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Prospect House Residential 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

Summary of findings

Overall summary

Prospect House Residential Home is a care home that provides support and accommodation for up to 26 older people, some of whom may be living with dementia. On the day of the inspection there were 23 people living at the home. Some private accommodation is on the ground floor although most bedrooms are located on the first floor. Eleven bedrooms have en-suite facilities. There are various communal areas where people can spend the day and there is a passenger lift to enable people to access the first floor.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited.

Staff received appropriate training and support that gave them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring, and they respected people's privacy and dignity.

Care planning described the person and the level of support they required. Care plans were reviewed regularly to ensure they remained an accurate record of the person and their day to day needs.

Activities were made available to people and efforts had been made to ensure these met people's individual needs and interests.

People and their relatives told us they were aware of how to express concerns or make complaints although no formal complaints had been made to the home.

People were given the opportunity to share their views about the service provided. The feedback we received and our observations on the day of the inspection demonstrated that the home was well managed.

The registered manager carried out audits to ensure people were receiving the care and support they required, and to ensure the premises were maintained in a safe condition.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Prospect House Residential 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 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 was a comprehensive inspection that took place on 5 February 2018. The inspection was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

During the inspection we spoke with five people who lived at the home, three family members / visitors, five members of staff, two visiting care professional and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for three people who lived at the home, the recruitment and induction records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and the management of medicines.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "Someone is in every two hours during the night to check on me." We saw that staff assisted people to mobilise using safe techniques and appropriate equipment, and appropriate equipment had been obtained to reduce the risk of people developing pressure sores. The recording of people's positional changes during the day to reduce the risk of pressure sores needed to improve, although the recording during the night was effective. Action was taken to minimise potential risks without undue restrictions being placed on people, and appropriate risk assessments had been completed.

Staff had received training on safeguarding adults from abuse. They were able to describe different types of abuse and told us they would report any concerns to the registered manager. Staff also told us they would use the home's whistle blowing policy and were confident the information would remain confidential. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. The local authority safeguarding adult's team told us they had no concerns about this care home.

People who lived at the home told us that there were enough staff on duty, although one person who required two staff to assist them with personal care told us they might have to wait until two staff were available at the same time. On the day of the inspection we noted that staff were visible in communal areas of the home and that people received prompt attention. A relative told us, "If I press the call button staff come in seconds."

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We checked the recruitment records for two members of staff. These evidenced that references were in place prior to staff commencing the home's induction programme, and that staff did not work as part of the staff rota until a Disclosure and Barring Service (DBS) check had been received by the home. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

Staff signed a document to show they understood the principles of confidentiality. We saw that written and electronic information about people who lived at the home and staff was stored securely.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly in most instances and disposed of appropriately. Some medicines had been recorded as if they were 'as and when required' (PRN) medicines but they had been prescribed by the person's GP as being required four times a day. The registered manager assured us that they would ask the GP to amend the prescribing instructions to 'as and when required', as these people did not require these medicines four times a day. The staff who had responsibility for the administration of medicines had received appropriate training. In addition to this, staff told us their competency had been checked by the registered or deputy manager.

The registered manager told us that there had been no serious accidents at the home that required medical attention during the previous 12 months. Care plans we reviewed confirmed this. Hospital admissions due to ill health were recorded.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. There was a business continuity plan that provided advice for staff on how to deal with unexpected emergencies, and there was a plan in place that recorded the assistance each person would need to evacuate the premises in an emergency.

We saw the home was maintained in a clean and hygienic condition. Laundry facilities were satisfactory although we noted the laundry floor would have benefitted from re-painting so that it remained impervious. The registered manager told us that this work would be carried out promptly.

Good

Is the service effective?

Our findings

A care plan had been developed from the person's initial assessment; this included the person's expected care outcomes whilst living at the home. When the person had been living at the home for two weeks, staff completed a further evaluation and the care plan was updated. The information we saw demonstrated that staff were aware of good practice guidance and current legislation.

We saw that staff regularly contacted GPs, community nurses and other health care professionals to seek advice or share their concerns. Any advice or instructions received were recorded and incorporated into people's care plans. A health care professional told us, "Staff ask for advice appropriately and follow our advice" and "We trust staff to manage any pressure sores. At other homes we may have to visit daily – at this home we only need to visit every two weeks because we know staff will be managing this situation well."

We saw evidence that, when new information had been received from a health care professional, this was shared with other care professionals involved in the person's care. This helped to ensure people had an effective care pathway in place.

People's special dietary requirements were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. Advice had been sought from dietetic services when concerns had been identified about people's nutritional intake, and the speech and language therapy team had been contacted when people had difficulty swallowing or were at risk of choking. We observed the lunchtime experience and saw that people were encouraged and supported by staff to eat their meals. The cook explained how people's special diets were catered for, and that people were offered a choice of lunchtime meal each morning.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (Dolls). Notifications about DoLS authorisations had been submitted to the Commission as required and we saw these authorisations were being appropriately managed. We found that staff understood people's rights and the importance of obtaining people's consent to their care. Throughout the day we observed that staff were skilled in explaining choices to people and in helping people to make decisions. Staff described to us how they encouraged people to make day to day decisions, using methods to assist them such as showing them meals and clothes. People told us that they were in control of their day to day lives. One person said, "I choose when and what I do" and a relative told us, "(My relative) chooses; no-one forces them to do anything."

Some people required assistance with locating areas of the home and clear directional signage was in place to help with this.

The registered manager told us that they obtained copies of documentation when a person had a lasting power of attorney (LPA) to act on their behalf. A LPA is a legal document that lets people appoint one or

more people to help them make decisions on their behalf.

