

Four Care Plus Limited

Prospect House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

At the last inspection we rated the service as requires improvement and found the provider was in breach of one regulation which related to their governance arrangements. At this inspection we found they had improved their water temperature checks and legionella testing which were identified as shortfalls, however, we found significant shortfalls in other areas and the service has been rated as inadequate.

Prospect House provides care for up to seven people who have learning disabilities. At the time of this inspection six people were using the service. The service had a registered manager. 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.

There were enough staff to keep people safe. The provider did not have effective recruitment and selection procedures in place so appropriate checks were not carried out before staff started working at the service.

People using the service were not protected against the risks associated with the administration, use and management of medicines.

People told us they felt safe and staff understood safeguarding procedures and their responsibility to report concerns. They were confident the management team would respond appropriately.

People's care had been assessed, planned and delivered. However, because support plans and risk assessments were not updated the information did not reflect people's current needs. People's care records showed they had accessed a range of health professionals.

Staff told us they were trained and felt well supported by the management team and colleagues. However, we found staff did not receive appropriate supervision to enable them to carry out their duties they were employed to perform.

The provider had trained staff around the requirements of the Mental Capacity Act, however, they did not understand what they must do to comply with the Mental Capacity Act 2005 because they were not acting within the law.

People were generally positive about the service they received and we observed they were comfortable in the presence of staff. Relatives told us they were satisfied with the service provided. They said the service was well managed and they had regular contact with the registered manager. Staff we spoke with provided positive feedback about the management team.

We saw people lived in a well maintained, clean and tidy environment. Checks were carried out to make sure

it was safe, however, we found the gas safety certificate had expired; the registered manager said they would ensure this was addressed promptly.

The provider's systems to monitor and assess the quality of service provision were not effective. Actions that had been identified to improve the service were not implemented. A system was in place for managing complaints. The service had not received any formal complaints in the last 12 months; they had received three compliments.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These related to safe care and treatment, employment of staff, meeting the requirements of the Mental Capacity Act 2005, supporting staff, person centred care and governance arrangements. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medicines were not administered safely. Risk was assessed although assessments were not regularly updated so the provider could not be sure management plans were appropriate.

There were enough staff to keep people safe, however, appropriate checks were not carried out before staff commenced employment.

People felt safe and staff understood safeguarding and whistleblowing procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not receiving appropriate support and supervision to enable them to carry out the duties they were employed to perform.

The provider was not meeting the requirements of the Mental Capacity Act 2005.

People were happy with the quality of meals and were involved in menu planning. The balance between healthy eating and meeting people's preferences was not formalised through the support planning process.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were generally positive about the service they received and we saw they were comfortable in the presence of staff.

Staff knew people well and throughout the inspection we observed staff were friendly, polite and helpful. However, the registered manager was taking action because this was not always the case.

People had 'pen pictures' which provided a personal statement around what was important.

Is the service responsive?

The service was not always responsive.

People's support plans did not reflect how they would like to receive their care and support.

People usually engaged in a range of activities within the home and the community. The programme for one person needed developing.

A system was in place to record and respond to complaints.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The provider's quality management systems were not effective.

We received positive feedback about the management team.

People who used the service and staff had opportunities to share their views, however, there was a lack of information to show their suggestions and comments were acted on.

Inadequate ●

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.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We often ask providers to complete a Provider Information Return (PIR), however on this occasion we did not request one. It is a form that asks the provider to give some key information about the service. We gathered some of the key information during the inspection.

The inspection took place on 27 and 28 July 2017. Day one was unannounced. Day two was announced because we wanted to make sure the registered manager was available. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we looked around the service and observed staff supporting people. We spoke with four people who used the service, two relatives, six staff and the registered manager. We gained limited information from some people who used the service about their experience of living at Prospect House because of the different ways they communicated. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

Is the service safe?

Our findings

We looked at recruitment records for four members of staff who had started working at the service in the last year. We found the provider's recruitment procedure was not being followed and appropriate checks had not been completed before all four commenced employment. One file did not contain any references, employment history only covered the previous nine months and a Disclosure and Barring Service (DBS) check had not been returned. The registered manager explained the member of staff had previously worked at the service so was known to them in a professional capacity, however they had a break of several months and had been employed in another care setting, therefore checks should have been completed. Another file had discrepancies in the employment history provided on the application and in the CV; there was no evidence this had been explored with the member of staff. Another file only had one character reference even though the provider's recruitment procedure stated they should have two employment references. Another file only had one employment reference.

