

Ms Maureen Bromley & Mr Neil Malkhandi

Prospect House Care Home

Inspection report

Blundells Lane
Rainhill
Prescot
Merseyside
L35 6NB

Tel: 01514931370

Date of inspection visit:
10 January 2024
18 January 2024
24 January 2024

Date of publication:
10 April 2024

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Prospect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Prospect House is registered to provide accommodation and personal care for up to 24 people. There were 22 people living at the service at the time of the inspection.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People or their representative were not always actively involved in their care planning. Care plans lacked person-centred details and did not contain enough information to guide staff on how to support people safely.

Not all health and safety checks were routinely carried out, we identified the lift was being operated without a valid Loler certificate. This had not been identified by the registered manager.

Medicines were not always safely stored and monitored, we found medication that required storing in the fridge left on the side. Protocols in place for as and when required medication lacked person centred detail to enable staff to recognise when to utilise this medication, how much was required and its effectiveness.

Not all staff had received mandatory training to enable them to support people safely, this was discussed with the registered manager and refresher courses were being provided.

Safe recruitment policies were in place however they were not always followed, gaps in employment were not always accounted for.

We observed limited activities taking place throughout the inspection. People were not actively encouraged to participate and were observed to be sitting in the same place for long periods of time.

People's fluid and nutrition was not always accurately recorded as it was not documented at the time, records were often updated sometime after support had been provided and on the reliance of the carer being aware of what each person had drank and eaten.

Not all people's dietary requirements were catered for, there was no alternative meal option for people with diabetes.

We observed positive and caring interactions between staff and people who lived in the home. Staff knew the people they supported well. Management was visible in the home and knew people well however governance systems were ineffective and did not drive improvements.

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 inspection was carried out (published 02 May 2018) with a rating of good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Prospect House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to support not being carried out in the least restrictive way and consent not being sought in line with the Mental Capacity Act 2005. Risk assessments and care plans were not updated frequently and lacked person centred details. Staff did not all have the mandatory training to support people safely. Governance systems that were in place were ineffective and did not identify concerns found during this inspection. Concerns were raised regarding the deployment and number of staff working within the home.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our safe findings below.

Inadequate ●

Is the service effective?

Details are in our effective findings below.

Inadequate ●

Is the service caring?

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

Details are in our well-led findings below.

Inadequate ●

Prospect House Care Home

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The service was inspected by 1 inspector.

Service and service type

Prospect house is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Prospect House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the Local Authority. We used this information to plan out inspection.

During the inspection

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. We spoke to 3 family members and 8 staff members. We reviewed 5 medication records and 4 care plans for people who lived in the service. We looked at information in relation to the governance of the service and checked 3 recruitment files.

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. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People's needs and known risks were not always clearly assessed. Care plans did not always contain enough information to guide staff on how to support people safely.
- The safety of the premises was not consistently monitored. We found the provider was operating the lift without a valid LOLER and service inspection. The provider immediately responded to this and the lift was taken out of action and work was requested during the inspection.
- Equipment was in place to reduce risk such as call bells. However, these were not easily accessible to people. Therefore, people could not always get their needs met in a timely manner.
- Personal emergency evacuation plans did not always reflect people's current needs. This placed people at risk of not being supported safely during an emergency. The provider responded to this concern and updated these plans.
- Accidents and incidents were not always clearly documented. We found occasions when accidents were documented within care plans however not recorded in the accident and incident logs and were not reported appropriately to the relevant agencies.
- People were not involved in decisions that led to restrictions on their liberty. Staff were not all aware of the importance of least restrictive practice.

The system for assessing risk was not robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment policies were in place; however, these were not always followed. We found one staff member had a gap in their employment, there was no evidence to suggest this had been explored further. The registered manager responded by requesting the staff member complete a statement to state the reasons. Another member of staff had no previous employment recorded dating pre-2021. Unsuitable people may have been recruited as a result. Checks were made with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer
- Staff were not always deployed effectively, which meant people did not always receive support in a timely way. The inspector observed one person shouting for help and banging to gain staff attention, no staff at the time were visible. The inspector immediately found staff to ensure support was provided.

We found evidence the service did not provide adequate staffing levels to ensure care was carried out in a safe and effective way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed and stored safely. We found medicines that required storing in a fridge left on the side. Therefore, we could not be assured medication was being administered safely.
- Written guidance for staff in relation to as and when required medicines was not robust or personalised. For example, where there was a choice of dose, there were insufficient person-centred details as to when, and how to administer medicines safely.
- A system was in place to make sure that medicines administered in a patch formulation were rotated but did not guide staff to rotate them in line with the manufacturers' directions.

