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Prospect House Community Care Office

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Prospect House Community Care Office is a domiciliary care agency. It was providing personal care to 18 people at the time of our inspection. The agency supports older people and younger adults.

People's experience of using this service: People received a safe service, from staff who were trained and supported in their role. People told us staff arrived on time and provided all the support they required. Staff were aware to report any safeguarding concerns and, where required, staff supported people to receive their medicines in line with their prescription.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People said staff were caring, promoted their independence and respected their privacy and dignity.

Care plans were in place to give staff the information they needed to support people in line with their preferences. The provider took action during the inspection to address some record keeping issues in relation to people's health conditions and related support needs.

People had the opportunity to provide feedback on the service they received and the provider conducted regular checks and audits on the quality and safety of the service. The provider was taking action to update policies in line with appropriate guidance and best practice. People and staff told us the management team were very visible and approachable.

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

Rating at last inspection: Good (report published 4 October 2016).

Why we inspected: This was a scheduled inspection based on the service's previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Prospect House Community Care Office

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was conducted by one inspector.

Service and service type:

Prospect House Community Care Office is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone who used the service received regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was not required to have a manager registered with CQC, because the service is managed directly by the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is sometimes out of the office providing care and supporting staff. We needed to be sure that they would be in.

Inspection site visit activity took place on 4 April 2019 and ended on 9 April 2019. It included home visits to two people who used the service. We visited the office location to see the provider, office staff and care staff, and to review care records, policies and procedures. We made telephone calls to people and additional care staff on 8 April 2019.

What we did:

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team and safeguarding team prior to our visit. We used this information to plan the inspection.

During the inspection, we spoke with six people who used the service and one relative. We spoke with the provider, deputy manager and three care staff. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records in full and elements of other people's care documentation. We looked at medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service. We visited two people in their own homes to get feedback on the service, observe the care provided and look at the documentation available to staff in people's homes.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriately referred concerns to the local authority safeguarding team when required.
- The provider had a safeguarding policy, but this required updating to reflect current guidance.
- Staff received safeguarding training and knew how to report any concerns.

Assessing risk, safety monitoring and management

- People told us they felt safe with care staff and were comfortable when being supported.
- The provider conducted an assessment to evaluate and minimise risks to people's safety and wellbeing. They considered whether risks were high, medium or low in a range of areas. We discussed with the provider about including more detail in some risk assessments about the measures in place to minimise risk.
- The provider had a system to record any accidents and incidents. This enabled the provider to review any incidents and assess if further action was required to prevent the risk of recurrence.

Staffing and recruitment

- The provider had a system to ensure there were sufficient staff to meet people's needs. They planned care visits in line with people's requirements and the number of staff required. The provider and deputy manager provided direct care when required.
- All people we spoke with told us staff usually arrived on time and always stayed the full length of the care visit.
- The provider used feedback from people and staff, plus the monitoring of care records, to identify any discrepancies between the planned time of visits and the actual time. They advised us that should the service grow, they planned to introduce electronic call monitoring to assist them in promptly identifying any late or missed care visits.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Using medicines safely

- Staff received medication training and their competence in this area was assessed.

- Staff completed medication administration records (MARs). These were regularly returned to the office so that management staff could check that medicines had been given in line with people's prescription.
- People confirmed they were satisfied with the support they received with their medicines.

Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment (PPE) when required, such as disposable gloves.
- The provider checked that staff used PPE appropriately as part of their routine staff competency observations.

Learning lessons when things go wrong

- The provider told us there had been no accidents since our last inspection; they gave examples of how they learned from any issues that had arisen. This included widening the flexibility of start times for expected care visits, to be clearer with people and help manage and achieve expectations.
- Incident records contained details about actions the provider had taken when they had identified any concerns. For example, liaising with professionals to order new moving and handling equipment for one person and arranging for another person to have a key safe fitted. This helped to reduce the risk of harm to people.

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Nobody who used the service at the time of our inspection was deprived of their liberty.
- People confirmed staff always asked their views and sought consent before supporting them.
- The provider had mental capacity assessment documentation for use in the event of concerns about people's capacity to consent to their care or particular decisions.
- The provider agreed to seek evidence where people had a Lasting Power of Attorney for health and welfare decisions, to ensure appropriate people were consulted when required. The provider had an information session planned for staff, people and relatives about Lasting Power of Attorney.
- Staff received MCA e-learning, but their knowledge could be improved further. The provider agreed to look at additional training in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider conducted an assessment of people's needs, to ensure they could provide an appropriate service for them.
- The provider worked with other health and social care professionals where required, to ensure people's needs were met.
- The service had been involved in the 'React to Red' initiative. This included staff receiving training from the

local clinical commissioning group about identifying and responding to skin integrity issues and pressure care.

Staff support: induction, training, skills and experience

- People provided positive feedback about the competence and skills of staff. One person told us, "I have found them all very good. They understand my needs" and another confirmed, "They know what they're doing."
- Staff received an induction and training to prepare them for their role. Staff were generally satisfied with the training they received.
- The provider conducted spot checks and observations of staff delivering care, to check on their competence. Any issues about staff competence were addressed by the provider to improve practice.
- Staff received supervision and appraisal.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals, and staff sought medical advice for people where required.
- Basic information about people's health conditions was included in their care plan. On the first day of our inspection we found some care records lacked up to date or detailed information about all conditions and healthcare needs people had, and the support required from staff in relation these needs. This included catheter care and diabetes. Discussions with staff and people who used the service showed that staff were aware of these needs and provided appropriate support in relation to them. When we returned for the second day of inspection, we found action had been taken to address these record keeping issues and ensure appropriate information was available.

