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Prospect House Care Home

Inspection report

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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 

Overall summary

This was an unannounced inspection, carried out on 09 July 2015.

Prospect House Care Home provides accommodation and personal care for up to 24 people living with dementia. The service is set in its own grounds, within a short car journey from local amenities and bus routes.

The service has had a registered manager since June 2014. 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.

The last inspection of Prospect House was carried out in August 2014 and we found that the service was meeting all the regulations we assessed.

People who used the service felt safe. Staff knew about the systems in place to protect people from the risk of harm and they knew how to recognise and respond to abuse correctly.

Summary of findings

There were sufficient staff on duty to ensure the needs of people were met.

Effective recruitment processes were in place and followed by the service, and staff received on-going training and support to ensure they carried out their role effectively.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and DoLS to ensure that people who could not make decisions for themselves were protected. Some people who used the service did not have the ability to make decisions about aspects of their care and support. The registered manager understood the systems in place to protect people who could not make decisions and had followed the legal requirements outlined in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people lacked the capacity to make decisions about something, best interest meetings were held and documented in people's care records.

People had enough to eat and drink. People were offered drinks and snacks throughout the day. People who were at risk of poor nourishment were regularly weighed and provided with food supplements and drinks.

Staff were patient and friendly and knew people very well. Staff interacted well with people and engaged in conversation with them about things of interest.

The registered provider supported and encouraged learning and the staff team had the collective skills and knowledge to care for the diverse needs of the people who used the service.

People's care and support needs were up to date and reviewed on a regular basis with the person or other appropriate people. Staff provided people with person centred care and support.

No complaints had been made to the registered provider. People were aware of how to make a complaint if required and they told us they would not be worried about complaining if they needed to. People were confident that their complaints would be listened to and acted upon.

Systems were in place to regularly check the quality the service provided and to ensure improvements to the service were made. The registered manager and staff established good working relationships with family members and visiting professionals to the benefit of people who used the service.

Summary of findings

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 safe.

Staff knew how to recognise and report abuse and potential abuse.

There were sufficient staff on duty to meet people's needs.

Medication was safely managed and people received their prescribed medication at the correct time.

Good



Is the service effective?

The service was effective.

Staff received training and support which enabled them to carry out their role effectively.

People were supported to make choices and decisions. Where people did not have the capacity to make decisions, they were made on their behalf in accordance with the law.

People were provided with a choice of regular food and refreshments and they received the support they needed to eat and drink.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and patient in their approach.

People's wishes were listened to and acted upon.

People were respected and treated with dignity. Staff took time to speak with people and they understood people's needs.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and support, and they received personalised care and support.

People's care and support needs were well documented and their needs were met.

People were aware of how to make complaints and voice concerns about the service.

Good



Is the service well-led?

The service was well led.

The culture of the service was supportive and inclusive.

Systems were in place to identify practices that could put people at risk or lead to unsafe care.

Incidents and accidents were appropriately recorded and the information was used to facilitate learning and minimise reoccurrences.

Good



Prospect House Care Home

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.

We visited the service on 09 July 2015. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

We observed the care people received, met with all the people who used the service and spoke in detail with five

people. We also spoke with one family member and three visiting professionals. We spoke with the registered manager and seven members of staff who held various roles, including; care staff and ancillary staff. We looked at care records for three people, recruitment and training records for three members of staff and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. We contacted local authorities who commission care at the service to obtain their views about it. They raised no concerns about the service.

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "Oh yes I feel very safe" and "Safe as can be". A family member told us they were confident that their relative was safe.

Staff had completed up to date safeguarding training and they had access to the registered providers safeguarding policy and procedure and the procedures set out by the relevant local authority. Staff were knowledgeable about the different signs, indicators and types of abuse and they were confident about reporting abuse or potential abuse. They told us they would not hesitate to report any concerns they had. Their comments included; "I would report abuse right away. I'd follow the safeguarding process" and "I wouldn't think twice about it". The registered manager had raised safeguarding concerns with the relevant agency in a timely way and they had worked well with other professionals to ensure people were safe and free from harm.

Staff supported people safely in accordance with their risk assessments and they were aware of their responsibility to keep people safe. Staff knew to report any changes which they felt would impact on a person's safety and to keep risk assessments up to date. Environmental risk assessments had been completed and individual risks people faced in relation to their care and support formed part of their care plan. This included risks associated with falls, manual handling and nutrition.

People received care and support from the right amount of skilled and experienced staff. Staffing rosters for a period of four weeks showed there had been a consistent amount of staff on duty throughout the day and night. They also showed that each shift was led by either the registered manager or a senior member of the staff team.

The registered provider had a recruitment and selection policy and procedure. We viewed recruitment records for

three members of staff and this showed that the process for recruiting staff was thorough and safe. Applicants had completed an application form and attended interview, which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults.

