

Core Prospects Care Services Limited

Core Prospects Limited - 37 Sandringham Crescent

Inspection report

37 Sandringham Crescent
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Core Prospects Limited - 37 Sandringham Crescent is a supported living service for people with mental health support needs. People receiving support live in four shared houses with communal facilities, such as kitchen, lounges and bathrooms. Each shared house had an office and sleep-in facility for staff where required. At the time of our inspection the service was providing support to 17 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Although people's support plans and risk assessments were generally in good order, we found a person's risk assessment and support had not been updated to reflect recent incidents. We have given a recommendation about the need to review admission processes.

The provider and the housing association had carried out risk assessments in relation to the environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. We noted that there was a need to develop the arrangements for mental capacity assessments. However, we also noted the provider had liaised with a local authority in relation to a Deprivation of Liberties Safeguarding (DoLS) request to the Court of Protection for a person where there were concerns.

The provider had systems in place to monitor the quality of support and safety at the service.

The provider was in the process of introducing an electronic monitoring system to the service. This was designed to ensure failures in support activities and record keeping were identified and addressed immediately.

Staff were safely recruited. The provider's recruitment processes included checks of staff suitability prior to appointments being made. There had been some recent staff turnover resulting in agency staff being used to fill staff shortages. The provider had developed a staff recruitment strategy to support the service in recruiting new permanent staff. Staff received training on a range of mandatory topics, and this was refreshed annually. The provider had commissioned positive behavioural support training for staff.

People's medicines were safely managed. Staff had received training in medicines administration and understood the reasons why medicines were prescribed for people. Risk assessments were in place for people who were administering their own prescribed medicines, and these were monitored.

People were able to participate in meetings designed to share information and give their views on issues in relation to their support. People told us their support staff were helpful.

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

Rating at last inspection

The last rating for this service was Good (published 4 December 2018).

Why we inspected

We received concerns in relation to safeguarding, support planning and staff training. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Core Prospects Limited – 37 Sandringham Crescent on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Core Prospects Limited - 37 Sandringham Crescent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with four staff members including two support workers, a service manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited two of the provider's supported living houses.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training records, quality assurance records and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. However, we found the risk assessment for a person with behaviours considered challenging had not been updated to reflect recent incidents. This was discussed with the provider who was able to provide details of actions taken.
- The provider had recently liaised with the housing association to ensure window restrictors were in place at one supported living house where there was a risk of a person accessing a roof.
- The provider, in partnership with the housing association, had ensured other environmental risks were monitored. The housing association had ensured safety checks, for example, in relation to gas, electricity and fire safety equipment had been carried out.
- People had individual personal emergency evacuation plans (PEEPS) in place. These were detailed and included guidance for staff and emergency services on anxieties and risks people may experience in case of an emergency evacuation. The provider had a 'grab and go bag' at each house. This provides essential information and equipment should there be a need for an emergency evacuation.

Using medicines safely

- Although most people's medicines administration records (MARs) were correctly completed, the MAR for a person who had recently left the service did not always contain a full record of refusals or other failure to receive medicines. Staff had not always completed the appropriate record section on the back of the MAR. However, The provider said that details of refusals were recorded on their care management system which was checked daily.
- People's prescribed medicines were safely stored and managed.
- One person administered their own prescribed medicines. A risk assessment was in place for this, and staff recorded prompts and reminders to take medicines on the person's MAR. Another person who was prescribed insulin, self-administered this. The person said, "I have an alarm and I go and ask the staff for my insulin when this goes off." We saw that insulin was kept securely in locked refrigeration.
- The provider had protocols in place for people who were prescribed 'as required' (PRN) medicines. PRN medicines are prescribed to people who may require certain treatments in relation to conditions that don't require regular medicines at a specific time, for example in relation to pain relief or anxiety management.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- The provider had a system for ensuring safeguarding procedures were reported to the appropriate local authority.
- Staff had received training in safeguarding people from harm or abuse. They were able to describe their

roles and responsibilities in ensuring people were safe and in reporting any concerns.

Staffing and recruitment

- Staff were recruited safely to the service.
- The provider had well-organised systems in relation to staff recruitment. We looked at three staff recruitment records for recently appointed staff. These were all well-presented and included evidence that recruitment checks had been made and verified. These included three references and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was a good practice element in that recruitment case studies were provided for staff in more senior positions who were involved in recruitment.
- A staff member told us they had received a positive induction to working at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider told us they were reviewing their assessment procedures for accepting new people to the service following a recent admission that was difficult to manage in a shared supported living setting.
- Accidents and incidents were recorded in detail. The incident forms were reviewed and signed off by a manager and reported to the appropriate local authority where necessary.

Is the service effective?

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We identified there was a need for improvement. People using the service had mental health support needs which are not generally covered by the MCA. However, we found that, for people with additional needs, the provider had not always taken appropriate action to ensure their capacity to make decisions was assessed and recorded.
- For example, for one person, the local authority assessment identified that the person lacked the mental capacity to understand the consequences of actions and choices but this was not referred to in any specific section about consent and mental capacity in the provider's support plan and risk assessment.
- The support plans for another person did not cover mental capacity and consent. Although their support records referred to staff concerns about their ability to make safe decisions when they were in the community, there had been no assessment of their capacity to do so.
- The provider had referred a person to a social worker for a Court of Protection DoLS authorisation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Although full assessments had been carried out for other people, the provider had not always fully assessed the needs of a recently admitted person who had left the service at the time of our inspection.
- We looked at the support plans for three people using the service. For the recently admitted person who had left the service, the support plan and risk assessment had not been updated after significant events including behaviour that challenged the service.
- The person's support records were not clear that, when the person was admitted to the service, there had

been consideration and involvement from others living in the service.

