

Independent Care & Support Ltd

Prospect Place

Inspection report

Prospect Place
Blake Avenue
Gillingham
Kent
ME7 1FX

Date of inspection visit:
22 February 2023

Date of publication:
06 April 2023






Tel: 01634579793

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Prospect Place is an extra care service providing personal care to adults and older people who live in their own flats in a multi-occupational house. This includes people with a physical disability, dementia, mental health or learning disability. At the time of our inspection there were 16 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Staff did not consistently support people with their medicines. This was addressed by the provider once it had been brought to their attention.

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.

Staff supported people to access health and social care support in the community. This included supporting people to take part in activities available in their home.

Right Care: People could not always be assured staff knew how to support them with their individual health or medical needs. This was because specific guidance about how to support people was not always available to staff.

People were supported by staff who had been trained in how to care for them. Additional staff training to support people with a learning disability was planned to ensure staff had the necessary skills to understand and support them if they needed care.

People told us they received kind and compassionate care from staff who understood them well and enjoyed their company. A person told us, "Definitely recommend: The staff friendship and humour. They are really kind and would go to the ends of the earth to help you."

There were enough staff to meet people's needs and keep them safe. The service was flexible and could

adapt to meet people's changing needs. Staff understood how to protect people from poor care and abuse.

Right Culture: Quality assurance and monitoring systems were not always effective in monitoring the service nor identifying shortfalls so improvements could be made.

People benefited from the open and positive culture of the service where the staff and care coordinator were approachable. Comments about the staff included, "They all pull together. I cannot thank them enough"; and "If they have a concern, when the carers are passing they'll knock and check to see if you are okay." Compliments about the care coordinator included, "If I ring and ask to speak with the care coordinator and they're busy, they don't forget you; they make time for you."

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

Rating at last inspection

This service was registered with us on 22 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included concerns about the overall management of the service. A decision was made for us to inspect and examine those risks.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Prospect Place

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

The inspection was carried out by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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. 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 6 people who used the service and a relative about people's experience of the care provided. We also spoke with 7 members of staff including the registered manager, deputy manager, care coordinator, senior carer and 3 care workers.

We reviewed a range of records. This included 3 people's care records, and 2 people's medication records. We looked at 3 staff files in relation to recruitment and supervision, and the staff training matrix. A variety of records relating to the management of the service were viewed, including quality checks and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people had not always been identified so actions could be taken to ensure these risks were mitigated.
- Guidance was not always in place for people who were assessed as having epileptic seizures. Staff knew the action to take but lack of guidance meant people may not receive the correct support when needed to keep them safe. For example, staff explained when a person had had a seizure, they had called for medical assistance as they looked very unwell. No guidance was in place for staff to follow to support the person if they were having a seizure or to guide them to what action to take. After the inspection, the registered manager told us they had updated these people's care plans so there were clear directions of how to individually support people who may have a seizure.
- All other risks people may face had been fully assessed and guidance was in place for staff. For example, assessments relating to keeping skin healthy and mobilising had been fully assessed. Guidance for staff included what equipment was needed to move a person safely and to support them to reposition themselves and be made comfortable. Staff were also advised which health professionals they should contact on people's behalf if they had any concerns about their health.

Using medicines safely

- Medicines were not always managed safely. We could not always be assured people received their medicines in the way they were intended. These shortfalls were only addressed once these had been raised with the provider.
- There were not always clear directions for staff about the application of topical creams. Although staff were confident to which part of a person's body a topical cream should be applied, this information was inconsistently recorded in people's medical and care records. This meant there was a risk staff would not apply a prescribed cream to the right place on a person's body, making it ineffective.
- For some people an assessment of risk had identified that their medicines should be stored in the office, rather than in their own home. Although a thermometer had been obtained, this was not being used to monitor the storage temperature, as some medicines react to excessive heat. The provider confirmed after the inspection the storage temperature was within the recommended range.
- Staff had received training in medicines management which included having their competency safely assessed.
- People told us they received the support they need with their medicines. Most people said they could take their own medicines, but often needed a reminder to make sure they had done so. A person said about their medicines, "The carers check I have taken them. To give me reassurance they are looking to put in a bed time call to check I have taken my night time medication."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had undertaken training in safeguarding people. Staff felt confident any concerns they raised would be actioned by the management team. Staff had access to information about how to contact the local safeguarding team and other external agencies if needed.
- People told us they felt safe when being supported by staff and that they trusted staff. A person told us, "I feel safe. I have never felt a hint of dishonesty from carers, which means a lot for me".