The provider's recruitment procedure did not include all the information that is required in respect of people who are employed because it did not include a full employment history. We concluded the provider's recruitment procedure was not established and they did not ensure people employed were suitable. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper person's employed.

People had a range of risk assessments which related to their care and support. These covered areas such as physical health, mental health, behaviour, nutrition and diet, medication, sleeping and personal care. We saw these were specific to each person and actions were identified to minimise risk. However, the assessments we reviewed had been completed in 2014 and 2015 so some information was not up to date. The registered manager said they were in the process of updating everyone's risk assessments. We saw one person had new risk assessments although these were being finalised so had not been placed in the person's file. The registered manager said everyone's updated risk assessments would be in place in the next couple of weeks.

We looked around the service, which included some bedrooms, bath and shower rooms, and communal living spaces. The home looked well maintained, clean and tidy. We saw maintenance records which showed a range of checks and services were carried out which included fire alarm tests, fire drills, portable appliances, electrical wiring and fire safety equipment. A compliment was recorded which stated fire officers 'were impressed with how the service had developed their fire risk assessment, practice and contingency plans'.

At the last inspection we found there was a lack of legionella testing and action had not been taken in response to low and high water temperature recordings. At this inspection appropriate systems for legionella and water temperature testing were in place. However, the gas safety certificate had expired in June 2017; the registered manager said they would ensure this was addressed promptly. We saw equipment for preventing the spread of infection, such as disposable gloves and appropriate handwashing facilities were readily available.

The provider had carried out environmental risk assessments which included areas such as infection control, cooking and laundry. During the inspection we noted a listening monitor was switched on in the office and we could hear staff talking to people upstairs. Staff told us this was kept on the 'landing' and used during the night so staff could hear if people got up. We asked to look at the risk assessment and guidance around when this should be used. The registered manager said they did not have the relevant information. This meant the provider could not be sure the arrangements for managing risk were appropriate. The registered manager agreed to complete a risk assessment, which also took into account people's privacy.

We checked the systems in place for managing medicines and found the provider was not always following safe medicine practice. Most medicines were dispensed from a monitored dosage system which was supplied by a local pharmacist. We saw these were administered appropriately and the medicine administration records (MARs) were well-completed.

However, some medicines were dispensed from original packaging, such as boxes and bottles. We carried out stock checks of these medicines but found the balance was either incorrect or could not be established if they were correct because the balance of medicines brought forward from the last medicine cycle had not been recorded. One person was prescribed a hormone replacement therapy. They had 127 tablets in stock but there was no record of the number of tablets that were in stock at the beginning of the medicine cycle so it was not possible to know if the right number of tablets had been administered. Another person had anticonvulsant medicine. The MAR stated they had received 84 tablets and staff had signed that 55 had been administered so 29 should have been in stock; we checked and 31 tablets were in stock. Another person had. Another person also had anticonvulsant medicine. The MAR stated they had received 84 tablets and staff had signed that 55 had been administered so 29 should have been in stock; we checked and 26 tablets were in stock. This meant people did not receive their medicines as prescribed. Medicine audits had not picked up these omissions.

We found the service was not following current guidance on external medication. We saw people were prescribed creams and lotions. However, there was no information available, on the MARs we reviewed, about the thickness of application and area of the body to which the cream should be applied. People did not have protocols and even though body maps were printed on the MARs these were blank. This meant topical medicines might not be applied effectively in a way that keeps people safe.

Some people were prescribed medicines with a 'when required' dose (PRN), for example, pain relief. Protocols were in place which had information to support staff to administer the PRN medicines as the prescriber intended and in a person centred approach.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. Staff checked each day that these were being stored at the correct temperature. All staff who were responsible for administering medicines had completed training, however they had not completed competency assessments as recommended in the National Institute for Health and Care Excellence (NICE) guidance. A member of the management team had completed a health and safety audit in January 2017 and ticked to confirm they had observed medication administration but had not recorded who was administering the medicine or done a formal assessment. The registered manager said they would ensure competency assessments were done at least annually. NICE guidance for managing medicines in care homes provides recommendations for good practice around management of medicines. Medicine audits had not picked up the issues we identified at the inspection.

We concluded the provider did not always ensure risk was appropriately managed and medicines were not administered safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. Safe care and treatment.