Medication was stored securely and administered to people safely. Relevant staff had completed medication training and had had their competency checked regularly to ensure they were suitably skilled to administer medication. A policy and procedure for the safe handling of medicines was accessible to staff along with other related information and guidance. Care plans detailed the support people needed with their medication. Medication administration records (MAR) were maintained appropriately and they detailed the medicines that people were prescribed and instructions for use. People told us they had received their medicines on time and that staff were careful when administering medication.

The environment was clean and hygienic. Cleaning schedules for the environment were in place and records of these were kept. Staff had received health and safety training, including fire awareness, prevention and control of infection, first aid and moving and handling and they had access to a range of policies and procedures relating to health and safety matters. There was a good stock of personal protective equipment (PPE) including, disposable gloves and aprons and staff used them appropriately. For example, whilst assisting people with personal care. All waste was disposed of and removed appropriately from the service.

Is the service effective?

Our findings

People told us they thought staff were well trained and good at their job. People told us they liked the food and got plenty to eat. One person said; “The food is plentiful we definitely don’t go hungry” and another said; “We can have what we want, when we want”.

People who used the service told us that they received the right care and support from staff who knew what they were doing. People’s comments included; “The girls do everything they are supposed to do”, “They know what to do” and “They are really good”. Family members told us; “I am confident that they provide mum with all the care she needs”.

Staff received appropriate training and support relevant to their roles and responsibilities and people’s needs. All new staff completed an induction programme and ongoing training specific to their roles and the needs of people who used the service. As part of their induction new staff completed training in key topics such as safeguarding, health and safety and dementia care. New staff also shadowed more experienced staff for a period of time before being included as part of the core team. Ongoing training included topics which the provider considered mandatory and it was delivered in a number of different ways, including; e-learning and by an external training provider. Following each training session staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Staff comments included; “We get lots of training”, “All my training is up to date” and “We are given lots of opportunities to learn”. In addition to the mandatory training staff had completed, or were in the process of completing a National Vocational Qualification (NVQ) in care, to further increase their skills and knowledge in how to support people who used the service.

Staff received appropriate support and supervision and they felt well supported in their role. The registered manager had provided each member of staff with regular

one to one formal supervision sessions and an end of year performance and development review. These sessions provided staff with an opportunity to reflect on their work and plan any future training and development needs.

People made decisions and were given choices about their care and support. People’s preferences and wishes about how their care and support was to be provided, were included in their care plans and people told us that staff took notice of this. People, or where appropriate, their representative had signed care plans to show they were consulted about the content and agreed with them.

All staff had attended training in the Mental Capacity Act (2005). The manager demonstrated a good understanding of the principles of the Act. The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager had made a DoLS referral for a number of people who used the service and at the time of our inspection six people had an authorised DoLS in place. Staff were aware of which people were subject to a DoLS and the reasons why. Best interest meetings had taken place as required.

Staff had a good understanding of people’s nutritional needs. People who were at risk of poor nourishment had been referred to dietitians and nutritionists and appropriate care plans were in place for those people. Care plans provided information such as details of high calorific food and drinks people required and if their weight and food and fluid intake needed to be monitored. Mealtimes were unhurried and people received the support they needed to eat and drink. Most people ate their meals in the dining room. However some people preferred to eat their meals in their own bedrooms and they were offered timely meals and refreshments. People were offered a choice of two main meals and when one person did not want either, they were offered alternatives. Staff assisted people to eat and drink in an unhurried and calm manner.

People told us the staff would call a GP for them if they needed it. Care records evidenced that a variety of support had been sought for people when they required it, including the services of a dietician, nutritionist and speech and language therapists.

Is the service caring?

Our findings

People were positive about the way staff treated them. People's comments included; "They are very kind and they care about me", "Nothing but kind", "They are ever so good and understand" and "They are always there to listen". Family members and visiting healthcare professionals told us that staff always showed care and compassion towards the people who used the service and they said they had always been made to feel welcome.

Interactions between the staff and people who used the service were positive and relaxed. Staff showed kindness and they were patient in their approach. Prior to offering care and support staff explained what they were about to do and they gave people time to respond.

One person living with dementia appeared a little unsettled at intervals throughout the day. Staff reassured the person by holding their hand and comforting them. Another staff member explained what had upset the person and described the different techniques they used to help settle the person.

We saw that each person had their own bedroom and could personalise it how they wanted, for example, with family photographs, ornaments and their own furniture. Some people chose to spend time in their bedroom rather than in communal areas. Staff respected this and regularly checked on people to make sure they were comfortable and had access to drinks and snacks. Staff offered to spend time with people who chose to stay in their bedroom.

Staff had access to information about people's past lives and their family and this helped to generate discussions of interest with people. People told us that staff always showed interest in what they had to say and that they enjoyed talking to staff about their past.

