Prospects Supported Living Limited

# Prospects Supported Living Limited

**Inspection report**

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## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Requires improvement** |
| Is the service well-led? | **Inadequate** |

## Overall summary

We carried out an inspection of Prospects Supported Living on 13 and 14 May 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to risk management and the skills of the staff team in order to ensure adequate support of people during critical times in their mental health recovery.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these topics and additional areas of concern noted during the inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prospects Supported Living Limited on our website at www.cqc.org.uk

The home provides accommodation for four adults with mental health needs. The property at (Wessex Close) provides single occupancy bedrooms and is located on the outskirts of Accrington in Lancashire. At the time of this inspection there was one person living at the home.

At the time of our inspection the service did not have a registered manager in post. A registered manager is a

# Summary of findings

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. An acting manager was however in post and we saw that they had submitted their application to register with the Commission.

Whilst it was evident that some work had been undertaken to progress areas requiring improvement identified on the last inspection, on this inspection we found additional issues of concern. During this inspection we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service provider was providing nursing care at the home which was contrary to their conditions of registration. Following the inspection the service provider has submitted applications to address this matter and these are currently being considered by the Commission.

There had been a significant number of incidents occurring at the home which had not been notified to the Commission.

The service provider had not displayed their inspection rating in the home as they are required to do.

Medication items given to service users for use on home leave were not managed effectively. Policies needed enhancing to ensure that a record was maintained of medication handed in to staff and to ensure that there was direction for the staff on how to mange this medication going forward.

Risk assessments had been updated since the last inspection and provided greater detail about self-harming behaviours. Information was available to direct staff when they should intervene and offer support.

Evidence of completed environmental risk assessments and audits were noted in the home however these did not include specific risks such as ligature risks. We recommend the provider access best practice guidance relating to risk assessing and making adjustments to the environment where people are at risk of ligaturing.

Staff had access to the safeguarding policy and procedures in the home and we saw evidence of safeguarding of vulnerable adults training in the training matrix we looked at.

We saw that some training had taken place and that more was planned in order to ensure that all staff had received training to equip them with the skills and knowledge to care for individuals with complex mental health needs. It was noted however that the training in self-harming behaviours was only delivered over a short period of time but was regularly refreshed through internal practices such as staff supervison and core group meetings.

A number of policies were available for staff reference such as accident and incident reporting (RIDDOR) policy, dealing with accidents and emergencies policy and a first aid policy. However these policies need to be enhanced to reflect a mental health care focus.

Risk assessments had been enhanced to include details of how to support and monitor people with an eating disorder and how to monitor any health related matters.

Evidence of a supervision matrix of staff was seen and there were copies of supervision records in place for staff member.

# 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?**

Requires improvement

The service was not consistently safe.

The policies and practice at the home related to the management of medicines was not sufficiently robust.

Risk assessments around self-harming behaviours had been enhanced and they provided greater detail of when staff should intervene and offer support.

We saw evidence of safeguarding of vulnerable adults training in the training matrix we looked at and there was a safeguarding policy in place including the local authority guidance for staff to follow.

**Is the service effective?**

Requires improvement

The service was not consistently effective.

There was a rolling programme of training which included general topics such as fire training, moving and handling, infection control and medication awareness.

Policies were in place but we saw these had not been completed to reflect current practice in the home.

Risk assessments had been enhanced to include details of how to support and monitor people with an eating disorder and how to monitor any health related matters.

**Is the service well-led?**

Inadequate

The service was not well-led

The service provider was in breach of their conditions of registration by providing nursing care at the home.

There had been a lack of statutory notifications sent to the Commission related to incidents involving people at the home.

The ratings from the last inspection were not displayed in the home.

# Prospects Supported Living Limited

**Detailed findings**

## Background to this inspection

We undertook an unannounced focused inspection of Prospects Supported Living Limited on 27 October and 18 November 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 13 and 14 May 2015 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led. This was because we identified that the service was not meeting some legal requirements.

The inspection team consisted of an adult social care inspector as well as an adult social care inspection manager.