Staffing and recruitment

- The service had enough staff to meet people's needs and staff recruitment practices were comprehensive.
- People told us staff generally arrived on time or within five or ten minutes of the scheduled call time. People could not recall staff missing a call. Everyone had a weekly rota which gave them a visit time and the names of staff who would be attending. A relative told us, "Staff visit four times a day. The carers are very chatty and we don't feel rushed. They stay as long as it takes and always check if we need anything else done before they go."
- A range of checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, employment history including the reason for any gaps, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- We were assured the provider was following government and health authority guidance for the prevention and control of infections.
- Staff had completed training in infection control, including Covid-19. We observed staff using personal protective equipment such as gloves, masks and aprons appropriately.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well and, if an incident did occur, lessons were learned to improve the quality of care. Staff recognised incidents and reported them appropriately.
- Staff understood the importance of acting in a timely manner and keeping accurate records in the event of an accident or incident. Staff explained how they assessed the priority of calls received via the emergency call button. Sometimes their response involved reassuring people and at other times an immediate response was required.
- Lessons had been learned and shared with the staff team after an incident at the service. This was understanding the boundaries of the care agency's responsibilities and when people needed to be signposted to other more appropriate agencies.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider used an assessment framework to identify people's needs before they started to use the service, which reflected national best practice. This guided the assessor to check all aspects of a person's health and social care needs.
- Relatives and people told us assessments included gaining people's views about the type of care they wanted to receive. A person said, "At the initial assessment they understood that I wanted to remain as independent as possible getting the support I wanted."
- People were familiar with staff and the care coordinator before they started to use the service. This was because the service's office was based in people's home.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training which had been regularly refreshed.
- Staff were provided with training in specialist areas such as supporting people with dementia, mental health and anxieties. The registered manager told us staff would complete the Oliver McGowan mandatory training on learning disability and autism. This training is the government's preferred and recommended training for health and social care staff.
- New staff undertook a structured induction which included shadowing and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff were encouraged to complete further training through the Level 2 and 3 Diplomas in Care.
- People and relatives said staff had the right skills to care for people. A person said, "Carers use the hoist to move me out of this chair back into my bed. They always explain what they are about to do. I feel totally safe."
- Staff received support in the form of supervision and team meetings. Staff felt well supported by the care coordinator. They said there was good communication with each other and they could speak to the care coordinator at any time.

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

- People received support to eat and drink according to their assessed needs.
- People told us they received the support they needed with their meals. A person said, "I choose what I want to eat. Sometimes I'll ask the carers to bring me in some fish and chips."
- Guidance for staff about how to support people when eating and drinking was available. Some people required their food to be cut into smaller pieces, some people needed assistance to and from the on-site

restaurant and other people needed to be reminded to drink sufficient amounts. A person told us, "Before they leave, the carers make sure they refill my bottle and mug so I never go thirsty."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with people, relatives, and other healthcare professionals to ensure people's healthcare needs were met in a timely manner. A person told us, "If I have a hospital appointment I let the office know and they work the times to suit me."
- People's health care needs and medical conditions were recorded in their care plans, so staff were aware of them.
- People and relatives told us that staff monitored their health and contacted health professionals for them when required. A person told us, "When the carers visited, they were so concerned they phoned the doctor and then the ambulance straight away." Staff made a record of communications with health professionals or changes in people's health and informed the management team accordingly.
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth and dentures. For example, one person was able to clean their teeth, but sometimes needed staff to undo the cap on the toothpaste tube.

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.

- Staff followed the principles of MCA and understood that people could make their own decisions about their care and support, unless they had been assessed as not having the capacity to make a specific decision.
- Staff had completed training around the MCA. Staff explained how they worked alongside people, supporting them to make daily decisions such as what to wear or eat.
- A record had been made when people had appointed a Power of Attorney (POA) for their finances, or health and welfare, or both. The provider had contacted everyone's POA to ensure they had a copy of this legal authority. This was to ensure these people had the legal authority to act on behalf of people who used the service.
- The service worked in partnership with the local authority when assessing people's mental capacity for complex decisions. This was to ensure decisions were made in people's best interests.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who showed genuine interest in their well-being and quality of life. A person said, "I like the carers and their personalities. We are always laughing. They are quite comical. We chat about my health and family."
- Everyone spoke favourably about the staff that supported them. People enjoyed staff chatting with them about their hobbies and families. A person told us, "I like football. I have a couple of carers who support other football teams, so we have a chat and banter about the games."
- People were supported by a team of staff including a regular main carer. This meant people were supported by staff who were familiar to them and understood their likes, dislikes and preferences. A person told us, "I always have the same group of carers with occasional changes if someone is off sick or on holiday"
- People were asked about their religion, race, and sexuality during the initial assessment. This was clearly documented in order to observe and respect the person's needs when providing care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff consistently treated them with dignity and respect and helped them to maintain their independence.
- We observed staff respecting people's privacy by knocking on people's doors and waiting for a response before entering. A person said, "The carers know how to be respectful. They change my top if I've spilled food. They don't leave it until bedtime".
- One of the aims of the service was to enable and encourage people to do more things for themselves thus maximising and promoting their independence. This aim was understood by care staff. Care plans included guidance for staff about what things people could do for themselves and when they needed assistance. A person said, "Most definitely the carers understand that I like to be independent. They know that some days I can do things myself and other days I need their assistance."
- The service had a holistic approach to promoting people's independence. For example, a person told us that they arranged events in the lounge for all residents. They said, "The carers support me arranging these events and come along and join in. I don't go out a lot, this is what has helped me to be independent."
- People's personal information was kept secure and confidential. A person commented, "The carers don't pry. They are interested in me but not nosy."