When we asked people if they felt safe living at Prospect House they told us they did. Comments included, "I feel safe and happy here", "I do feel safe" and "Yeah, I feel safe". Two relatives we spoke with also told us people were safe.

Staff we spoke with understood safeguarding and whistleblowing procedures. They confirmed they had received training around keeping people safe, which included protecting vulnerable adults from abuse. Staff told us they were confident if safeguarding concerns were raised the management team would deal with any issues appropriately and promptly. The registered manager told us there were no open safeguarding cases at the time of the inspection.

People told us they were happy with the staff and received one to one staffing support. One person told us they thought there should be a nurse working at the service. Relatives told us they thought sometimes there should be more staff. Staff we spoke with said the staffing arrangements were safe. The registered manager said they had gone through a difficult period where they had struggled to recruit and retain staff, which had impacted on the service. They said the staffing problems had been resolved but this had resulted in them falling behind with some paperwork and management tasks.

The staffing rotas identified where some people received one to one staffing, and showed people received care from a consistent workforce. Staff confirmed other people's one to one support was planned at the start of each shift.

Is the service effective?

Our findings

Staff we spoke with said they had received training and refresher training to help them understand their role and responsibilities. The registered manager said the provider was considering other options to broaden the type of training provided. The registered manager told us all staff training was up to date or booked to be completed by the end of August 2017. We saw the staff rota identified where staff were allocated time to complete their training; one member of staff was completing on-line training on the second day of the inspection.

We reviewed the staff training matrix which was not up to date; this had gaps which indicated staff had not received some training. However, the registered manager told us it was incorrect and had not been updated. On the second day of the inspection they sent us an up to date version which showed staff had completed training which included moving and handling, risk assessment, safeguarding of vulnerable adults, diversity and equality, fire safety, health and safety, infection control, autism and epilepsy.

Staff told us they felt well supported by the management team and colleagues. They said they had opportunities to discuss things that were relevant to the service although this was not always through formal supervisory arrangements. The registered manager had a supervision matrix plan which indicated staff should have an individual session with a supervisor every two months. However, we reviewed three staff files and saw staff had not received appropriate supervision. Two members of staff who had worked at the service for over six months had not received supervision. One member of staff who had worked at the service for a number of years last met with their supervisor in June 2016.

We concluded staff were not receiving appropriate support and supervision to enable them to carry out their duties they were employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

The provider had notified us that DoLS had been authorised by the supervisory body. We saw the registered manager had a system for monitoring when DoLS expired and required review. We saw one person had requested to go out unsupervised but their request was denied; this was clearly recorded in their authorised DoLS and showed the person was being lawfully deprived. An assessment showed it was in their best interest and a number of professionals had been involved in the decision making process.

The registered manager showed us a number of mental capacity assessments that had been completed.

These covered specific decisions such as 'eating a healthy and nutritious diet'. They were not kept in people's files because they had not been agreed. The registered manager said they would be discussing the assessments with people's social workers and others who were relevant.

People had decision making support plans, however these did not accurately reflect their care and support needs. We reviewed two people's plans which were the same and stated, '[Name of person] is able to make decisions, however they may forget what decisions they have made. One person's support plan also stated 'As you know I am capable of making my own decisions'. Both people had a DoLS but there was no reference to this.

We saw people had behaviour management plans that provided guidance for staff. Staff told us they always completed incident forms and ABC charts when people displayed behaviours that challenged. An ABC chart is a commonly used tool to record information about an individual's behaviour. Staff were clear when they should complete an incident form and when they should complete an ABC Chart. We reviewed some of these completed forms and were concerned around actions recorded in response to people's behaviours. For example, one form stated a person had 'lost their treats' because they had not attended an appointment. Another form stated if the person wanted to 'earn new socks part of the incentive was to listen to staff; staff described the person as 'ignorant towards staff and answering back'. Another form stated the person 'had not earned their music incentive'.

We discussed how staff managed people's behaviours; staff we spoke with told us they had received training around physical intervention and would use techniques to de-escalate situations. Three members of staff told us people 'earned treats' and 'treats were used as an incentive'. We looked at people's support plans and found there was no guidance around using these approaches to manage people's behaviours and no related best interest decisions were recorded.

Staff told us they had received training around MCA and DoLS. They understood the DoLS process and how to support people who did not have capacity to make some decisions. However, it was evident from the information gathered during the inspection that staff were not following this in practice.

We concluded the provider was not meeting the requirements of the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent to care.