Before the inspection we reviewed information we had received about the service since our previous inspection in May 2015. This included the provider's action plan, which set out the actions they planned to take to meet legal requirements and any statutory notifications received from the service. We were aware of a serious incident that had occurred at the home and as such wanted to see what the service provider had done to improve safety and care at the home for people using the service.

During the inspection, we spoke with one of the care staff, the acting manager, and a registered mental health nurse who came to support the inspection but who was normally based in another home within the group.

We looked at a sample of records including care plans, risk assessments and other associated documentation, training records, a selection of staff files, minutes from meetings, medication administration records, policies and procedures and records of audits.

Requires improvement

# Is the service safe?

## Our findings

During our comprehensive inspection of the service in May 2015 we found that risk assessment processes were not robust enough to ensure that all risks associated with self-harming behaviours had been identified. It was also found that the approach of the staff team had led to people using the service being left to cope with the consequence of their self-harming as there was a lack of clarity as to when staff should intervene and offer support.

This was a breach of Regulation 12 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan.

We received an action plan from the service provider advising us that improvements would be made by 1 October 2015.

At this inspection we found that some work had been undertaken to enhance individual risk assessments and these provided a clearer picture of what self-harming behaviours people were engaged in and when the staff needed to intervene and offer support. Details were also available to demonstrate any known triggers to this behaviour and information was available to direct staff as to when they should intervene and how and when this intervention should take place. This provided more information than was previously available in people's individual risk management plans.

From reading the care notes and risk assessments we were able to see examples of when people using the service had been in distress and what action the staff team had taken to support them and provide comfort. This was a change in approach to that previously adopted at the home where there had been an emphasis on the person taking responsibility for the consequences of their behaviours.

We looked at the health and safety file and saw some evidence of some environmental risk assessments and audits taking place such as portable appliance testing and equipment registers. We saw that a health and safety audit that had been completed and the home manager told us this should be completed monthly in the home.

Environmental audits and maintainence action plans were available which considered each area of the home for issues such as cleanliness and small maintenance issues. We some evidence of reports following audits however noted these had not been completed in full and had no details of the actions taken as a result of the risk assessment such as an environmental audit that identified the use of candles in January 2015 but there was no actions recorded to mitigate these risks.

There were copies of a fire risk assessments that had been done ten months prior to our inspection evidence of recommendations were seen such as fire doors and a ground floor smoke alarm needed to be repaired. We spoke with the home manager about some of the concerns raised in the fire risk assessment who told us there were plans to rectify the concerns raised during an imminent refurbishment of the service.

During a tour of the home it was noted in a vacant room there was an open envelope in which was a number of different blister packs containing prescribed medication. The acting manager could give no explanation as to why they were there. However judging by the amount and type of medication in the envelope it was clear that the medication had been given to the service user prior to them spending time away from the service. This meant that medication had not been taken and this fact had not been identified by the staff team on the persons return to the home.

A policy to support home leave arrangements or monitor compliance with medication for home leave was not available for staff reference. This meant that there was no process in place to demonstrate what staff should do to support people who were out of the service.

A medication cupboard was available in the property which was used to store medication safely. We noted that this was kept locked and that the staff team had access to the keys. We saw a number of items of medication that staff told us had been handed into them by people using the service as an alternative to them being used for self-harming purposes. There was no record kept of these items and staff could not confirm that a record had been completed. Therefore it was not possible to determine who they belonged to or how long they had been retained at the home. There was also no policy available to direct staff as to the action they should take to either retain or destroy medication items which had been handed over to them in this manner.

On checking the medication and medication administration record (MAR) for one person using the

Requires improvement

# Is the service safe?

service it was apparent that an item of medication had been administered without them being currently prescribed this particular medication by a Doctor. Also a stock balance of the medication had been undertaken by staff on the day of inspection which showed that there was more of this medication available than was actually the case. Staff had also recorded on the MAR sheet when medication had been refused or omitted at a certain times.

A Controlled Drug (CD) register was available in the home to record the details of controlled medication which had been received into the home, administered to service users and then disposed of via the community pharmacist. Whilst amounts obtained in the home had been entered into the register the amounts which had been administered were not always recorded. This made it difficult to determine how much medication had been administered by the staff on which particular date. It was also evident that on occasions three tablets had been taken from the stock balance and whilst this was thought to have been due to the service user taking it out of the home for periods of home leave the entries in the record were not clear.