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

- Staff supported people to express their views and be the decision makers about their support needs. Staff respected people's choices and supported them in partnership. A person told us, "If I am feeling a bit anxious they always ask if I want to get up or stay in bed a bit longer. I am definitely not rushed. They take

time to chat it through."

- People and relatives said staff listened to them and they were involved in decisions about how their care was delivered. A relative told us about their family member who was cared for in bed. They said, "When they are being washed the carers explain how they are going to roll them onto their side and then ask them to help by holding onto the bed frame."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised and co-ordinated support in line with their care plans.
- People told us the service was responsive to their individual and changing needs. They said that when their needs had changed and they needed more support, this had been provided. A person commented, "The carers are very good, very respectful and understand my health situation. They interact very well with me."
- The service was extremely flexible. A person said, "Sometimes I just want to lie down on my bed, I just ring and the care coordinator gets the carers to come earlier to hoist me back onto bed."
- People had been asked about the outcomes they wanted to receive before being provided with support. People told us these positive outcomes had been met. A person explained, "The carers will take time to sit and chat with me if I am a bit down or sometimes they'll say 'how about we do this for you?'. They go the extra mile to help."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of the Accessible Information Standard. The provider had a range of resources available to add with people's communication needs. This included providing information in braille, large print or easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop relationships and take part in activities they enjoyed.
- One of the aims of the service was to help prevent social isolation for older people. Staff supported people to take part in events that took place in their home and to meet their neighbours. A person told us, "The carers encourage me to go downstairs in my chair for a coffee in the café."

Improving care quality in response to complaints or concerns

- The provider had a complaints process which included investigating concerns raised, reporting back the findings to the complainant and using outcomes to improve the quality of care provided.
- People told us the service listened to any concerns they may have and acted on them straight away, so

they had not needed to raise a complaint. A person commented, "I did have an issue with one carer and I spoke to the care coordinator and it was dealt with straight away."

- People had complimented the quality of service they received. A person contacted us before the inspection to say, 'All carers are wonderful and helpful and nothing is too much trouble. My only regret is I did not come to live here earlier. I cannot praise them enough'. Compliments the service received were about staff understanding of their needs, their kindness, helping them to feel at ease when being provided with personal care and maintain their independence.

End of life care and support

- People had been consulted about their end of life wishes and choices and any preferences were recorded in their care plans.
- Staff understood how to care for people at the end of their lives. This included working with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality monitoring systems were not robust enough to ensure the registered manager had full oversight of the service.
- The registered manager had a large area of responsibility. They were responsible for the oversight of this service and 2 of the provider's other services. They told us they divided their time between these 3 services and also provided training for staff and undertook some care calls.
- Quality monitoring systems were inconsistent as they did not include key areas of the service such as staff personnel files and people's daily records. We identified some blank records where staff had not recorded what support they had provided to people. The registered manager told us they were not aware of these gaps in people's daily notes.
- We identified shortfalls in staff guidance for managing risks to people and medicines management. These shortfalls were only addressed after they were brought to the providers attention.
- The registered manager had delegated the day to day running to the care coordinator. The registered manager was in regular communication with the provider who was also the nominated individual, although they were not a regular visitor to the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths, in line with regulatory requirements.

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

- People and staff were engaged by the care coordinator. People were contacted at regular intervals to check if they were satisfied with the service or if any adjustments needed to be made.
- People told us the care coordinator visited to ask their views about the service they received. A person told us, "They come round and asks questions about the carers and service and asks for ideas for improvement."
- Staff felt well supported by the care coordinator. They said they were accessible and provided emotional as well as work support. Staff were supported formally through team meetings and individual supervision and appraisal.
- Staff had minimal communication with the registered manager due to their other responsibilities. They had met the nominated individual once when they first became responsible for the service.

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

outcomes for people; 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.

- There was a positive staff culture at the service and people received personalised care. The registered manager understood the duty of candour. They explained the importance of responding in an open and honest manner if something at the service did not go as it had been planned.
- Everyone complemented the staff and care coordinator. A person complimented the care coordinator saying, "If I ring and ask to speak with the care coordinator and they're busy, they don't forget you; they make time for you."
- Everyone said they would recommend the service to others. A person told us, "It's perfect for me. I would recommend the carers. I am so happy if it wasn't for them, I would move."
- There were regular spot checks on staff to directly observe care and assess if staff were following set protocols and the aims of the service.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals, including representatives from the local authority, district nurses, occupational therapists and speech and language therapists.
- The service had working partnership with the housing officers, who were situated on the premises.