People told us they were happy with the quality of meals. One person said, "I get enough food. I go out for lunch, sometimes with staff, sometimes with my mum. There are two choices of things to eat each day." Another person told us they didn't have enough to eat and said, "The portion sizes should be scrapped. We could do with more takeaways. I'm getting fed up of salads. We do get a choice of two things each day though." We saw the person had visited their GP who had discussed potential health risks caused by being overweight. The management team had commenced a capacity assessment around healthy eating and were going to discuss this with other professionals. One relative told us, "The meals are fantastic." They said their relative was 'supported well' and staff were 'patient'. Another Relative told us, "One thing they don't do is healthy food. They have all put weight on at the home." We saw information was displayed in the kitchen around healthy eating.

Staff told us the meal arrangements generally worked well although sometimes it was difficult to get the balance of people's preferences and nutritionally balanced foods right. We reviewed the menus which the senior support worker who was responsible for menu planning confirmed were developed with people who used the service. These provided a range of foods including roast dinners, curries, and pasta and pastry dishes. One person told us they had chosen meals and showed us these on the menus; they also showed us

meals that others had chosen.

People had support plans relating to nutrition and diet, health and well-being, however, these had not been formally reviewed so it was difficult to establish if the information was current. People had monthly activity and support records where staff maintained records of meals although these were not always fully completed. Staff talked about people having mid-morning and mid-afternoon snacks but when we reviewed records staff had often only recorded drinks. Staff told us some people had a problem with weight gain and we saw this was documented in one person's support plan. Therefore food records should accurately reflected people's diet to ensure these are appropriately monitored.

Staff we spoke with said other professionals were involved in peoples care. The registered manager told us, "We would sooner get outside help and do things correctly." We saw people had a separate record which showed they had attended appointments with health professionals. On the day of the inspection one person was attending a medical appointment.

The registered manager said they would be reviewing everyone's support plan, and would also audit the food records to make sure these were being appropriately completed.

Is the service caring?

Our findings

People were generally positive about the service they received and we observed staff knew people well. Throughout the inspection we observed staff were friendly, polite and helpful, People were comfortable in the presence of staff and we saw occasions when there was friendly banter between staff and people who used the service. One person told us, "The Staff are friendly. They know the things that I like to do. My Key worker is called [name of member of staff]". Another person said, "The Staff are kind."

One person told us, "I generally know the Staff here. They are all mainly approachable." They described one member of staff as 'brilliant' and another as 'not bad'. However, they named one member of staff who they said they did not like. We discussed this and concerns we identified around staff practices in relation to 'people 'earning treats' with the registered manager. They told us they had identified some concerns around some staff practices although they said this only applied to a small number of staff. We saw these concerns had been shared with a senior manager. The registered manager said they were including care practices at the next staff meeting which was being held the week after the inspection, and where appropriate would be dealing with individual members of staff. They were also introducing 'competency' observations where they were going to observe staff when they were supporting people; we saw two of the competency assessment forms which related to communication and mealtimes.

People told us they enjoyed contact with their family and friends some of whom visited the service on a regular basis. One person said, "I get visits when I want and I go home every two weeks." Another person told us, "[Name of relative] comes now and then and brings me a snack."

At the front of people's care files they had 'pen pictures'. These were informative and provided key information about the person and included things they liked and things they didn't like, and things that were important to them. Staff we spoke with could explain how they provided care in a person centred way and used different approaches for each person. They were clear around meeting people's needs in relation to gender specific requirements.

We saw staff used person centred approaches when they were providing support. For example, staff spent time with one person in their room because they were anxious and didn't want to go out. After approximately an hour, it was evident the approach had worked and person was happy to go out. One member of staff said, "We must give [name of person] time and reassurance." We saw another person used a card system to aid communication. On both days of the inspection we saw the person and staff made reference to this when discussing activities for the day. They showed us the 'green smiley face' card and told us, "I'm happy living here."

Is the service responsive?

Our findings

We found the service was not responsive because people's support plans did not reflect how they would like to receive their care and support. We looked at three people's support plans and found these were out of date and inaccurate. This meant staff did not have accurate and up to date information about people's care and support needs. One person had a support plan around their physical health; this was typed and dated April 2015; staff had handwritten some changes to the support plan and taped these over the original support plan but had covered over parts of the support plan that were still relevant. Post it notes with other changes were also stuck to the support plan. None of the changes were dated and it was evident some of these were not recent. For example, a note stated they suffered from a medical condition. We looked through the person's health records but could not find when this was diagnosed. The registered manager acknowledged this information was not recent.

