been awarded a beacon status by the Gold Standards Framework for Care Homes in 2015. The gold standard framework is geared to training to those services providing end of life care to ensure better lives for people.

The registered provider and staff took part in the National Care Homes Open Day.