

Core Prospects Care Services Limited

# Core Prospects Limited - 37 Sandringham Crescent

## Inspection report

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07 January 2016

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 31 December 2015 and 7 January 2016 and was announced

Core Prospects Limited is a supported living service situated in South Harrow. The service provides 24 hour support to four people living at in a shared house, along with individualised support packages to three further people living in their own flats. The people who use the service have mental health support needs, with some having additional needs such as learning disabilities, autism and physical and sensory impairments.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection of Core Prospects Ltd on 11 October 2013 we found that the service was compliant with the regulations that we assessed.

People who used the service told us that they felt safe and well supported. We observed that people appeared comfortable and familiar with the staff who were supporting them.

People were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the service were generally well managed. People's medicines were managed appropriately and records of medicines were well maintained. Some people managed their own medicines or were being supported to work towards self-management. Medicines risk assessments were in place for people. However, we found that the medicines administration record regarding prescribed pain relief for one person did not include information about who it was for, the dosage and when it should be given. This meant that we could not be sure that the medicine was always administered safely.

We have made a recommendation about the recording of prescribed medicines.

We saw that staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

Staff who worked at the service received regular relevant training and demonstrated that they were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the

recruitment process to ensure that they were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments of capacity had been undertaken. Staff members had received MCA training.

People were supported to shop for and prepare healthy meals. One person told us that staff members were supporting them to learn to cook a wider variety of meals. Records showed that people were supported to make healthy food choices.

Support plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. Care plans were produced in an easy to read format. People had monthly meetings with their key workers where they were able to assess and review their progress in relation to outcomes identified within their plans.

People participated in a range of community activities along with group activities that were facilitated by the service. Staff members engaged people supportively in participation in activities. People's cultural, religious and relationship needs were supported by the service as required and detailed information about these was contained in people's care plans.

The service had a complaints procedure that was available in an easy to read format. People knew how to complain and we saw that complaints had been dealt with promptly.

The care documentation that we saw showed that people's health needs were regularly reviewed. The service liaised with health professionals to ensure that people received the support that they needed.

We saw that there were systems in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date.

People who used the service and staff members spoke positively about the management of the service.

## 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. Although medicines were well managed and administered correctly, a medicine administration record for one person did not include information relating to the prescription.

Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

**Requires Improvement** 

### Is the service effective?

The service was effective. People who used the service were satisfied with the support that was provided.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act.

People who used the service were involved in decisions about their care. People were supported to maintain good health and to access health services when they needed them.

People were provided with the support they required to shop and cook for themselves.

**Good** 

### Is the service caring?

The service was caring. People who used the service told us that they were satisfied with the care provided by staff. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were positive and caring.

**Good** 

People's religious, cultural and relationship needs were respected and supported.

### Is the service responsive?

Good ●

The service was responsive. People told us that their needs were addressed by staff.

Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a wide range of activities.

There was a complaints procedure that was available in an easy to read format. People knew how to complain and we saw that complaints had been managed in an appropriate and timely way.

### Is the service well-led?

Good ●

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager demonstrated leadership and accountability. She was approachable and available to people who used the service, staff members and visitors.

People who used the service told us that the manager was helpful. Staff members told us that they felt well supported by their manager.

The registered manager had a good working relationship with health and social care professionals and organisations.

# Core Prospects Limited - 37 Sandringham Crescent

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 December 2015 and was announced. The service is small and the manager is sometimes involved with supporting people so we gave 48 hours' notice to ensure that the manager was available. We returned to the service on 7 January 2016 to complete our inspection.

The inspection was carried out by a single inspector.

Before our inspection we reviewed the information that we held about the service. This included the report of the previous inspection of this service, notifications that we have received from the service and safeguarding referrals relating to the provider. We also made contact with the commissioning team from the local authority.

During our visit we spoke with three people who were supported by the service. We were able to spend time observing support being provided in the communal areas, including interactions between staff members and people who used the service. In addition, we spoke with the registered manager, the business manager, and two members of the care team. We looked at records, which included three people's care records, four staff recruitment records, policies and procedures, medicines records, and records relating to the management of the service.

