

Prospect House (Malpas) Limited

Prospect House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Prospect House is a residential care home providing personal and nursing care to 55 older people at the time of the inspection. The service can support up to 65 people in one adapted building across three separate areas, each of which has separate adapted facilities. Two of the areas specialise in providing care to people living with dementia.

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

The management and administration of medicines was not robust which placed people at risk of harm. Records relating to people's care were not always up to date and accurate. People's needs had been assessed before they moved into the service, but this information had not always been fully transferred into people's plans of care.

The systems in place to monitor the quality of the service were not always effective and had not highlighted the concerns identified during this inspection. The provider and registered manager were open and transparent and took immediate action to address the issues identified during the inspection.

The service was clean and hygienic. Some shortfalls identified in relation to the accessibility of paper towels and hand soap in some communal toilet facilities were addressed during the inspection.

People's dietary needs and preferences were catered for and people enjoyed the homemade food on offer. However, the meal time experience of some people living with dementia could be improved.

People were treated with dignity and respect by kind and caring staff that knew them well. People and their relatives described staff as being "Lovely", "Excellent" and "Knowledgeable".

People benefitted from the wide range of stimulating and enjoyable activities on offer which were meaningful to them. People were supported to access the community and enjoyed the entertainers that visited the service.

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; the policies and systems in the service supported this practice.

People and their relatives were happy with management of the service and the care people received. They had the opportunity to give their views in a number of ways and felt listened to. One relative commented "You couldn't ask for more".

There were sufficient numbers of suitably qualified and experienced staff on duty to meet people's needs.

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 (report published 9 November 2018)

Why we inspected

The inspection was prompted in part due to concerns received about the administration of medicines and the accuracy of records. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

The provider took effective action to mitigate these risks during and after the inspection.

Enforcement

We have identified breaches in relation to the management of medicines, the completion of records and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Prospect House

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 Care Act 2014.

Inspection team

This inspection was undertaken by an inspector and a pharmacist inspector.

Service and service type

Prospect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual, registered manager, chef, a clinical manager, a registered manager

and deputy manager of one of the providers other locations, four nurses, ten other members of the care team and three activity organisers. We also spoke with a visiting healthcare professional, seven people who used the service about their experience of the care provided and five visiting relatives.

We reviewed a range of records. This included four people's care records, a number of medication records, four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

During the inspection we contacted the local authority commissioning team and CCG medicines management team to ask them for feedback on the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection the registered manager and nominated individual continued to send us additional information in relation to staff training, the management of the service and the action taken in response to our findings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Using medicines safely

- Medicines were not always managed safely which placed people at risk of harm.
- The system for checking what medicines people should be taking when they moved in was not robust. One person did not have one of their prescribed medicines for almost two months.
- Records about the total quantity of medicines in stock were not accurate so it was not possible to determine if medicines had been given properly or that they could be accounted for.
- Written guidance for administering a variable dose, 'as required' and 'covert' medication was not always in place. This increased the risk that medicines would not be administered safely.
- Medicines needed to be kept in a fridge were not always stored at the correct temperatures which meant medicines, including insulin, may not work properly.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. A new system for managing medicines was being introduced and staff competencies to administer medicines were being reassessed.

Assessing risk, safety monitoring and management;

- Risks to people's health and safety had been assessed but records had not always been reviewed when people's needs had changed.
- Some aspects of some people's care was being monitored but there were no records to indicate whether staff had alerted nurses when people had not reached their target for their daily fluid intake.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection and confirmed improvements to records had been made.

- There were checks in place to ensure the safety of the environment and equipment.
- Staff were observed using moving and handling equipment safely.

Preventing and controlling infection

- Paper towels, pedal bins and hand soap were not accessible in the communal toilets in the Bowling Green and Garden Room areas of the service used by people living with dementia. This presented an infection and control risk and was addressed during the inspection.
- The service was clean and hygienic.
- Personal, protective equipment was available and used appropriately by staff. People and their relatives were happy with the standard of hygiene maintained.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately.
- The registered manager had oversight of these and monitored them for themes and trends.

Staffing and recruitment

- Sufficient numbers of safely recruited staff were deployed.
- People and their relatives felt there were enough staff on duty to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made.
- People and their relatives felt the service was safe. One person commented "I feel completely safe here." When discussing safeguarding a relative told us they had "Confidence in the staff".

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

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

- People's physical, mental and social needs had been holistically assessed, but this information had not always been transferred into people's care plans.
- Although staff were aware of people's health conditions such as epilepsy and diabetes, some people's care plans lacked guidance for staff to follow for how to meet those needs. This was addressed during the inspection.

Staff support: induction, training, skills and experience

- Staff had completed a range of training appropriate to their role which the provider considered to be mandatory.
- The service accommodates a large number of people who were living with dementia however not all the staff involved in the delivery of care had completed training in dementia care.
- People and their relatives felt staff were skilled and experienced. One person commented "The staff are just excellent. They know what they are doing."

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

- Staff did not always follow good practice guidelines when offering people living with dementia a choice of meal or when supporting them to eat. The registered manager took immediate action to address this issue, but improvements need to become embedded into day to day practice.
- People and their relatives told us they enjoyed the food on offer and we saw that mealtimes were relaxed and informal. One person told us the food was good, confirmed they were offered a choice and told us "There's nothing I don't like." A relative told us they felt the food was "Excellent".
- People's nutritional needs and dietary preferences were met. The kitchen staff prepared a choice of homemade appetising food at each mealtime.

