

Active Prospects

18 Wolverton Gardens, Horley (Active Prospects)

Inspection report

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Horley
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Date of inspection visit:
05 September 2017

Date of publication:
03 October 2017

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| 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

The inspection was unannounced and took place on 5 September 2017.

18 Wolverton Gardens is a residential home that provides support to up to five people with learning disabilities. On the day of the inspection there were 5 people living at the service. The people who live at the service have a range of complex needs and are supported with a full range of daily tasks, including personal care, support with eating and drinking and activities. We were informed during our inspection that the goal of the service is to ensure people maintain their independence as much as possible and live full and active lives at the home and within their community. We saw some examples of this during our inspection.

During our inspection we met the registered manager. 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.

During our last inspection on 23 June 2016 we found shortfalls that affected the support provided to people. During this inspection we found that the registered manager had made improvements to the service. Improvements had been made with regards to staff knowledge, dignity and respect, activities and the management of the service.

During the last inspection on 23 June 2016 we highlighted that the registered manager had not always notified CQC of events at the service. During this inspection we found the registered manager understood their responsibilities in terms of notifying CQC of significant events at the service. This meant that CQC could now monitor that people were safe at the service.

During the last inspection on 23 June 2016 audits were not robust at the service. We found at this inspection the provider audited the care and support delivered and sought feedback from people and relatives regarding the support received. These audits were robust and highlighted actions had been completed. All feedback from audits and questionnaires was positive.

During the last inspection on 23 June 2016 we highlighted concerns with staff knowledge of how to support people when they became agitated. During this inspection we saw that improvements had been made. Staff had received the training and support they needed to meet people's needs effectively. Due to this, there had been a reduction in incidents where people become agitated. Staff felt supported by the management team.

During the last inspection on 23 June 2016 people were not always supported with dignity and respect. During this inspection people were supported by staff who were kind and respected people's privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

During the last inspection on 23 June 2016 we recommended that the registered manager review the activities offered to people. During this inspection we observed that improvements had been made. People received person centred care and people were supported with activities which were meaningful to them and were in line with their interests and preferences.

People were safe at 18 Wolverton Gardens. Risks of harm to people were identified at the initial assessment of care and staff understood what actions they needed to take to minimise risks. Staff understood people's needs and abilities.

People were supported by staff who understood the signs of abuse and their responsibilities to keep people safe. People were supported by sufficient staff to meet their needs. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

People were supported by regular members of staff who supported people in a timely manner. Staff were confident and had the knowledge to administer medicines safely. They knew how to support people to take their medicines safely and to keep accurate records.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them.

Staff supported people in line with the organisational values as support was centred around increasing people's independence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by sufficient staff who were recruited safely.

Medicines were stored, managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental Capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful. They treated people with dignity and encouraged them to maintain their independence.

Staff took into consideration people's communication needs and involved them in daily decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were supported to enjoy activities.

People's care was person centred and care planning involved people and those close to them.

People's needs were assessed and reviewed to ensure they received appropriate support. Staff were responsive to the needs and wishes of people

People knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Good ●

The service was well led.

Improvements had been made since the last inspection.

The Provider audited the care and support provided.

Staff knew and understood the organisational values which were reflected in the support we observed.

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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 checked 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 5 September 2017 and was unannounced. The inspection team consisted of one inspector. Before the inspection, we checked the information that we held about the home and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed if we had received any complaints, whistleblowing and safeguarding information from relatives and staff. We did not receive a pre-inspection return (PIR) from the service. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with four care staff and the registered manager. On the day of inspection we also spoke to two visiting care professionals. We observed care and support being provided in the lounge and dining areas, and with people's consent, one person's bedroom. People had complex care needs which meant they might have had difficulty describing their experiences of the service. So, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing at lunchtime. We also observed part of the medicines round that was being completed. We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for five people, staff training, support and employment records, quality assurance audits, minutes of meetings, menus, accident and incident reports and action plans.

Is the service safe?

Our findings

People were supported by staff who were able to describe different types of abuse and how to report suspected abuse. This meant staff had the knowledge to keep people safe if concerns for their safety were raised. A staff member said, "I have just renewed my safeguarding training. If I was concerned about someone I would make sure the service user was safe. I would call on call or the manager. If I was very concerned I would call the police." The provider had raised safeguarding alerts with the local authority when abuse was suspected, and the service had taken steps to address any concerns.