# Is the service safe?

## Our findings

One person who used the service told us, "I feel safe here. It's better than where I lived before."

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. Records of medicines were of a good standard, and included details of ordering, administration and disposal of medicines. Some people managed their own medicines, or were working towards this. In the shared supported living service, people's medicines were kept in locked storage in their rooms except where a risk had been identified. We saw that risks in relation to medicines had been recorded and were reviewed on a regular basis. A recent concern about recording of medicines administration had been identified at an early stage and appropriate actions were taken, This included discussion at a team meeting and refresher training in safe administration of medicines for all staff members.

We raised a concern about the record in relation to prescribed pain relief medicines administered to one person on an 'as required' basis. These were recorded in a book that was kept separately from the administration record for other medicines received by the person. The record was completed appropriately by staff, and the record was kept in a box with the person's name on it,. We were able to see from the record that these medicines were administered appropriately in accordance with the prescription label on the medicines box. However, this information and the person's name had not been recorded directly on to the medicines administration record book.

We discussed this with the registered manager who told us that the service was keeping a separate record on the advice of a pharmacist who had recommended that this would enable the service to monitor the use of the particular medicine. They informed us that they would ensure that they would take action to ensure that the record contained information that reflected the information contained within the prescription.

Staff had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. There was an up to date safeguarding policy and procedure that referred to local multi-agency procedures. Staff members that we spoke with were aware of this and knew how to report concerns or suspicions of abuse using the procedure. We reviewed the safeguarding records and history for the service and saw that there had been one safeguarding concern raised since our previous inspection. We saw that this had been appropriately managed.

The service looked after one person's monies. There was a policy and procedure in relation to this and we saw that detailed expenditure records including receipts were maintained.

The service had suitable arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including behaviours, physical and mental health needs, medicines,

finances, self-care and community activities. These were up to date and had been reviewed on a regular basis. Risk management plans were detailed and included guidance for staff around how they should manage identified risks. For example, we saw that crisis plans were in place in relation to signs and behaviours that might indicate that a person's mental health was at risk. These included guidance for staff around supporting the person, along with information about when and who to contact if they were concerned.

We saw from the services staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required. People told us that they were satisfied with the support that they received. Staffing rotas were designed to provide flexibility of support. For example, where people required support to participate activities outside the shared supported living service, cover was provided to ensure that someone was available to support people during their absence. During our inspection, a staff member was supporting a person with a disability to shop, and the registered manager provided staff cover for this. The business manager showed us how additional night support had been provided, in agreement with the local authority commissioning team, for a tenant where risks had been identified in respect of their behaviour.

We looked at four staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The shared supported living service was well furnished, clean and well maintained. There was an up to date health and safety risk assessment, and we saw that safety certificates, for example for gas and electrical installation checks, portable appliance checks and fire safety equipment were up to date

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the shared service, and we saw evidence that fire drills and fire safety checks took place regularly.

The provider maintained an out of hours emergency contact service and staff we spoke with were aware of this and how to use it.

We recommend that the service consider current guidance on records relating to prescribed medicines and take action to update their practice accordingly.



## Is the service effective?

### Our findings

People that we spoke with told that they were happy with the support that they received from staff. One person said, "they are very good," and another told us that, "they are helpful when I need it."

The provider was active in ensuring that support staff were enabled to develop the skills and knowledge that they required to support the people whom they worked with. Staff members had received an induction when they started working at the service. The induction included information about people using the service, policies and procedures and service specific information such as the fire procedure, report writing and the environment,. We saw that induction training met the requirements of The Care Certificate for staff working in social care services. Induction to the service was recorded on a template and each activity was 'signed off' when completed by the staff member and the registered manager.

We saw that all staff had received mandatory training such as safeguarding of adults, infection control, manual handling, and medicines awareness. The records of staff training showed that these mandatory training been 'refreshed' on an annual basis.