- The person's behavioural support plans and risk assessment showed that steps identified to support the management of behaviours were reactive. For example there was reference to their tenancy agreement and to contacting the police, but there was no information about steps staff should take to reduce behaviours before they reached this stage.
- The provider had implemented a system of ABC charts for this person, ABC charts are used to monitor behaviours that may challenge staff, identifying Antecedents, Behaviour and Consequences. The provider had reviewed each ABC chart on completion.
- The provider told us they were reviewing the lessons learned to ensure new admissions to the service were fully assessed to ensure they could fully meet people's support needs. The provider advised they would ensure staff received training on the accurate completion of people's records.

We recommend the provider seeks guidance from a reputable source in order to review their admission systems and procedures.

- There were some good examples of support planning and reviews.
- The provider had commenced a training programme for staff on positive behavioural support, including functional assessment.

Staff support: induction, training, skills and experience

- The provider had effective systems in place for ensuring staff were supported.
- We looked at staff supervision records for three support staff. The provider told us that they had not completed the four staff supervision sessions in the last year that they aimed for. However, they had identified this in an audit and had taken action to address the shortfall. We were shown records about this as well as a sample of detailed staff supervision records.
- The provider had a system for ensuring that staff received a range of mandatory training during their induction period. This training was refreshed for all staff on an annual basis. We looked at staff training records and noted the provider's training matrix had not been updated to reflect all the training staff had received. The provider told us they would ensure the training matrix was kept up to date. We noted that some staff members were overdue for on-line training. The provider had identified this and had taken action to ensure overdue training was completed.
- Some staff had received training in positive behaviour support (PBS). This is training to support the development of positive behaviour strategies for staff who are challenged by people's communicative and other behaviours. The provider told us they planned to embed PBS strategies in staff practice. The provider said they were working with an accredited training provider to ensure PBS training was in place for staff who had not yet received this commencing July 2022.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People's support plans and risk assessments included information about their dietary needs, risks and preferences.
- People using the service shopped for and prepared their own meals.
- Where they required support to do so, this was provided by staff.
- A person told us, "Staff help me with planning my shopping list so I can have food that is good for me."

Staff working with other agencies to provide consistent, effective, timely care

- People's records showed staff had liaised with other agencies such as GPs and other health professionals including mental health teams.

- Staff had liaised with a local day service on behalf of a person who attended.

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

- People's care records showed they were supported to shop for and eat healthy food. A staff member told us they were working with a person to encourage them to follow a healthier diet.
- People's support records showed staff provided support to attend GP and hospital appointments. Where people were prescribed medicines that required regular blood tests, we saw records that these had been carried out.
- Most people came and went from the service as they pleased. A person who didn't go out independently was supported by staff to go for walks. A staff member told us, "I'd encourage people to go for walks or to a gym if I thought this would be good for them."

Is the service well-led?

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.

At our last inspection we rated this key question good. At this inspection this key question has remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We spoke with the provider in relation to a recently admitted person whose support needs the service was unable to meet. The provider was candid about these failures and advised us systems were being put in place to ensure there was no recurrence.
- There were systems in place to monitor the quality of support provided to people. People's support records were regularly reviewed. A range of regular monitoring activities took place. These included audits of records, safety, infection prevention and control, medicines administration, staff records and people's support plans.
- The nominated individual, other senior staff and support workers we spoke with understood their responsibilities in maintaining and improving the quality of the service and in providing the best possible outcomes for people.
- The provider was in the process of introducing an electronic monitoring system for the service. This was intended to enable senior staff monitor activities and record keeping in real time. We saw an example of this and noted the system was designed to provide alerts when activities were overdue, and records not fully recorded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the care and support they received. One person said, "The staff are very nice and very helpful."
- Staff spoke positively about the registered manager and other senior staff members. Staff told us there was always a manager available when they needed advice or support. A staff member said, "I've been here for years now and I wouldn't stay if the management wasn't supportive."
- We identified positive examples of good outcomes for people. For example, one person had been supported to attend a local day centre. They told us they liked this. Another person had been supported to manage their own prescribed medicines and this had been successful for them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the need to report incidents to the local authority and CQC where appropriate. They described the importance of being open and honest when things went wrong.
- The provider had notified CQC about significant incidents and events at the service. The nominated

individual was open and candid about recent safeguarding events, and what they had learnt from this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had engaged people using the service, staff and other stakeholders.
- Information about people's specific needs was included in their support plans. Information and support were provided to people in ways that worked for them. For example, a person with limited verbal communication was supported by staff who had learnt signs and other methods to support communication.
- People's cultural and other needs and preferences were included in their support plans, along with guidance for staff on meeting these where appropriate.
- House meetings took place where people were given information and asked for their views about the service. One person said, "Staff tell me what's going on."
- Regular team meetings had taken place where staff were able to express their views. Staff said they were able to ask questions or seek advice at any time outside of meetings and individual supervision sessions.

Working in partnership with others: Continuous learning and improving care

- Staff worked in partnership with other health and social care professionals to improve people's quality of life. A staff member described how they were working with a person and specialist professionals to support them to manage their anxieties.
- The service was in the process of developing systems to enhance the support they provided to people. For example, the introduction of an on-line reporting and recording process and a staffing strategy. The staffing strategy included a re-structuring of the service's management team and enhanced procedures to recruit new staff in order to reduce the current reliance on agency workers to cover vacant positions.