People were helped to keep safe from harm because staff could identify and minimise risks to their health and safety. Several risks had been identified by staff and had been appropriately risk assessed. These risks included, falls, being out in the community, and people becoming anxious and distressed. Staff informed people of the risks, to help them understand and make their own decisions around safety. People were kept safe by staff when carrying out activities around the home. We observed staff encouraging people to maintain their safety in line with their risk assessments when they were eating their lunch.

People were kept safe because accidents and incidents were recorded and monitored. This meant the provider could identify any patterns or trends and take action to prevent further incidents. We saw that since the implementation of a behavioural support plan incidents involving this person had decreased. Staff had completed first aid training and helped people if they had an accident. Staff had good knowledge and understanding of how to keep people.

Risk assessments had been undertaken on the home to ensure it was safe for people, staff and visitors; this included a premises health and safety risk assessment. Annual safety checks included items such as general lighting, power circuits and PAT testing. Generic risk assessments were in place that covered areas such as infection control and first aid.

People would be protected in an emergency because arrangements were in place to manage their safety. These arrangements included a contingency plan, which listed the actions staff needed to take in the event of an emergency. Each person had their own personal emergency evacuation plan, known as a PEEP, which explained the safest way to support someone to evacuate the home in an emergency. These plans were person specific and took support needs and risks into account. Staff had knowledge of these procedures and knew how to keep people safe during an emergency.

People were supported by sufficient numbers of staff to meet their needs. When needed for trips and events extra staff came in to support people to ensure their safety. The provider had ensured that only fit and proper staff were employed to support people. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way which increased their independence. People were supported with their medicines by staff who had received medicines training and an annual medicines competency

assessment. Staff had knowledge about people's medicines and what they were prescribed for.

We observed that people were given the time needed to take their medicines safely. People had written protocols for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure cupboard. Regular medicine audits were in place and the MAR charts showed all prescribed medicines were signed as being taken by staff trained to do so.

Is the service effective?

Our findings

During our last inspection on 23 June 2016 we highlighted concerns with staff knowledge of supporting people when they became agitated. During this inspection we saw that improvements had been made. The registered manager had introduced behavioural plans for people who became distressed and anxious. Staff had a good knowledge of these plans and were now able to pick up on patterns and trends of people's behaviour effectively. This had led to a decrease in incidents at the service. Staff said they now felt confident in support people when they became distressed and anxious. This was evident in the reporting of incidents.

People were supported by staff who were trained to meet their needs. Members of staff said they had the training to carry out their roles effectively. Training courses covered areas such as the Mental Capacity Act, first aid, safeguarding and Epilepsy awareness. One member of staff said, "I absolutely feel I have enough training to do my job. Prospect are very strict with training."

People were supported by staff who received an induction to the role, the people and the home. One new member of staff we spoke to said that the induction was, "Good." One member of staff explained that the induction gave a good introduction to social care. They also explained they had shadowing experience with experienced staff. New staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

People were supported by staff who had regular supervisions (one to one meetings) with the registered manager. The supervisions gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. One member of staff said, "I feel supported." They went on to explain their supervision was to, "Talk about if I have any concerns, if they have any concerns. Any training I'd like to do. Anything I want to do. Anything I could do better."

We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people could not make decisions for themselves the process to ensure decisions were made in their best interests were followed. Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said, "You assume everyone has capacity until you prove otherwise." Throughout the inspection people were asked by staff if they consented to care and support before it was given to them. People were observed to be supported to make decisions with all aspects of their care. For example, people were asked if they wanted to take their medicines before it was administered.

When people lacked capacity and did not have an allocated person authorised to make decisions in their best interest the provider took appropriate steps. These steps included working in collaboration with advocates when it was required during best interest meetings and reviews where appropriate. An advocate is involved when a person who lacks mental capacity needs to make a decision about serious medical treatment, or accommodation. They offer help to people to make decisions in their best interest.

All the people living at 18 Wolverton Gardens had their freedom restricted to keep them safe. For example, the front door was locked, people were subject to constant supervision and some people had 'as required' medication when these became anxious and distressed. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for a care home are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the local authority. Staff had a good understand of DoLS. A member of staff said, "A DoLS is when you are preventing someone doing something to protect them." At the time of the inspection all applications were still being processed by the local authority. Whilst they waited for them to be agreed staff supported people in line with the application that had been made.