Training in relation to specific needs was also provided. We saw, for example, that the service had provided training in mental health awareness, and autism awareness. One staff member told us about a British Sign Language course that they had attended. They were a key worker for a person with a hearing impairment, and said, "although we already know some of the signs they use, this has really helped us to communicate better and have real conversations." Staff members also had opportunities to take up care specific qualifications. We saw that a number of staff members either had these or were currently working towards achieving them. Two staff members had recently commenced qualification training at a further level to those they had already achieved. The business manager told us that this had been provided following discussions at their most recent appraisal regarding their wishes to develop skills that would enable them to move towards management roles in social care. A senior support worker who had recently commenced Qualification and Credit Framework training at level four, said, "I am enjoying it. It's really helping me to develop new skills that I can use at work."

Staff members told us that they had received regular supervisions and appraisals. The staff records that we viewed confirmed this. These showed that monthly supervisions with a manager were supported by a monthly evaluation record that showed how individual staff members had performed against a set of key competencies during the previous month. These were discussed during the supervision sessions, and performance outcomes for the following month were agreed. Staff had received performance appraisals during the past year, and the records showed that the outcomes of their monthly supervisions sessions were used to inform these, and to set performance and learning and development targets for the coming year. The business manager showed us that job descriptions were being revised to reflect the fact that discussions with some staff members during their recent appraisals identified a wish to take more responsibilities to enable them to develop skills that would lead towards job progression.

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.

We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the Mental Capacity Act (MCA). These were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and demonstrated that they were aware of the key principles of the Act. People's care documents provided information about their capacity to make decisions. We observed that people who used the service were not restricted without their formal consent.

People who used the service prepared and ate food of their choice. Care files and records maintained in the kitchen at the shared supported living service showed that staff members were involved in supporting people to make healthy food choices and to learn how to cook for themselves where required.. One person told us that we spoke with told us that, "I can make some food like porridge, and they are helping me to cook other things." Another said, "I cook and shop for myself." A person with a physical impairment required staff support to shop and cook. We saw that there was a record of meals and menu plans that they had agreed with their key worker, who told us that, "we shop and cook with [them], and they let us know if we've got it wrong."

There were effective working relationships with relevant health care professionals. Records of regular appointments were in maintained. For example we saw that people had been supported to attend appointments with community psychiatric services, as well as GPs and dentists. Staff at the service were proactive in contacting health care professionals where required. For example, the records showed that regular contact had been maintained with a GP and psychiatrist in relation to a person who did not wish to take their medicines, and that reviews had been requested when there were other concerns about people's wellbeing.

## Is the service caring?

### Our findings

One person told us, "I like the staff," and another said, "they are easy to talk to and helpful."

People were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner. Staff members were courteous and positive in their communications and people appeared relaxed and comfortable with the staff supporting them. We saw that staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. We observed friendly and encouraging interactions between people who used the service and their support staff. For example we saw that a staff member who communicated with a person using sign language received a response that showed that the person understood and enjoyed the interaction.

Staff members spoke positively about the people they supported. One told us, "it can be challenging sometimes, but that is fine. We know that people don't mean it." Another said, "I enjoy working here. You can see changes in people and that makes a difference."

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural needs were recorded in people's care plans. Care plans also included information about people's needs in respect of relationships and sexuality and positive guidance was provided for staff in relation to support of these. For example, we saw that staff members had supported a person to meet regularly with a girlfriend. Key worker records described how staff members had supported people who were looking for relationships, for example through suggesting safe ways in which they could meet new people, and discussions about how best to approach them. We asked the business manager about how staff would support a person who had, or was interested in a relationship with a person of the same gender. They told us that "it's all about equality and diversity. We would ensure that people had the same support."

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. One person told us that, "I know about advocacy but I don't need it."

People were involved in decisions about their care. One person said, "they respect my views and help me to decide what I want. They are very helpful." The records of key work meetings showed that people were supported to discuss their emotional wellbeing and staff members spoke to us about the importance of this. We were told, "when people are upset or anxious, we encourage them to talk about it, and wait until they are ready to talk. It's about making sure that they know we are there for them."

## Is the service responsive?

### Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person said, "they discuss everything with me and make sure I agree with it."

Support plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out, and written in plain English.

The person centred plan detailed people's personal history, their spiritual, cultural and relationship needs, likes and dislikes, preferred activities, and information about the people who were important to them.