We asked to home manager what the arrangements were for dealing with medications that had to be stored at specific temperatures. The home manager told us there was no medication fridge at present but that this had been ordered awaiting delivery. We were told there was no medication that required storage in the fridge at present.

The provider had not ensured there was a robust system for medication management in the home. This was a breach of Regulation 12 (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we made a recommendation that the service makes sure staff had access to and an understanding of policies and procedures in relation to professional boundaries and lone working. At this inspection we could see that a policy was available for staff to access and that there was a lone working risk assessment in place. There was also a risk assessment which specifically considered males who were lone working and we saw examples of completed assessments having been undertaken.

We looked at the complaints folder and saw evidence of the policy and procedure in place for staff to follow when dealing with a complaint. There was evidence of an audit tool to aid tracking of complaints; we noted the complaint file had no complaints detailed in it. However we saw evidence of a complaint that had been recorded where a member of staff had overstepped professional boundaries and had also breached confidentiality. We could see that the matter had been taken seriously and was under investigation at the time of the inspection. The acting manager and service provider was dealing with this matter appropriately.

We asked to see the safeguarding file for the home to establish if safeguarding concerns had been appropriately acted upon and actions noted. The home manager told us that the safeguarding file was held at another home but that staff had access to policy and procedures as well as the Local Authority safeguarding team. We saw staff were asked to sign that they had read and understood these policies and there was evidence this had taken place. The home manager provided us with the safeguarding file which had details of investigations contained within them including evidence of who these had been reported to.

We looked at the training matrix and saw evidence that staff had completed recent safeguarding of vulnerable adults training. Safeguarding training was evident in induction programmes which staff undertook on commencement of their role. Details included safeguarding explanations and the procedure for staff to follow.

**We recommend the provider access best practice guidance relating to risk assessing and making adjustments to the environment where people are at risk of ligaturing.**

Requires improvement

# Is the service effective?

## Our findings

During our comprehensive inspection of the service in May 2015 we found that staff had not undertaken training to equip them to be skilled and competent to care for those people who had complex needs associated with self-harming behaviours and eating disorders. Staff had also not received first aid training to ensure that they were skilled to deal with any emergencies.

This was a breach of Regulation 12 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

We received an action plan from the provider advising us that improvements would be made by 1 October 2015.

At this inspection we found that the provider had followed their plan and had made a number of improvements however policies and procedures needed updating to provide guidance to staff and ensure that emergency situations were dealt with in a safe and effective manner.

A number of policies were available for staff reference such as accident and incident reporting (RIDDOR) policy, dealing with accidents and emergencies policy and a first aid policy. These had been put in place in early 2013 and whilst the policies indicated that a review should have taken place in 2014 there was no evidence to demonstrate that this happened. The first aid policy and the dealing with accidents and emergencies policy made no reference to the effects of self-harming and how these should be dealt with in the home.

Despite people being at risk of the effects of cutting, ligaturing or medication overdose and other acts there were no policies available to direct staff as to the interventions required or as to where ligature cutters were located.

We did however note that an induction programme was in place for newly employed staff and this took place over a two to four week period. Aspects of health and safety formed part of the induction which included information about first aid and how to locate the first aid kit and ligature cutters in the home. However one record we looked at had not been completed in full and the employee had not signed the document in any of the sections therefore we could not be confident this person had completed the appropriate training to fulfil their role.

We found that there was a rolling programme of training which included general topics such as fire training, moving and handling, infection control and medication awareness. Arrangements had been made for staff to undertake a three day first aid course. Some staff had already completed this and we saw that the next course was planned for 7 December 2015. In addition training was provided in topics such as risk assessment, eating disorder, personality disorder and self-harm. A written assessment was available following training on ligatures to check staffs understanding of ligaturing and associated dangers and also to check their understanding of how to support and de-escalate someone who is engaging in this aspect of self-harm. It was noted that the 6 hours of training related to self-harming behaviours delivered in–house was enhanced by additional ongoing training linked to management of risk and incident training.

