

Innovation Care Limited

Prospect House

Inspection report

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Date of inspection visit:
17 March 2017

Date of publication:
13 April 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 25 and 26 November 2016. 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 staff recruitment checks, staff training and supervision and the statement of purpose.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk"

Prospect House is a small home which provides accommodation and personal care for up to nine people with a learning disability, mental health needs and/or a sensory or physical disability. Nine people were living at the home at the time of the inspection.

The registered manager was present during the inspection. 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.

This unannounced inspection was carried out on 17 March 2017. At the inspection on 25 and 26 November 2016, we asked the provider to take action to make improvements to:

- staff recruitment checks
- staff training and supervision
- the service's statement of purpose.

We found that the actions in the provider's plan had been completed.

Staff recruitment processes had been reviewed and checklists developed to highlight the checks required and document when these had been completed. No staff had been recruited since the previous inspection but we were satisfied that legal requirements had been met.

Staff had received training relevant to the needs of the people they supported and were confident in recognising and responding to potential changes in people's health needs. Staff felt well supported and confident in their roles. Staff supervision was in progress and we were assured this would be completed within a month of our inspection.

The statement of purpose and service the service user bands registered with CQC had been updated to reflect the service that was provided.

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 is safe.

We found action had been taken to improve recruitment and selection checks, reducing the risk of inappropriate care.

Is the service effective?

Requires Improvement ●

The service is starting to be effective.

We found action had been taken to improve the training provided to staff and staff support meetings were due to take place.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement ●

The service is starting to be well-led.

We found action had been taken to update the service's statement of purpose and service user bands and they reflected the service provided.

Some improvement was found in documentation of quality assurance processes.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Prospect House

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.

We undertook an unannounced focused inspection of Prospect House on 17 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 25 and 26 November 2016 inspection had been made. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. Prior to the inspection we reviewed information we have about the service which included notifications. A notification is a report about important events which the service is required to send us by law.

During our inspection we spoke with the provider's representative, the registered manager and we interviewed four care staff. We reviewed staff training and supervision records, staff recruitment processes and the providers' statement of purpose. We also looked at accident and incident records and the provider's quality assurance systems.

Is the service safe?

Our findings

At our inspection of 25 and 26 November 2016 we found people had not always been protected against the risks of harm. Information required for new staff had not been obtained prior to their employment. The provider told us they would address this issue and had put an action plan in place to describe how this would be achieved.

At our focused inspection on 17 March 2017 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 19, described above. Two new recruitment checklists had been developed to address the shortfall, one by the provider's representative, the other by a senior staff member. The registered manager told us they intended to use a third checklist, sourced from an external company the provider used for employment services. They sent this to us after the inspection. This checklist did not include all the checks required to be carried out when recruiting a new member of care staff. In particular, gaps in employment and verification of reasons for leaving previous roles in care were not included.

No staff had been recruited since our last inspection which meant we were unable to see that the required checks had been completed. However, recruitment was in progress for a potential new staff member. We discussed the checks completed to date with the registered manager, including the character checks requested and their response to a gap in the employment record. We were satisfied that the process they described met legal requirements. A health questionnaire for prospective staff members was in place to ensure they were fit to carry out their role.

The registered manager was in the process of renewing Disclosure and Barring Service (DBS) checks for existing staff members, where these checks were more than three years old. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. While renewal of DBS checks is not mandatory, it is considered best practice.

Is the service effective?

Our findings

At our inspection of 25 and 26 November 2016 we found the service was not always effective as staff did not always receive training related to people's specific needs. Staff did not receive regular support meetings with senior staff to enable them to carry out their roles effectively. The provider told us they would address this issue and had put an action plan in place to describe how this would be achieved.

At our focused inspection on 17 March 2017 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 18, described above. Staff had completed basic training which enabled them to understand the needs of people with mental ill-health. This training included information specific to the needs of people living at Prospect House. Staff told us they felt confident in meeting people's needs and gave examples of how they would recognise a change or 'crisis' in people's mental health. One staff member felt this training was too brief, but knew that further training in this subject was planned. Our review of training records, with the staff member responsible for this, showed an appropriate training programme was in progress.

A plan for formal support meetings, or 'supervision' of staff in their roles, had been devised but not implemented. This plan was devised when the staff member responsible for oversight of staff supervision and training had been on an extended absence from the home. They had recently returned to work and planned to carry out all staff supervision meetings themselves. This was to allow them to 'catch up' with all staff and re-establish their individual training and support needs. Further to this, all staff had received self-evaluation forms and five staff had returned these. The registered manager assured us all staff would receive formal supervision within the month.

Staff told us they felt well supported in their roles. Their comments included, "I feel pretty well supported... we have our meetings... I don't have to wait [for supervision] to request training, I could do this anytime and they would sort it out" and "I can get support at any time from the team leader or [name of registered manager]". Staff told us they had good working relationships with the community based health professionals who supported people living at Prospect House. For example, a mental health practitioner attended the home weekly, sometimes fortnightly. This provided a regular face to face opportunity for staff to ask questions or seek advice. Staff were also happy to call them for advice if they had more urgent concerns.

Records demonstrated that when concerns were raised about a staff member's performance, these had been addressed with them.

Is the service well-led?

Our findings

At our inspection of 25 and 26 November 2016 we found the service was not always well-led. The service's statement of purpose and the service user bands registered with CQC did not reflect the people the service was provided to. The provider told us they would address this issue and had put an action plan in place to describe how this would be achieved.

At our focused inspection on 17 March 2017 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 12, described above. A copy of the updated statement of purpose was available in the home and the service user bands registered with CQC reflected the needs of the people using the service.

During this inspection we also saw some evidence of improvement in quality assurance processes. Feedback questionnaires for 2016 were in the process of being completed and /or sent out to people who used the service, their relatives and health professionals. A record of a quality monitoring visit by the provider's representative, in November 2016, was seen. We were informed that further visits had taken place and a meeting had been held the previous week, but no record of these was available. We spoke with the provider's representative about keeping records of their checks and the actions completed as a result of these. They assured us that records would be kept in future. These will be looked at during the next comprehensive inspection.