People's nutritional needs were met. The menu contained a variety of nutritious meals. People were encouraged to help prepare their meals. People were offered choice. People were supported by attentive staff who gave enough time for them to eat and enjoy their meals and checked if they wanted more. Staff were aware of people's dietary needs and preferences, for example people who needed their food cut up to aid swallowing.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs by supporting people to attend healthcare appointments, such as to the dentist, podiatrist, opticians, dietician or doctor. People had annual health reviews with their GP and their medicines were reviewed at least annually. People had health action plans, which help monitor the health input they received.

Is the service caring?

Our findings

During our last inspection on 23 June 2016 we observed support that did not always promote people's dignity and respect. During this inspection we found that improvements had been made in this area. We observed people were reassured when it was needed. We also observed staff talking, engaging and encouraging people during our visit. We could see this approach had helped build positive relationships between people and staff.

People were supported by staff who knew their background history and the events and those in their lives that were important to them. Staff knew people's interests, and staff were observed using these interests to engage with people in meaningful ways. Our observations and conversations showed there was a caring culture amongst staff and staff demonstrated they knew people well. Staff took time to listen and interact with people so that they received the support they needed. People were relaxed in the company of staff. The atmosphere at the home was quiet and calm.

Staff understood how to communicate effectively with people and understood people's character. Staff did not rush people; they took time to engage with them. A member of staff was observed answering questions about what staff were on duty that day. This was done in a calm and natural way, which the person we seen to respond well to. On another occasion a member of staff was heard giving reassurance to a person who had lost their hairbrush. The member of staff found it and gave it to the person. Members of staff were observed giving praise to people on several occasions. An example of this was when a person helped with taking the recycling out. The member of staff spoke in a soft, calm voice, which was seen to encourage and motivate the person. The person was seen to enjoy being involved in this activity.

People were supported to express their views and be involved in decision making about their care. People had their own computer tablets to aid communication and decision making. These were also used to document activities and events to aid memory and discussion. We observed a person use their tablet to aid a conversation about a recent trip. The tablets were also used to help people in meetings to discuss menus and activities choices.

People were supported by staff who understood and celebrated their skills and attributes. Staff ensured that people were being encouraged to use them. Staff explained to us that they had completed 'Active Support' training. A member of staff explained to us that active support was about encouraging people to be involved and have control in their day to day tasks. During the inspection we observed that people were encouraged to be involved in the running of the home. For example, we observed a person laying the table for lunch.

People were actively involved in making choices about the decoration of their rooms, which gave a caring and homely feel to the home as rooms were individualised and reflected people's characters. One person proudly showed us their room, which had been recently redecorated.

People were treated with dignity and respect. A member of staff said that maintaining a person's dignity is about fulfilling care needs, talking warmly and listening to people. We observed this approach on countless

times during the inspection. Staff explained practical steps they take to ensure they maintained dignity. For example closing the door if supporting someone with personal care.

Staff respected people's privacy and confidentiality. A member of staff said, "If you are talking about personal things with someone we talk to them on their own." During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character.

Is the service responsive?

Our findings

During our last inspection on 23 June 2016 the provider informed us improvements were needed when providing activities for people. During this inspection we observed that improvements had been made in this area. People were now supported with a wide range of activities that met their interests and preferences. Activities included arts and crafts, cookery and day trips. One person loved to go out and shop. We observed they went out to do this during the inspection. We saw that each person had their own activity timetable. This information tied in with the information in the person's daily notes. Ad-hoc in-house activities, including looking through photos and playing board games were also offered to people in a flexible way. This approach seemed to work well on the day of inspection.

Before people moved into the home a comprehensive assessment of people's needs was completed with the person, their relatives and health professionals supporting the process where possible. The assessment process meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified in the initial assessment. No one new had move into the service since our last inspection. People were involved in the review of their care and support and had regular key worker meetings.

People's care plans focused on the goals people wanted to achieve to increase their independence. Progress on these goals were regularly reviewed. For example, a person wanted to increase their independence around their medicines. We saw from the records that staff had implemented an individualised plan for this person to work towards doing this.

People were supported by staff who had a good knowledge of person centred support. People were involved in planning their care. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. There was information concerning people's likes and dislikes and the delivery of care. For example, one person enjoyed watching a specific television program, which staff knew without looking at their care plan.

People were supported to be independent and involved in the day to day running of the home, for example, laying the table, washing up, making cups of tea and preparing meals. Members of staff were observed to positively encourage people to fill their days with activities and tasks.