Information about people's mental health needs was detailed and ensured that staff members had clear guidance on how to ensure that people were supported in ways that reduced stress and anxiety.

The support plans set long and short term outcomes for each person. We saw that these were supported by monthly summaries of progress in relation to these outcomes. The records of key work meetings, showed that people's progress was discussed with them on a monthly basis, where targets were adjusted, or new outcomes set with their agreement. We saw that the information contained within the progress summaries and key work notes were used to ensure that support plans were kept fully up to date. Daily notes of care and support were in place and we saw that any concerns arising from day to day issues were reported and managed appropriately.

People participated in a range of activities within the local community. Two people did part time work within local businesses and one person went to a regular club night. Another person told us about a range of activities that they were involved with including carpentry classes and self-help groups. They said, "I have something to do every day." During our inspection, one person went on a shopping trip supported by a staff member, and another was preparing to attend a work interview. A regular programme of group activities took place at the shared supported living service or in the community, and these were available to all people who were supported by the service. These included Zumba sessions, film nights and meals out. People were also supported to plan short holidays. One person told us that they had enjoyed a previous trip to the seaside, and that they would be going to Southend for two nights later in the year.

Regular monthly tenants meetings took place at the shared supported living service. The records of these showed that people were able to discuss issues that were meaningful to them. The notes of a meeting in December showed that people had discussed Christmas activities, a policy for sharing use of the television in the communal lounge and smoking in the house. A template for people to identify issues that they wished to discuss in January was pinned to a notice board in the kitchen area, and we saw that people had already started to complete this.

The service also supported people who wished to be more involved in the running of the shared service, and the business manager told us that some people were involved in carrying out health and safety checks. This was confirmed by a person that we spoke with who told us, "I do regular checks for fire safety."

The service had a complaints procedure. We saw from the service's most recent satisfaction survey that the majority of people had confirmed that they knew about the procedure, with one person stating that they were unsure. One person told us, "I know how to complain, and when I did they helped me sort it out." The service's complaints register showed that there had been two complaints raised during the previous year. These had been dealt with promptly at the first stage of the procedure.

# Is the service well-led?

## Our findings

People spoke positively about the manager. One person told us that, "the manager is helpful," and another said, "she has helped me to sort out my money problems."

The registered manager was also the service provider. They were supported by a business manager and two senior support workers. The registered manager and business manager were additional to the staffing rota, but they provided cover when staff members were absent or away from the service supporting people in the community. During our inspection we observed that the registered manager provided cover whilst a support worker went shopping with a person. We also observed that both she and the business manager spent time talking with people and their support workers and appeared to know people well. Management cover was available at the service from 8.00am to 8.00pm during weekdays, with a an 'on call' service provided at all other times.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. One told us that, "the manager is really supportive," and another said, "they are supporting me to develop my skills." Monthly team staff meetings took place and staff members were able to record any issues that they wished to discuss at the next meeting in a book kept for this purpose. One staff member told us, "the meetings are really helpful. If we want to talk about anything in particular we write in the book and it is always discussed." The minutes of the most recent meeting held on 9 December 2015 showed that a number of topics were discussed, including progress on actions arising from the previous meeting, relating to people who used the service, medicines administration procedures, appraisals, and the setting of staff performance standards.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

There were systems in place to monitor the quality of the service and we saw recorded evidence of these. Monthly audits of, for example, medicines, record keeping and care practice were carried out. Action plans were in place to address concerns raised by these audits. We saw, for example, that actions in respect of record keeping had been discussed with staff members following an audit, and that improvements had been made.

An independent consultant had undertaken a review of compliance during September 2015. We saw that a number of actions identified within the report of this review had been completed and that actions to meet outstanding requirements were in progress. For example, the records in respect of care, staffing and training showed that the provider had made improvements recommended within the review. The business manager told us that the review was part of a process of continuous improvement and that this would be revised and updated on a regular basis.

Satisfaction surveys took place annually, and the results of the most recent survey showed that people had

expressed high levels of satisfaction with the service.

We reviewed the policies and procedures in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.