Another person's support plan for sleeping was written in November 2014; this had details around their sleeping pattern but also had information that related to another person; it was evident this was an error and had been crossed out but the support plan had never been corrected during this period.

People had support plan audits in their file. These showed support plans had not been updated when it was identified they did not reflect people's needs. In one person's file changes had been identified in October 2016 but had not been actioned.

People had a daily diary and a monthly activity and support record. These were detailed and contained information about what people did each day. We saw records of people's activities, meals, daily routines, personal care and engagement with daily living such a cleaning and tidying were included. Staff told us a keyworker system was in place and one of the responsibilities was checking through the records on a monthly basis to identify changes and assess people's well-being. However, we found these were not done consistently. For example one person's records had not been reviewed since April 2017.

We concluded people's care was not designed with a view to ensuring their needs were met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

Whilst care planning and some elements of delivery were not appropriate we saw examples of good care planning and delivery. The same people had lived at the service for a number of years and aspects of their support plans were still relevant. For example, one person had a detailed medication support plan which provided information about how their medicine should be administered. We also observed staff supporting people in a positive and skilled way. Some people living at the home had complex needs. We saw staff interacting with people and communicating in a way which helped them understand what was happening.

The registered manager said they were in the process of developing new support plans with everyone. We saw one person's support plan was being finalised; this had not yet been signed and agreed by the person. The registered manager said everyone's updated support plan would be in place in the next couple of

weeks.

From observations, discussions and reviewing records we concluded people engaged in a range of activities within the home and the community. On the day of the inspection we saw people went out with staff support and also engaged in activities when they were at home. One person told us, "They take us out on trips to Wakefield and trips to town and the shops. The staff sit and chat to me if they are not busy." A relative told us, "They do life skills with [name of person], hoovering and things; the things that are in the realms of their ability."

A member of staff told us they were concerned because one person did not receive the same level of stimulation as others and said this was due to funding arrangements. We reviewed this person's activity support plan, which stated they should have a weekly programme which would include leisure activities such as swimming, pub, pool, and bowling. A note on the support plan stated they needed 'some form of activity plan'. However, this had not been actioned. We spoke with staff and reviewed the person's records and it was evident the person did not engage in these activities. The registered manager said they would make sure the person's activity programme was formally reviewed.

We saw information about how to complain was displayed near the entrance of the service. One person told us "I've complained a lot in the past. I just go straight to the manager." A relative said, "The staff have been great lately and I haven't had to complain for a long time." Another relative said, "I've never had to complain. They have been good."

We looked at records of complaints and concerns which were logged together. We saw the provider had not received any formal complaints since June 2015. They had three recorded compliments in 2017; two were visiting professionals who commented on the service. One said they were impressed with how the service had implemented their advice. A relative had also said the 'care and dedication from the home was 'excellent'.

Is the service well-led?

Our findings

At the last inspection we found the provider was in breach of one regulation and the service was rated as requires improvement. We reported that systems were in place to monitor the quality of the care provided and frequent quality audits were completed. These included checks of health and safety, infection control, kitchen, environment, medicines and care plans, and were regularly completed. However, the health and safety audits did not highlight concerns with the water temperatures and a lack of legionella testing. At this inspection we saw the provider monitored both these areas but we found significant shortfalls in other areas which resulted in the service being rated as inadequate.

We found the provider was breaching six regulations, which related to safe care and treatment, employment of staff, meeting the requirements of the Mental Capacity Act 2005, supporting staff, person centred care and governance.

The service had a registered manager who has been registered since 2014. Staff we spoke with provided positive feedback about the registered manager and described them as 'well respected', 'approachable', 'caring' and 'very supportive'. Staff said the registered manager knew people well and understood how their needs should be met. Both relatives we spoke with said they had regular contact with the registered manager. One relative said, "It is absolutely well managed." Another relative said, "Yes, I'd recommend the home to others. The staff do a good job."

The registered manager said they had gone through a difficult and extremely busy period which was why the inspection had identified so many issues. They said they had struggled with staff recruitment and retention and had also had major building work which had required considerable management time. A relative told us, "Improvements could be less staff turnover. They have lost some fantastic staff." Staff told us they had recently received a salary increase which had improved morale and staff retention.