Supporting people to eat and drink enough, with choice in a balanced diet

- Where it was part of someone's care package, staff provided support with meals and drinks. People confirmed they were offered choice and were satisfied with the support they received in relation to meal preparation.
- Basic information about people's nutritional needs was recorded in their support plans.

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People provided consistently positive feedback about staff. Their comments included, "They're all lovely," "They are always pretty good" and "They are absolutely wonderful."
- It was evident from our observations that people had built good relationships with staff, and they knew each other well.
- Staff received equality and diversity training as part of their induction. There was basic information in people's care files about any needs in relation to protected characteristics of the Equality Act 2010, including those in relation to disability and age.
- The provider's assessment did not prompt staff to ask questions about all protected characteristics of the Equality Act 2010, such as sexuality. Reviewing this documentation would provide opportunity for people to discuss any other support needs they may have relating to protected characteristics.

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

- People confirmed care staff listened to them, involved them in decisions and respected their views. One person told us, "They (staff) always do what I ask them to."
- People and their families, where appropriate, were involved in the planning and assessment of new care packages.
- One person had a solicitor appointed by the Court of Protection and the provider appropriately involved them in reviews and decisions about the person's care.
- The management team were aware of the role of independent advocacy, for anyone who may benefit from support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. One person told us that when care staff provided them with personal care staff always made them feel comfortable. They said staff were "Perfectly good at that."
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with

personal care. This included ensuring people were appropriately covered when being washed.

- Staff promoted people's independence by adapting their support according to people's skills and wishes. Information about this was available in people's care plans. One person confirmed to us that the support they received from the service enabled them to continue living independently in their own home.

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care

- People who used the service confirmed staff provided support in line with their needs and preferences.
- The provider developed a care plan for each person, which contained information for staff about the care people needed at each visit. Care plans were updated when needed, but we found some care plans that needed more detail in some areas or had not been updated as promptly as they could have been. This was addressed during the inspection.
- Care plans contained some information about people's communication needs and any sensory impairments.
- Staff recorded details of the care they provided at each care visit. These records were regularly returned to the office so the management team could check that care was provided in line with people's care plan.
- Where it was part of someone's support plan, staff supported people to access facilities, shops or activities in the local community.

Improving care quality in response to complaints or concerns

- Information about how people could raise a complaint or concern was available to them in their care file.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable speaking to the provider or deputy manager about any concerns. People told us, "I could tell them if I had any problems or complaints" and "I would be very happy to say if I wasn't happy with anything."
- The service had not received any formal complaints in the year prior to our inspection. However, the provider confirmed to us they would retain any records in relation to complaints, should these arise, along with detail of how these had been investigated.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone.
- The provider gave examples of how staff had previously worked alongside a local hospice to provide end of life care to people. The hospice had provided training to staff.
- The provider confirmed that if staff needed any additional guidance or support in relation to anyone's end of life care needs, this would be provided on an individual basis.

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and deputy manager managed the service and supported staff.
- The provider was aware of their responsibilities, including what events they needed to notify CQC about. Notifications had been received as required.
- Information related to people who used the service was stored securely.
- The provider and deputy manager advised us they kept up to date with best practice by being a member of a local provider representative body, receiving email updates and attending events. The deputy manager had completed a level five management qualification since our last inspection.
- Policies, such as safeguarding, equality and diversity and medication had been reviewed in the last year but did not all reference up to date guidance and best practice. The provider had arranged for an external consultant to support them with updating policies and procedures. A meeting was planned for shortly after our inspection to progress this work.
- Because of waiting for new staff to start work, the provider and deputy manager had been out of the office delivering care for a significant amount of their time in the three months prior to our inspection. This had impacted on some aspects of record keeping. However, we were advised that once new care staff had completed their induction and started working independently this would allow management staff more time to focus on the quality of care plans and documentation.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a quality assurance system and the management team completed audits to monitor the quality and safety of the service. This included regular checks of daily care records and medication records. They also completed spot checks of the support being delivered, to monitor the quality of the service.
- The provider promoted a positive person-centred culture. Staff told us they enjoyed their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff we spoke with felt supported. They confirmed they could raise concerns or suggestions.
- The provider and deputy manager visited and provided support to people regularly, so they were very aware of people's needs.
- Surveys and spot checks were conducted to gather feedback from people who used the service, to identify any areas for improvement. This year's annual survey was slightly overdue being sent out, but the deputy manager had plans to send this out shortly after our inspection.
- The provider worked in partnership with other organisations and built links in the community. This included working with health and social care professionals and using local facilities, such as the village hall. They had also organised for the local fire service to attend a staff meeting to give a presentation about fire awareness and prevention.

Continuous learning and improving care

- The provider and deputy manager told us they were keen to improve and develop the service.
- Since our last inspection, the provider had made some changes to improve and develop the service. For example, implementing a new incident report form and moving the office location to make it more accessible for staff and relatives.