People's health and wellbeing was monitored so that staff could respond to any changes effectively. People could become distressed and agitated. Staff used mood charts to monitor behaviours so they could support people in the best possible way. This information was shared with health professionals to ensure they were receiving the best possible support to meet their needs. People had appropriate personal centred guidance for staff to follow if people become agitated. Staff had good knowledge of this information. The number of incidents had decreased since our last inspection.

People were given the opportunity to give feedback about the care and support they receive. They could also give feedback on the direction of the provider through the providers 'Proactive Committee', which was

a steering group headed up by people who are supported. One person regularly attended the provider's 'Proactive Committee', which they said they enjoyed being part of.

People were made aware of the complaints procedure and told us they knew how to raise complaints and concerns. There had been two complaints since our last inspection. These had been responded to in line with the provider's complaints procedure. Improvements had been made following both complaints. For example, one was about the decoration of the building. These issues had been addressed and a plan to decorate the service had been started. Staff informed us that if a complaint was received they would be taken seriously by the provider and used as an opportunity to improve the service.

Is the service well-led?

Our findings

During the last inspection on 23 June 2016 we highlighted that the registered manager had not always notified CQC about significant events. Without these notifications we could not monitor that all appropriate action had been taken to safeguard people from harm. During this inspection we saw that the service is now compliant in this area. The provider now understood their legal responsibilities. They sent us notifications about important events at the home and their PIR explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC could monitor and regulate the service effectively.

During the last inspection on 23 June 2016 poor shift planning meant that three people did not receive their medicines on time. During this inspection we observed that the shift was well managed. Staff were observed to communicate with each other about aspects that affected the care of people. For example, one member of staff was heard on several occasions informing staff where she was and what they were doing. This led to a relaxed and calm atmosphere at the service. A care professional described the service as, "Very welcoming, accommodating and organised." A member of staff said, "We work pretty good as a team. Staff rally around and step up when needed, which is very good team work."

During the last inspection on 23 June 2016 management did not always ensure equipment was adequately maintained. During this inspection we saw that the provider was more responsive in this area. Maintenance issues were now proactively responded to and repaired. All equipment and facilities were in good working order.

During the last inspection on 23 June 2016 we found that the auditing of the service was not robust. We also found some actions from audits and action plans had not been completed despite them being identified by the provider. During this inspection we saw that improvements had been made in this area. These improvements included the implementation of regular audits. Each month a management audit is carried out by another one of the provider's registered managers. This audit focuses on support, risk management, finance and medicines. A focus of this audit is also an observation of support, which helps put people at the centre of the process. The Area Manager follows up these audits with a 'Comprehensive Audit' that is in line with CQC's Key Line of Enquires. We saw that when actions had been highlighted they had been completed. For example, when it was highlighted that the pharmacy should come in and complete a medicine's audit this was arranged and completed.

Feedback from people and their relatives was sought. People were supported to fill in a satisfaction survey. The results were very positive. Relatives were given the opportunity to talk about their loved ones support and what they thought of the service being provided. The provider informed us that if there were concerns that were raised then an action plan would be implemented to improve the service provided. No concerns had been raised. .

A member of staff told us about the home's missions and values of, "Making sure people are happy, well kept, have lots of activities and have their dignity respected." Another member of staff said, "We are here to

make people as happy and as comfortable as possible. We are here to care for them but also promote as much as a social life for them as we can." This reflected the values of the organisation and the support we observed on the day of inspection. Staff we spoke to understood the values and ensured people received the care they needed. The registered manager had implemented a strategic plan that was in line with the goals of the provider. With these actions we could see that there was on going work to increase people's involvement with their support and their community.

The service had a culture that was friendly and caring. People told us that the provider and staff knew people well. This was made evident on the day of inspection. The registered manager was seen leading from the front and spent most of the day supporting people. We observed them interacting and engaging with people, sitting down in the lounge and asking how everything was going. People felt comfortable approaching the registered manager and staff. The registered manager and staff were seen to respond positively to people's requests and pick up on how they were feeling quickly.

Staff were involved in the running of the home. Team meetings were used in an effective way to concentrate on important themes when they arose such as the implications of the Mental Capacity Act on people. Staff were given the opportunity to raise concerns in these meetings, which were followed up by management. Staff had a good understanding of the key challenges and achievements of the home, which were highlighted in their provider information return (PIR). For example, ensuring that training offered continued to meet the changing needs of people.

People and staff felt that they could approach the management team with any problems they had. Members of staff agreed that the provider was approachable and supportive. The registered manager has implemented a surgery every month for family and friends to come and speak to them. They also said that they are around anytime to speak to people's circles of support.