The registered manager told us an operations manager visited the service and carried out checks and produced a report. Staff told us the operations manager always chatted to them and people who used the service when they visited. One member of staff said, "[Name of operations manager] is lovely and will always talk to everyone." We reviewed two provider visit reports, the last which was carried out two days before the inspection. The last report stated support plans were in the process of being reviewed and updated, and the registered manager was making this a priority, however, it did not pick any of the other issues we identified at the inspection. The report stated 'operations report discussed, audits completed, walk around completed' and 'lots of little things that need doing' which related to the environment. It covered individual 'service user' and 'staff' updates and made reference to staff interviews which were being held.

After the inspection the registered manager sent us two further reports which had been completed by the operations manager; one from March 2017 and one from April 2017. They showed each month the operations manager had checked two support plans, two staff files, incidents, health and safety file, training file, maintenance and walk around, and monthly audit file. A note on the April 2017 record stated one person's support plan reviews 'require typing', the training matrix was seen and to continue with updates, and the garden and kitchen on hold (garden needs to be a priority and decoration needs finishing). The

reports did not have any action points, timescales to complete or evidence actions from previous visits were followed up. There was no record of discussions with people who used the service and staff.

We saw senior support workers and the deputy manager had carried out health and safety audits; these identified areas where improvements were required, for example, environmental issues. An independent health and safety compliance audit was completed in February 2017 which did not identify any concerns.

We saw medicine audits were carried out but these did not pick up the issues we identified at the inspection. Support plan audits were held in the front of people's files. These stated updates were required but it was evident when we reviewed people's support plans these had not been actioned. We concluded the provider was carrying out some audits and checks, however these were not effective because they did not pick up most of the issues we identified at the inspection, and where issues were identified they were not actioned.

Staff we spoke told us they had opportunity to share views and communication generally worked well. They said daily handovers and staff meetings were held. We reviewed staff meeting minutes which had been held in December 2016 and July 2017. These showed discussions related to quality, safety and service delivery, for example, rotas, shift patterns, daily routines, cleaning, activities and staff attitude. Senior staff meetings were held in December 2016 and May 2017; we saw they had discussed finances, staff sickness, shopping arrangements and keyworker responsibilities.

People told us they had attended meetings where they had opportunities to discuss the service although one person said, "We have resident meetings but they are a bit slack at telling us of any changes. They just need improving." We reviewed the meeting minutes from April and June 2017. These showed people had discussed things they had purchased, things that were important to them and ideas about activities and holidays. It was recorded that 'all service users are aware of the fire procedure and where to go' and 'service users are all aware of their file and where they are'. The notes were difficult to read and did not include if suggestions from the previous meeting were actioned. The April minutes stated they could not locate the minutes from the previous meeting.

We reviewed questionnaires completed with people who used the service. We saw in July 2017 staff had completed with three people an 'annual review form'. This focused on the environment and people were asked to comment on areas such as communal rooms, paintwork, carpet and flooring, curtains and blinds, furniture and laundry equipment. These showed people were generally satisfied although there was no evidence to show people's views and comments were collated. We saw in June 2017 staff had completed with four people a 'resident information questionnaire'. These focused on people's satisfaction with the service and asked if they were happy living at Prospect House and with their care team, if they were happy with their chores and menus. Activities were discussed. We saw three people's responses indicated they were satisfied. One person's responses clearly showed they were very unhappy; however, there was no information to show these were followed up. The form was stored with others. The registered manager said the person was going through a difficult time and had been receiving support from other professionals but acknowledged action should have been taken in response to their comments in the questionnaire.

We concluded the provider did not operate effectively systems and processes. The systems and processes did not enable the registered person to assess, monitor and improve the service or assess, monitor and mitigate risk. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The provider had formally notified the Care Quality Commission of changes in their statement of purpose in January 2017; however, an old version was displayed in the service. The registered manager printed and

displayed the correct version on the first day of the inspection. We saw the last inspection report was available near the entrance of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure people's care was designed with a view to ensuring their needs were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person was not meeting the requirements of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure risk was appropriately managed. The registered person was not managing medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure staff received appropriate support and supervision to enable them to carry out their duties they were employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effectively systems and processes. The systems and processes did not enable the registered person to assess, monitor and improve the service or assess, monitor and mitigate risk.</p>

The enforcement action we took:

We served a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person recruitment procedure was not established and operated effectively.</p>

The enforcement action we took:

We served a warning notice