

Four Care Plus 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prospect House is registered to provide accommodation and personal care for up to seven people with a learning disability. At the time of our inspection there were six people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People received safe care and many risks were identified well, although procedures for monitoring who was in and out of the home needed to be more robust. Staffing was organised to ensure people received the level of support they needed, and recruitment was in progress to develop a consistent staff team. Systems and processes were clearly identified in relation to supporting people with their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave their consent to care in line with current legislation. The service respected people's human rights. Staff understood people's individual communication needs and respected their wishes and preferences.

Staff received appropriate training and supervision. Staff communicated well with one another and they understood who they were supporting, with a clear management structure to help them in their work. Roles and responsibilities were more clearly defined and staff felt supported.

Staff were kind, patient and caring with the people they supported. People were treated with respect and their independence was encouraged. Prospect House provided a friendly, welcoming homely environment and people were happy.

Planned activities were in place for people and staff interacted with interest when people spoke about what they had been doing. Care plans were clear, concise and person-centred. Concerns and complaints processes were in place and the provider was considering ways in which people's voice could be more clearly reflected.

Changes had been made in how the service was being led and managed. Staff reported improvements in how the service was run and they were confident further improvements would be made. Systems and processes with which to monitor the quality of the provision were being embedded.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published July 2019) and there were multiple breaches of regulation. The service has been in Special Measures since July 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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 effective.

Details are in our effective findings below.

Good ●

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

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

One inspector carried out the inspection.

Service and service type

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.

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. This included details about incidents the provider must notify us about, such as abuse or when a person injures themselves. We contacted relevant agencies such as the local authority and safeguarding teams. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff, the deputy manager, the service development manager, and the registered manager. We reviewed four people's care records, people's medicines records, policies and procedures, records relating to the management of the service, including recruitment records, accident and incident records and training records.

After the inspection

We made telephone calls to three people's relatives to gain their feedback on the service.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service needed to be improved to give assurance about people's safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was a signing in/out book for when people and staff went out, although this was not consistently used and therefore would not be of use should there be an incident, such as a fire or a person going missing. The registered manager agreed to ensure there was a more robust system in place. There was a trip planner which recorded all details of who had gone out, what they were wearing, the destination, route, vehicle and staff.
- Risk assessments had been reviewed for each person. Details of how to mitigate and manage risks were recorded in individual care records, such as the risk of choking or what to do if a person had a seizure. The registered manager told us they had decided through a best interest process to use a listening device to alert staff if two people were having a seizure at night.
- People were encouraged to be aware of their own safety. For example, at mealtimes staff reminded people not to put too much food in their mouths and explained if their food was too hot. When going on an outing, people were reminded to wear their seatbelts.
- Accidents and incidents were reviewed to identify opportunities to learn and avoid repetition. Information was shared with staff to ensure people's safety was maintained.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service used the support of agency staff and although there had been a high staff turnover, the

registered manager was actively recruiting to try to ensure consistent staffing as well as having a team with the right values and behaviours. Where possible, regular agency staff were used, who were familiar with people using the service.

- Staff and relatives said the service would be better if there were more staff. One relative said, "Until staffing levels are improved, people can't build relationships. Agency staff come, but it's not the same." Another relative said, "Staffing needs to improve and the deployment of staff, such as when staff take smoke breaks, to make sure there are enough staff available for people."
- Staff were robustly recruited. Staffing levels met people's needs and people had received the levels of one to one support they required. Where people needed two to one staffing, such as in the community, this was provided.
- The management team were supernumerary and gave additional support to people and staff whenever possible. There was an on-call system for when the management team were not on site and staff said this was reliable.

Using medicines safely

At our last inspection medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were clear systems and processes in place to ensure medicines were managed safely. People had individual medicine cabinets in their own room and storage was secure. Supply, recording and disposal of medicines was clear and there were regular checks of stock balances and audits of procedures.
- Medicines audits were completed monthly which then produced an action plan which was signed as tasks were done.
- Staff were confident in supporting people with their medicines and they had received appropriate training and competency checks to do so. Staff understood the individual medicines protocols for each person.

Learning lessons when things go wrong

- People had positive behaviour support plans and incidents were managed in line with good practice guidelines. There was management oversight to identify opportunities for learning from incidents and raise staff awareness. For example, an incident had occurred when there were no staff upstairs, and so deployment of staff was changed.
- The service development manager had a clear focus on staff training where incidents highlighted the need for this, such as with medicines errors.

Systems and processes to safeguard people from the risk of abuse

- Staff were proactive and successful in using distraction and de-escalation techniques where people showed signs of developing behaviour which challenged the service. One person became agitated and upset, and staff focused their conversation on positive aspects of the trip they were about to go on. This had a calming effect on the person and others.
- Safeguarding procedures were clear. Staff knew how to identify and report concerns if they thought a person may be at risk of harm. Staff were methodical and systematic when signing people's money in and out of the service, and recording spending transactions.
- The registered manager understood their responsibility to refer matters of concern to the local safeguarding team and there were appropriate referrals made where necessary.