A training matrix was available for each staff member and this detailed all training which had been completed and when their next update was due to take place. The Director of the Company said that these records were held centrally and accessed and updated on a regular basis to ensure that staff were booked onto relevant courses.

We saw the provider had developed a student resources file which detailed a professional code of practice, guidance for specific disorders and physical monitoring checks such as blood pressure.

We were shown a supervision matrix that detailed the staff dates where supervision had taken place. Completed records indicated topics covering included duty rotas, time keeping, standard of working and feedback from service users (people using the service.)

Staff recruitment processes were checked during our inspection. Three of the four files we looked at identified applications had been received and references had been requested by the provider. However another staff file identified only one reference had been received and it did not provide information about the employment history or appropriate skills for their role. Checks had taken place such as disclosure and barring service checks to ensure staff were recruited in a safe way. We could not be confident people were protected against the risks associated with ineffective recruitment processes.

At the last inspection we made recommendations regarding ensuring that essential information about

Requires improvement

# Is the service effective?

people's wellbeing was routinely reported to health care professionals in a timely manner. We also recommended that the service sought guidance on how to fully support people who had a diagnosis of an eating disorder.

On this inspection we were able to see that people were accessing appropriate services outside of the home to assist them with their eating disorder. Risk assessments had also been enhanced to include details of how to support and monitor people with an eating disorder and how to monitor any health related matters.

**It is recommended that the provider seeks nationally recognised guidance to ensure staff are recruited in a safe and effective way to protect people using the service.**

**It is recommended that the policies and procedures are revised so that they are mental health focused and are based on best practice guidance such as that produced by the National Institute for Health and Care Excellence (NICE).**

Inadequate

# Is the service well-led?

## Our findings

At the time of the inspection it was clear from the off duty rotas and the care documentation we viewed, that Nursing staff were employed by the service provider to work across the five homes within the group. Care Plans and risk assessments for people using the service had been devised by nursing staff. We were told that the nurses retained an overview of the care delivery although it was evidenced from the duty rotas that their actual time spent in the home was minimal. Job descriptions for nurses demonstrated that they were responsible for the planning and implementation of nursing care, formulating and evaluating risk assessments and care plans as well as supervising the delivery of care.

The fact that nursing care was being provided to people using the service was a breach of the service providers conditions of registration with the Care Quality Commission which restricts nursing care being delivered at the service. Following our inspection the service provider has submitted applications to address this matter and these are currently being considered by the Commission.

Since the last inspection the provider has submitted a minimal number of statutory notifications to the Commission. It was evident from reading the files of people using the service that there had been instances when people had taken part in self-harming behaviours which subsequently required clinical intervention or overview at a hospital or by their General Practitioner. These incidents had not been notified to the Commission.

The service provider had not notified the Commission of significant events or incidents occurring in the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The report from the last inspection was published on the CQC website in July 2015. This report demonstrated that the overall rating for the service was 'requires improvement'. The service provider has a regulatory responsibility to display their rating on their website and in the property for which the rating relates. On a tour of the property during our inspection it was evident that the ratings had not been displayed in Prospects Supported Living Limited, (2 Wessex Close). The acting manager confirmed that this was the case.

The service provider had not displayed the ratings from the last inspection in the premises.This was a breach of Regulation 20A of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

We were informed on the inspection that the home was to be closed in the near future with a view to upgrading and refurbishing the environment. Arrangements were in place to assist the person using the service to move to another home within the service providers group of homes and on the day of inspection they were engaged in an activity with other people from another home.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Regulation 12 (1) (2) (f) (g) HSCA 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment<br><br>The provider had not ensured there was a robust system for medication management in the home. Regulation 12(2)(g) |

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents<br><br>Regulation 18 Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.<br><br>The service provider had not notified the Commission of significant events or incidents occurring in the home.<br><br>Regulation 18. |

**The enforcement action we took:**
We issued the provider with a fixed penalty notice

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments<br><br>Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirement as to display of performance assessments.<br><br>The service provider had not displayed the ratings from the last inspection in the premises. Regulation 20A |

**The enforcement action we took:**
We issued the provider with a fixed penalty notice.