We observed that visitors were welcomed and offered refreshments. There were quiet private areas where people and their visitors could go, other than the person's own bedroom, to enable them to have conversations without being overheard.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff understood the importance of ensuring people's privacy and dignity was respected. When staff entered the lounge area, they enquired after people and made sure they had everything they needed. Before entering a person's bedroom, staff knocked and waited for a response before they entered. People received personal care in the privacy of their bedroom and bathrooms.

People who used the service and their family members were provided with information about the service. It included the aims and objectives services and facilities available and details about the registered provider and staff. There was clear information about what people should expect from the service and guidance on how they could raise any concerns should they need to.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. They told us there were activities available each day for them to join in if they wished. One person said, “I read and paint and go for walks” and another person said, “There’s something to do each day.”

Family members told us the service was responsive to the needs of their relative and that staff communicated with them regularly. One family member told us, “They have really helped mum settle in.”

Each person had an individualised care plan which was person centred. The plans provided staff with clear guidance about how to meet people’s needs. People’s spiritual, cultural and diverse needs, likes, dislikes, wishes and preferences were recorded. Preferences people expressed included; preferred gender of carer, daily routines such as what time people liked to get up each morning and when they liked to retire to bed. Assistance people needed with everyday tasks, their mobility and communication were also included in their care plans. For example, one person’s care plan stated; “Use short sentences as not to confuse her” and another stated “Has difficulty with fine hand control so needs assistance with buttons and zips”.

Information was available about how staff needed to support people to have as much control over making their own decisions as possible. People had been asked if confidential information in their support plans could be shared with other people on a need to know basis and they had signed to agree with this. People’s care plans had been reviewed on a monthly basis with their involvement and where appropriate the involvement of relevant others. This helped to ensure the information remained up to date and reflected changes in people’s needs and it enabled people to give their view on the quality of care and support they received.

The registered manager and staff had worked alongside a range of health and social care professionals to make sure

people were provided with the care and support they needed to promote their health and wellbeing. For example, they ensured people attended appointments with their GP, dentist, optician and chiropodist as well as more specialist appointments with memory clinics, social workers and community nurses. Visiting health and social care professionals told us that the service had provided people with the right care and support following any advice and guidance they gave.

Daily progress notes which were completed for each person showed people had received the right care and support. The notes ensured that staff had up to date accurate information which they used to handover to the next shift. They were also used to help monitor, review and plan people’s care and support. We observed staff completing daily notes throughout the inspection and using them to share relevant information about people’s care and support.

The environment aided the orientation of people living with dementia. For example, bedroom doors were painted in primary colours and pictorial signs were used to identify toilets and bathrooms. Pictures and symbols were used around the service to inform people about things such as planned activities and the complaints process. There was also a large calendar on the wall in the main lounge/dining area which displayed the time and date.

Group and one to one activities were offered to people. Activities included art and craft reminiscence sessions and walks outside. One person told us how they liked to go and visit the animals in the grounds and another person told us they enjoyed trips to the local shops.

People who used the service and their family members had access to information about how to complain. People told us they would complain if they needed to and they were confident that they would be listened to. A relative said, “I’ve nothing to complain about but if I did I would definitely tell someone”.

Is the service well-led?

Our findings

People told us they knew and liked the registered manager. Their comments included; “She is very nice and I know I can talk to her”, “I know where to find her if I need her” and “I know I can go to the office anytime if I need to”.

Staff were familiar with the management structure of the service and their lines of accountability and they told us they were not afraid to speak up about anything. They said there was an open culture and that they felt at ease speaking with the registered manager. Staff told us they thought the service was managed very well and that the registered manager had made a lot of positive improvements to the service since her appointment. Their comments included; “She is firm but fair”, “Things are much different now, for the better” and “The manager has been supportive and is making good changes here”. Family members and visiting healthcare professionals also told us that the service had improved. They said the registered manager was very helpful and always willing to listen and help.

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

There were a variety of systems in place to assess the quality of the service, including audits and out of hour checks carried out by the registered manager. Audits were

regularly carried out on aspects of the service, including; the environment, care planning, the administration of medication, the environment and health and safety. Audit tools clearly identified what was needed to improve the quality of the service provided, who was responsible for any actions and timescales for completion. Checks were undertaken to ensure actions had been completed within the required timescales.

A system was in place for reporting and recording accidents and incidents which had occurred at the service. The reports were regularly analysed to look for any trends and patterns and to explore ways of learning.

The registered manager had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

The registered manager facilitated regular staff meetings for staff from all departments. The meetings were recorded and staff who were unable to attend had the opportunity to read the minutes. Staff comments included; “The communication is good, we are kept up to date in all aspects” and “She [The registered manager] always gives us the opportunity to speak and say what we feel and she listens to us at team meetings” and “I feel valued as a member of staff”. Visiting healthcare professionals told us they thought the morale amongst the staff was good and they worked well as a team.