Preventing and controlling infection

- There was a good supply of personal protective equipment available for staff to use to help prevent the spread of infection. People were encouraged to use tissues if needed and dispose of these promptly.
- The home was clean and there were no unpleasant odours.

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 inadequate. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to meet the requirements of the Mental Capacity Act (2005) which meant people's rights were not protected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

- People were appropriately supported to have choice and control of their lives and staff understood the key principles of the MCA.
- People's mental capacity was recorded robustly and appropriately regarded. Staff understood how to support people in making their own choices and there was a formal best interest decision making process.
- People had freedom to make their own choices and staff were aware of information in people's support plans regarding their mental capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection, the provider had failed to follow national guidance and the lack of health care

planning meant people's needs were not appropriately met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs and choices were assessed and delivered in line with good practice guidance. Assessments had been reviewed and were closely monitored to ensure care was person-centred and meaningful to individuals.
- The registered manager told us they were taking steps to improve people's support to attend appointments and reviews. One relative said appointments had not always been kept to time, but felt this was improving.
- Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made. Where prompt medical attention was needed this was sought without delay.
- One person said they could see a doctor if they felt unwell. Relatives told us their family members' healthcare was supported well.
- The registered manager understood how to contact relevant partner agencies where people may have additional requirements, such as bereavement support.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had adequate support to carry out their role competently. This was a breach of regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was a programme of training and induction to support staff in their roles. The service had a new service development manager who had oversight of staff training and competence, and checked staff understanding through working alongside them.
- Staff felt supported to carry out their work with people and said they had many opportunities to develop their skills through training and working with colleagues.
- Staff were confident when supporting people with behaviour that challenged the service and they said they were able to call upon the management team for advice or further training.

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

- Meals were prepared according to people's care and support plans, their preferences and needs. Staff understood people's individual dietary needs and these were detailed in their care and support plans.
- People chose what they wanted to eat and staff supported them to prepare their food and drinks as they were able. Staff noticed people's non-verbal cues and gestures and responded with offering choices of drinks or meals.
- One person said, "I eat the food I like. I go out for lunch sometimes too. I like doing that." Another person said, "I like the food."

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

- Prospect House had a homely feel and the provider had made improvements inside the home since the

last inspection. The kitchen had been refurbished which meant people had easy access to prepare their meals and use the adjacent dining area. Staff told us there were further plans to make additional improvements to the garden area.

- People's own rooms were personalised and adapted to their individual needs. One person told us they had chosen the colours of their walls and they were happy with the way their room was decorated.
- Each person's individual bedroom had en-suite facilities and they accessed communal living spaces freely.
- One relative told us, "Aesthetically, changes have been made so it's a better environment to live in."

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 as Requires Improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to provide person-centred care and support, which meant people's needs and preferences were not met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Relatives said care was improving and they were working closely with the management team to address matters such as missing clothing so their family member would always be smart. They said, "Clothing needs to be right and we are working with [registered manager] to improve."
- Care records had been re-written and made clear references to each person's particular needs and preferences. Staff understood how to ensure people's preferences and diverse needs were met in all areas of their support and they understood people as individuals with unique needs.
- People's independence was encouraged, and they had choice in their care and support. Staff spoke respectfully with people and understood their individual preferences. Staff were patient when supporting people with communication and they paid attention to people's non-verbal cues.
- Relatives of people in the service were able to visit any time. Some relatives had close involvement in their family members' support and felt encouraged to spend as much time as they wished in the home. One relative told us, "I absolutely can go whenever I like. Staff are always friendly, I couldn't get a better welcome."
- Staff asked people's permission to go into their rooms and they knocked on doors before entering. Staff were respectful of people when speaking with and about them. Friendly banter was used appropriately, helping to create a happy atmosphere.

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

- People's views had been sought and they had been involved in decisions about their care and support. The provider used pictorial information, such as emotion symbols to help some people express their views. The service development manager was considering further ways to ensure people's views could be sought and used to improve the quality of their support.
- Care records showed how decisions, such as what to do each day had been made, and who had been

involved in discussions. Where one person said they would prefer to live elsewhere, this had been discussed and was being explored.

- Relatives said staff supported people well. One relative said, "Some staff are amazing and they're happy in their work. Staff are brilliant with the residents; so caring. They are incredibly valued by me, far more than they'll ever know."