Staff records showed that people followed an induction programme when they were new in post. Staff then went on to complete the Care Certificate to ensure they had received a standardised induction in line with national standards. Records showed that staff then completed training on topics considered essential by the home, including fire safety, medication, first aid, food hygiene, dementia awareness and moving and handling. Staff told us they had regular supervision meetings with a manager and that they felt well supported and that their views were listened to. Supervision meetings give staff the opportunity to discuss any concerns they might have, as well as their development needs.

Good

Is the service caring?

Our findings

People told us they liked living at the home and that staff cared about them. One person said, "Everyone is friendly – it feels like home from home." A relative told us, "The care given to mum is second to none."

We observed that staff approached people respectfully and politely and demonstrated a good understanding of their needs. Comments from staff included, "Staff genuinely care. I would let these staff look after me" and, "We can raise issues with each other. We work well as a team and support each other."

We observed that staff respected people's individual choices and preferences. We could see that people dressed in their chosen style and females wore makeup and jewellery if this was their choice. We saw that communication between people who lived at the home and staff was effective, whatever the person's form of communication.

Staff described to us how they protected people's privacy and dignity when assisting them with personal care, such as closing doors and curtains, keeping people covered to protect their modesty and explaining what they were doing.

Staff told us they encouraged people to maintain their independence and we observed this on the day of the inspection. One person told us, "The staff are considerate and patient. They try to get me to do things [for myself]." Some people managed their own medicines following an appropriate assessment of the risk involved.

Advocacy services help vulnerable people access information and services, be involved in decisions about their lives and explore choices. The manager told us that none of the people who currently lived at the home required the support of an advocate, but that people who had previously lived at the home had received support with decision making from an advocate.

Meetings were held for people who lived at the home; topics discussed included meals and activities. People told us that their views were taken into consideration. One person said, "I am happy, everything is being done."

Good

Is the service responsive?

Our findings

We found care plans included information that described the person's personality, their individual care and support needs (including any specific communication needs) and their previous lifestyle. This ensured staff had sufficient information to enable them to provide care that was centred on the person. Care plans also included advice for staff on how to manage any behaviour that might harm the person or others, and how to diffuse these situations. One person told us, "All staff know what I want and how to deal with me." Care plans and risk assessments were reviewed each month, and in more depth each year, to ensure they contained up to date information.

Care plans included a comprehensive assessment of people's interests and capabilities. There was an activities schedule on display that recorded activities for each day of the week. It was clear from this schedule and from talking with the activities coordinator that people's different interests and capabilities had been taken into consideration. One person told us, "I do arts and crafts, go in the garden when it's nice, and play bowls and my daughter visits every day." Several people had a magazine or journal delivered daily or weekly.

We noted that many people had visitors on the day of the inspection, and staff told us that people were supported to keep in touch with family and friends who lived out of the area. Some people had their own mobile telephones and they were also able to use the home's telephone. The registered manager produced a quarterly newsletter that kept family and friends informed of forthcoming events and any anticipated changes.

The complaints policy was displayed in the home and people and their relatives told us they knew how to complain or express concerns. Although the home had received numerous compliments, no formal complaints had been received during the previous 24 months. Staff told us they would complain on a person's behalf if they were reluctant to do so and they were confident people's comments were listened to and acted on.

When people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) decision in place, this was clearly recorded in their care plan. Some people had an 'end of life' care plan in place when this was appropriate, and one person had an advanced care plan that had been completed by a health care professional following discussion with the person's family. This person's health was deteriorating although they were not on an end of life pathway. The GP had prescribed 'Just in case' medicines on the day of our inspection. These are pain relief medicines that can be kept at the home 'just in case' they are needed out of normal working hours when it might be difficult to contact a health care professional.

Good

Is the service well-led?

Our findings

There was a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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. Health care professionals and staff told us the home was well managed. One care worker commented, "We have an excellent manager and deputy. They are very understanding."

We asked for a variety of records and documents during our inspection; we found that these were well kept and easily accessible. Notifications had been submitted in respect of deaths and DoLS authorisations, although no notifications had been submitted in respect of accidents or safeguarding incidents. We discussed this with the registered manager, who confirmed that they understood when notifications needed to be submitted and that no such accidents or incidents had occurred. We did not see any information in care records that indicated notifications had not been submitted appropriately.

There were systems in place to monitor the quality of the service provided, including satisfaction surveys, meetings and audits. Surveys had been distributed to people who lived at the home, relatives and visiting care professionals. The outcome of surveys was displayed on the home's notice board. One relative had commented, "I will always be grateful for the excellent care [My relative] has received." We noted that action plans recorded any areas that required improvement and how this would be achieved. Staff confirmed they had team meetings and that they could raise issues and make suggestions.

Regular audits were carried out on various topics, including care plans, medicines management, the prevention and control of infection and the safety of the environment. Any areas for improvement were identified and there was a record of when these had been actioned. The provider had oversight of the service and carried out regular audits to satisfy themselves that the home was being operated in accordance with the policies and procedures in place.

Discussion with staff demonstrated a non-judgemental approach to providing care and support. Staff told us they respected people's differences and were certain people who lived at the home felt comfortable talking to them about matters that were important to them. Staff described the culture of the service as, "A very warm place" and "Very homely but extremely organised." The manager told us the home was a family run business and that they aimed to provide a 'home from home' where people were genuinely loved. The manager and staff described to us how they had learnt from situations that had arisen at the home, or from feedback they had received, to improve people's experiences of care and support.