The oversight of medicine was not robust enough to ensure people were safely given their medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their roles and responsibilities to keep people safe from abuse.
- Not all staff had received their safeguarding training.
- Relatives told us their loved ones were safe, comments included, "They [person] are very safe here."
- A safeguarding policy was in place.

Preventing and controlling infection

- Toiletries were found in shared communal bath and shower rooms. We could not be certain that these were not shared between people.
- We observed staff members wearing gloves however, these were not always changed between providing support to people.
- Appropriate clinical bags were not available to ensure soiled clothing and linen were hygienic transported and washed to prevent cross contamination and infection exposure.
- PPE was available for staff to utilise.

Visiting in care homes

- Although no restrictions were in place, visitors were requested to contact the home prior to any visits. One relative told us, "I can always come when I want but I ring before I come, they [registered manager] generally ask you too." This was discussed with the registered manager who informed no visitors would be turned away. It was to enable them to monitor visits to ensure there were not too many people in the building at one time, this has been in place since COVID restrictions.

Learning lessons when things go wrong

- No lessons learnt had been implemented prior to the inspection therefore the provider was not able to learn by mistakes to drive improvement.

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered provider had installed CCTV inside the service, there was no policy in place and no evidence could be provided that any consultation had taken place with people who lived at the service in relation to the impact this may have had on their privacy and whether other least restrictive options had been considered.
- The MCA process had not been followed; people's capacity was not assessed in relation to any decision being made on their behalf. This was discussed with the registered manager who implemented a capacity assessment for everyone however, this was a standard documentation and did not evidence the correct legal process had been followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's rights had not been protected in line with the Mental Capacity Act 2005.

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

- The service required maintenance, areas needed repairs, this included a damp patch in the dining room and a person's bedroom, rusty radiators, and a bathroom leak. During the inspection work was scheduled to improve the décor.

- The layout of the building was not suitably designed; 3 bedrooms were only accessible to people who live in the service through a bathroom. When the bathroom was in use people were not able to access the rest of the home.
- The laundry room was not secure; the door handle was broken therefore this could not be locked and presented a health and safety risk to people living within the home. The registered manager informed us this was being fixed as a matter of urgency.

The premises and equipment were not suitably clean and maintained. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- There was limited signage to help people living with dementia to provide assurance and to help them to be orientated.
- The lack of storage presented a risk as equipment was stored in communal areas and corridors.

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

- Peoples needs were not always assessed. When there had been a change in someone's needs, care plans were not always updated, and appropriate risk assessment implemented.
- We found one person's care plan referenced the wrong gender throughout the care plans and risk assessments.

Staff support: induction, training, skills and experience

- Not all staff had completed their mandatory training, this placed people at risk of receiving support from unskilled staff.
- Inductions were not always done in a timely manner; we observed 1 member of staff who had been employed for over 4 weeks had not received their induction or any training. This was discussed with the registered manager who informed us this was going to be done as soon as possible.
- Staff who handled medicines had completed assessments of their competency. However, it was not clear that this was robust enough as the shortfalls in practice we found had not been identified.
- Staff told us they felt supported, and management were approachable.

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

- People who chose to stay in their room did not always have easy access to drinks. We observed several people cared for in their bedroom not having drinks within reach.
- People did not always get the encouragement they needed to drink enough. We could not be certain that fluid records were being accurately maintained. A staff member told us, "The seniors will record what people have drunk later, they can use the computers."
- There were inconsistencies in some people's dietary requirements, one staff member told us no one required a modified diet however, we were then informed by 2 other staff members, a person required a soft bite size diet. This was not recorded accurately within their care plans to guide staff on how to provide support.
- There were no alternative meals or deserts for people with diabetes. The kitchen staff were not aware of people who were diabetic. This placed people at risk of imbalance in their blood glucose levels.
- Staff encouraged people to eat where necessary, we observed positive interaction at mealtimes. People were offered an alternative if they didn't want what was being served.
- For those people in communal areas, a selection of drinks was provided throughout the day.

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

- Staff supported people to appointments when required.
- Referrals to district nurses were made when concerns were identified.
- The staff liaised with social care professionals to improve the care and support for people living within the home

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 our last inspection we rated this key question good. The rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Dignity was not always respected, we observed 2 people wearing dirty tabards from breakfast at lunchtime.
- We observed numerous people sitting in the lounge area of the dining room without footwear on.
- People were not encouraged to participate in activities to promote independence. Those people who could not verbally communicate were not provided with additional support, the only activity observed for people who could not verbally communicate effectively was listening to music.

Lack of engagement to provide support to people to help them to remain independent was not encouraged. People choices were not promoted. This a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were kind and caring, they listened and acted on what was said to them. Staff were observed interacting kindly with people.
- We observed staff knocking on people's door prior to entering their room.