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 as Inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection there was a lack of planning care and support, which meant people's needs and preferences were not identified and met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Concise support plans had been developed around each person's individual needs since the last inspection. Repetition had been removed from records and frequent reviews of people's needs were implemented. Staff said the new documentation meant they were able to quickly find information and understand what each person's needs were, including their individual preferences. The service was considering ways to develop people's input into their care and support plans and identify their goals and aspirations.
- People's care and support plans were positively written and highlighted what and who was important to people and staff understood this. Where one person did not have any family support, the service was actively seeking an advocate. People's family visits were welcomed and encouraged.
- People engaged in activities which were individually meaningful. Staff supported people in their choice of what they wanted to do. The service was expanding the use and quality of images to help people choose what to do, such as photographs of people's favourite places to visit. Staff highlighted where resources needed replacing for activities, and the registered manager actioned this.
- One person told us they really loved to go shopping with staff. They returned from a shopping trip and showed staff what they had bought. Staff took an active interest and chatted to the person about their experience at the shops. Another person was going on a trip to a local place of interest and said they loved being outdoors. Another person told us they liked listening to heavy metal and staff supported them to source some batteries for their headphones.

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.

- People had access to easy read documentation, such as a pictorial complaints procedure and support plans. Documentation contained emotion pictures to help people express how they were feeling, and these were being used appropriately.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to establish a system for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Complaints were being taken seriously and the registered manager carried out investigations where concerns were raised. Staff said they would always act upon any concerns raised by individual people and supported people's rights.
- One person we spoke with said they spoke with the staff if they were not happy with anything and trusted staff would make things better. Relatives we spoke with gave mixed views about the complaints process; some relatives felt their concerns would be acted upon whilst others lacked confidence. One relative said, "Things are improving and we are being listened to much more." whilst another relative said, "I had no confidence before, it's coming back but I don't fully trust them yet to act upon my concerns."
- The registered manager was considering ways in which people's voice could be highlighted more clearly in complaints and compliments, to show how the service was responding.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant although systems and processes were in place these were still being developed further and were not yet fully embedded in practice. The provider was not yet able to demonstrate sustained levels of high quality person-centred care.

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

At our last inspection the provider had failed to operate robust quality assurance or meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A clearly defined management structure had been put in place since the last inspection. The area manager had registered to be the registered manager to establish secure infrastructure in the service and take responsibility for the running of the home. They were supported by a deputy manager, whose role and responsibilities were clarified. There was a newly appointed service development manager who was getting to know staff's strengths and identify areas for further training and support. There was evidence of regular provider visits to the service.
- There were systems and processes for assessing and monitoring the quality and safety of the service delivery and identifying areas to improve. Action plans and audits showed where matters had been identified and addressed, there was work in progress to review the effectiveness of these. The registered manager had already identified there were some gaps in recording of information and was considering ways to improve this.
- Staff told us they felt much more supported and valued in their work and there were clear boundaries and accountability. They knew who to go to for support and advice and were confident the management team was making positive changes in the way the service was run. One member of staff said, "[name of registered manager] is a godsend, things have changed for the better."
- Relatives told us they were seeing improvements in the management of Prospect House. One relative said, "Everything is fine. Things are improving since [name of registered manager] took over. They're right on the ball." Another relative said, "I'm positively optimistic. The service still needs improving and I think this will happen if there is consistency and better communication. I hope things will improve as [the registered manager] intends."

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

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

- The registered manager told us they were working hard to improve the culture in the home and they had staff in post with the right attitudes, values and behaviours. They said they hoped to continue to increase the strength of staff team by recruiting those with such shared values.
- Staff told us the management team was approachable and they felt supported to be open and honest in the way information was shared. One member of staff said, "If a mistake is made, I know I will have support from the management team to improve, rather than a telling off."
- The registered manager was aware of their responsibilities under the duty of candour.
- One relative said, "You can feel the dynamics in the house, so it's improving. The 'heart' of the home is regaining."

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

- The registered manager was visible in the service and spent time speaking with people, staff and visitors. They told us they were considering ways in which to improve engagement with people, relatives, staff and partners. Relatives said they were involved and informed in their family members' care, although some relatives were still in the process of working with the management team to discuss ongoing improvements. One relative said, "We are working in partnership more now than previously."
- Staff meetings were held but not well attended and the management team were actively encouraging staff to attend so they could be kept informed about developments in the service.
- There was evidence of partnership working with other professionals, such as the community learning disabilities nurse and the intensive support team.

Continuous learning and improving care

- The registered manager told us they had worked hard to address the concerns raised at the last inspection. They had asked a manager from another of the provider's services to review medicines procedures following the last inspection, and audits had identified areas to improve.
- Opportunities to learn from previous issues and improve care were actively sought. Incident debriefs took place after all incidents and these were more comprehensive if physical intervention had been used to support behaviour which challenged the service. Questions were asked, such as 'what worked well, what didn't work well and what would we do differently?'.
- Feedback was welcomed through family questionnaires and people's satisfaction surveys. The registered manager was collating information from these in order to produce an action plan to improve care.