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

- Referrals had been made to other agencies such as district nurses and GP's when required.
- A visiting healthcare professional raised no concerns.

Adapting service, design, decoration to meet people's needs

- A recent refurbishment of the premise had been undertaken to provide additional bedrooms and improve the communal areas.

- The provider told us further improvements were being made to ensure the signage and decoration of the premises better met the needs of people living with dementia.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for a DoLS for a number of people who did not have the capacity to consent to their care and accommodation.
- We saw that these DoLS were in date and had been regularly reviewed. Although some of the authorisations did include conditions there were no plans in place for how these would be met. This was addressed during the inspection.
- A relative confirmed they had been involved in making a best interest decision for their loved one. They had also been invited to a meeting to discuss a DoLS application.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 told us staff were kind and caring and treated them with respect. Their comments included, "The staff are very kind."
- Relatives agreed; their comments included, "They know my relative really well. They are very good at distracting them if they get distressed." and "The care is second to none, excellent."
- Feedback provided in a recent internal survey, the results of which was very positive.
- Staff knew the people they supported well and treated them as individuals.
- Staff spoke warmly about the people they supported. Staff provided reassurance and physical contact such as an arm around the shoulder when a person was upset.

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

- A 'care pack' was provided to people when they moved into the service and fresh flowers were put in their room. A relative confirmed the care pack provided information about the service and what people could expect to help them make decisions about their care.
- If people did not have friends and family to support them in decision making, details for local advocacy services were available.

Respecting and promoting people's privacy, dignity and independence

- People had choice and control over the support they received, when they received it and how. A relative told us "We were very impressed that they spent so much time asking about my relative; what they like and don't like, how they like things to be done. They were really interested in my relative as a person and their life story. That was very refreshing."
- People told us they were supported in ways that promoted their independence. One person commented, "I can get up and go to bed when I want. I like to keep as independent as possible."
- Care plans prompted staff to encourage independence. One staff member told us how one person liked to keep active by dusting and another liked to help staff serving drinks from the tea trolley.
- We observed staff protected people's dignity when delivering care.
- Records regarding people's care and treatment were stored securely on an electronic system and in locked filing cabinets in locked offices. This helped to maintain people's privacy and confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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

- Individualised plans of care were in place, which were based on an assessment of people's needs and preferences. They included information on the support people required, outcomes to be achieved and how people wanted support to be provided.
- Care files showed that people, or their relatives were involved in reviews of their plans of care. One relative told us, "I am very involved in my relatives care plans and I am always invited to meetings. I have attended a meeting today and we have another one in a few weeks' time."
- People told us they had choice in all aspects of their care and were happy with the support that they received on a daily basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information regarding people's individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- The registered manager told us they could provide records in different formats should it be required. They were also introducing information about activities and menu choices in large print and pictorial formats.

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's friends and relatives could visit the home at any time and told us they were always made welcome. People were also encouraged to socialise together within the home and develop new friendships.
- A range of activities were available seven days per week in the home and in the local community. Feedback regarding the activities was positive. A relative told us they felt the activity programme was "Excellent."
- Staff described a broad range of activities that were available to people both in the service and in the local community.
- Staff accessed and followed nationally recognised guidance for providing activities for people living with dementia.
- In addition to activities and visiting entertainers, social events were organised throughout the year to which relatives were invited to and enjoyed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had.
- Relatives told us they had never had a reason to complain but would not hesitate to do so if it was needed. People told us they would speak to staff if they had any issues.
- Complaints were recorded, investigated and responded to appropriately.

End of life care and support

- Staff had recently achieved a nationally recognised end of life care award.
- The registered manager told us they had worked closely with health professionals to ensure people received a comfortable, dignified and pain-free death.
- People had discussed their end of life care wishes and these were recorded in their care plans.

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 the last inspection this key question was rated as good. This has now deteriorated to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not made sure the systems in place to continuously promote and ensure people received person centred and high quality care were always implemented effectively.
- The systems in place for checking on the quality and safety of the service were not always robust enough to identify shortfalls in records and bring about improvements. The checks that were in place had failed to identify the concerns highlighted on this inspection such as the management of medication, the monitoring of people's care and that some care plans did not accurately reflect the information gathered as part of the assessment process.
- The provider had not always learnt lessons when things went wrong. Shortfalls in medicine management previously raised with the provider had been repeated.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider did not always submit notifications to CQC when needed. This was addressed during the inspection and notifications about the authorisations of DoLS were submitted in retrospect.
- The registered manager and nominated individual acknowledged the shortfalls identified and were open and transparent.
- An action plan received during the inspection confirmed action to address shortfalls in infection control had been addressed. The systems for the management of medicines was being updated and there were plans in place for all care plans to be brought up to date and audited.

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

- People and their relatives had the opportunity to put forward their views and opinions about the service and the care provided at one to one meetings, group meetings and through surveys.
- The service worked with external health and social care teams where this was required for people.
- Staff described the morale amongst the team as being positive.

- Relatives told us they found the management team and staff approachable and felt their opinion mattered.
- Staff worked well with the local community.

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 was open and transparent when things went wrong, and apologies were given.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured the management of medicines was always safe. People did not always receive their medicines as prescribed and medicine administration records were not always accurate and complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured the systems in place for assessing the quality of the service people received was implemented effectively. Records were not always up to date, accurate and person centred.