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

- Staff interacted with people in a warm and friendly manner and people were comfortable with staff who were supporting them.
- Staff demonstrated they knew the people they supported well.
- Relatives were happy with the supported their loved ones were receiving, one relative told us, "They [person] is well looked after that is all I could ask for, the staff are approachable and the manager is friendly."

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

- The provider evidenced one meeting for people who lived at the service however this was not well attended, and feedback not evidenced. There was no evidence further attempts had been made to gain people's views.
- Some relatives were invited to attend care plan reviews; however, one relative told us, "I haven't been involved with the plans in the home only with the social worker."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care plans lacked person-centred details and did not guide staff on how to support people safely.
- For those who lacked capacity appropriate representative were not always involved in the implementation of care.
- Staff knew the people they supported well and were aware of people's preference, some staff could describe people's favourite songs or their favourite drink. We observed staff members speaking to people in a person-centred way.

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.

- Some people had a communication care plans in place. However, they were not person centred and lacked detail on how best to support people.
- Pictorial menus were not followed. The pictorial menu was the same throughout 3 days of the inspection and did not reflect meals that were written on the menu board or meals served.
- Pictorial activity boards were not followed this could confuse people living with dementia.

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

- The home does not employ an activity coordinator; the carers provide activities however, during 2 days of inspection the activities were singing nursery rhymes, parachute games and a jigsaw. These games only lasted for a few minutes and people were not given a choice on the activities they wanted to do.
- People in their room were not involved in activities and no interactions with people who could not engage in activities verbally was observed.
- Some people who did not actively engage were left for long periods of times sitting in the same chair.
- During the inspection we observed relatives visiting people within the home, although these visits were arranged in advance.

Improving care quality in response to complaints or concerns

- Informal complaints were not always documented. A relative told us they had raised a concern which had

been addressed however there was no documented evidence.

- There was evidence of 2 complaints, both of which had been documented by the registered manager and actions taken.

End of life care and support

- Where people had end of life care plans in place these lacked personalised details about how to support the person to remain comfortable when they reached the end of life.
- Information about practical arrangements and decisions regarding resuscitation were recorded within the 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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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 registered managers did not have a good understanding of regulatory requirements. Incidents that required a notification to both the Local Authority and CQC were not always submitted.
- The system for monitoring accidents and incident was not effective. This placed people at risk as no trends or themes could be identified.
- The provider responded to some feedback and took action to address some of the concerns we raised. The next assessment will determine the effectiveness of these actions.

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

- No regular audits were undertaken, the concerns found during this inspection had not been identified during any management oversight or reviews.
- There were no records of daily handovers to ensure information was shared with all staff. Senior carers utilise an electronic system to send messages however there was no evidence this information is shared with the wider staff team.
- The system for monitoring the health and safety of the service was not effective. The registered manager had not identified the lift did not have a Loler certificate.
- There was only evidence of fire checks completed by the registered manager during out of hour visits. No 'spot checks' regarding level of care and support were recorded. Therefore, there was no monitoring of care and support provided during out of office hours.
- The registered manager did not have an effective system in place to monitor staffs training. We were provided with 2 training matrix both containing contradictory information.

The provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service.' This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The providers engagement with people and relatives was minimal. People and their relatives were not actively involved in providing feedback to drive improvements within the service, one relative told us, "There has been no meeting with the home, no general meetings."

- There were no records of consultation with people that lived in the service. There was no evidence to identify actions taken to improve the service based on feedback.
- There were mixed views in relation to supervisions. One member of staff told us "I think I have had 1 in a year." Another member of staff said, "I get regular supervision."

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

- Staff were happy with the support from management, comments included "[registered manager] is always approachable" And, "[registered manager] and [deputy manager] are both lovely and so supportive."
- Staff were happy in their roles, comments included. "We are like a little family in here" and, "it's great here they [managers] are supportive, if I don't know something I will ask, people will always help, I haven't looked back since starting here."
- The manager was visible in the home and knew people well. Positive interactions were observed between the manager, staff, people who lived at the home and relatives.

Continuous learning and improving care

- Actions plans were minimal as no concerns were being recorded to drive improvements.
- There was limited evidence of learning and reflective practice.

Working in partnership with others

- The service worked alongside the local GP and referrals to the relevant health professionals were submitted if concerns were identified.
- The service worked with the Local Authority.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Lack of engagement to provide support to people to help them to remain independent was not encouraged. People choices were not promoted. This a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's rights had not been protected in line with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The system for assessing risk was not robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The oversight of medicine was not robust enough to ensure people were safely given their medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and equipment were not suitably clean and maintained. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found evidence the service did not provide adequate staffing levels to ensure care was carried out in a safe and effective way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service.' This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning notice issued