

Four Care Plus Limited

Prospect House

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prospect House is registered to provide accommodation and personal care for up to seven people living with a learning disability. The care home accommodates people in one building. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found

Risks had been assessed and were being monitored, but some risks were not always prevented. Relatives had mixed views on their relative's safety. Accidents and incidents were analysed but this process needed strengthening to ensure lessons were learnt.

A development plan was in place to address improvements in the service. Audits and monitoring systems needed to be further strengthened and embedded into practice.

Health monitoring records were not always suitably completed as required.

We recommend the provider takes appropriate action to strengthen communication to complainants as relatives felt communication needed improving.

Staff were trained in safeguarding and aware of what was reportable.

People were receiving medication as prescribed, but medication audits had not always identified shortfalls.

Staff were suitably deployed to meet people's needs. Staff were receiving training and supervision. Staff were kind and caring. People were supported to access activities that were meaningful to them.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting was being better utilised to maximise people's choice, control and

independence.

Right care:

- Care is more person-centred and now starting to promote people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff were being improved to ensure people using services led confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was inadequate (published 10 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Prospect House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Prospect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, seniors and support workers. We carried out observations of the support being provided to people. This is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. Audits and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care and treatment had not always been managed safely. For example, incidents associated with one person's care had continued to happen despite control measures to reduce risks being in place. This was being investigated by the provider to look at what lessons could be learnt.
- Accidents and incidents in relation to behaviours which may challenge others were being monitored and analysed, however, documentation needed to be more detailed to ensure lessons were being learnt.
- Environmental risks had been assessed and monitored and environmental safety checks were being carried out.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were being used effectively and safeguarding concerns were being recognised and reported.
- Staff had received training in safeguarding and demonstrated a good awareness of safeguarding concerns and what to do should they suspect abuse had taken place.
- Relatives views on safety at the service were mixed. Over half of relatives we spoke with said they thought their loved ones were not safe and this was because of inconsistent staffing who didn't fully know people's needs. Other relatives felt their loved ones were safe. One relative said, "Yes, [relative name] is safe. If anything happens, they deal with it and everything is documented." Another relative said, "On a whole I would say it's safe there. They have their moments, but it's alright really."

Staffing and recruitment

- The deployment of staff was appropriate to meet people's needs. Staff were observed responding to people in a timely way. Staff were aware of who they were supporting at the start of the shift and stayed with them, this ensured people were receiving consistent care.
- The registered manager had identified and taken action to recruit additional staff, however, recruitment remained difficult and interviews were often not well attended, and successful candidates didn't always take up the offer of employment.

- One staff member said, "We are currently recruiting staff. We are using agency, mainly on nights, but less so on days. We try to use the same agency for consistency."
- The provider had a recruitment policy which ensured checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers and ensuring criminal record checks were completed.

Preventing and controlling infection

- Although some maintenance work was required this had been identified by the provider and plans were in place to take action.
- There was an ample supply of personal protective equipment and cleaning products available.
- Regular cleaning was taking place and the home was clean and tidy.

Using medicines safely

- Overall there were clear systems and processes in place to ensure medicines were managed safely. There were clear and regular checks of stock balances.
- Staff were trained and assessed as competent to administer medicines.
- People had medicine cabinets in their own room and storage was secure.
- Medicines audits had not identified and addressed some shortfalls. We found the temperature some medicines were stored at had exceeded safe limits. The registered manager acted straightaway where issues were identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection staff lacked the training, competence and skills to support people safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2001 (Regulations 2014)

Enough improvements have been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were suitably competent and skilled. The provider's training plan showed staff had completed mandatory and service specific training.
- Staff were knowledgeable about how to support people with behaviours which may challenge others. They had received training from a new training provider and felt this had been beneficial. One staff said, "I have redone all my training which has helped me. I now feel confident."
- Staff supervision and competency observations were taking place to check staff had the relevant skills, experience and ability to support people. One staff said, "Supervisions are taking place and [managers] proper listen to what you have to say, you don't feel rushed, they are quality supervisions."
- Agency staff were being used to backfill shifts whilst recruitment was underway. The provider had introduced an agency induction where agency spent time reading documents and received a handover from a senior member of staff, to assist them in gaining knowledge of the people supported. Where possible familiar agency staff were used for consistency.
- Relatives felt frequent changes in staffing was impacting on their relative's quality of life. One relative said, "It's a big worry about the turnover of staff, there are no original staff left. You ask, "Where is so and so? and they have gone." Another relative said, "At the root of all the problems is consistent staffing." And, "I understand they have staff recruitment problems; I suppose the last CQC report puts people off from applying."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Health and monitoring records were not always consistently completed when required.
- One relative shared concerns people were often late for healthcare appointments or staff didn't always come to appointments adequately prepared for the appointment.
- Feedback from external professionals was healthcare monitoring and record keeping needed to improve. However, audits carried out by external professionals in September showed improvements had been made.

The registered manager was auditing records, addressing shortfalls and had introduced new documents to assist with planning and the communication of health appointments.

- We received mixed feedback from relatives. One said, "They keep us informed [about health], it's always documented. They call the GP if necessary, there is no messing about if [person name] is unwell." Another relative said, "We have asked them to let us know in advance about healthcare appointments, but they only tell us after the event. There is poor communication, but they will call the GP if they're unwell."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet which met their needs and preferences. One relative said, "I can't moan about the meals, they are nice and there is always plenty of choice."
- People chose what they wanted to eat, and staff supported some people to prepare their food and drinks.
- People were now accessing quieter areas of the home to enjoy mealtimes, this meant mealtimes were much calmer.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The quality of information detailed in care plans had been updated and met people's needs. For example, we saw an epilepsy care plan had been introduced and contained detailed information and guidance.
- Behaviour management plans were updated and detailed to ensure people were supported in line with best practice guidelines.

Adapting service, design, decoration to meet people's needs

- The environment was decorated in a pleasant way and it felt homely.
- The available space in the home was now being better utilised. There was a large activities room and a quiet lounge, which people were using when they wanted somewhere quieter to go. There was an enclosed garden and a new summer house which, when finished, could be used by people for activities.
- People's rooms had been personalised with items meaningful to them and some rooms were being updated and redecorated.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had been managed appropriately, with a log kept of applications and any follow up contact.
- People were given choice and encouraged to make their own decisions. Staff had received training and were aware of MCA and DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider failed to provide person centred care and support which meant people's needs and preferences were not met. This was a breach of regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements have been made at this inspection and the provider was no longer in breach of regulation 9.

- People needs, and preferences were being upheld, people were enjoying their chosen activities.
- The majority of relative feedback was staff were kind and caring.
- Records showed people were given a choice of preferred activity, the option to choose alternatives, with the outcome of the activity documented.
- Information was kept confidential. We saw people's personal information locked away in offices and offices were kept locked when not in use.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were encouraged to appropriately challenge poor care and negative terminology.
- Staff said, "The terminology is getting better [the registered manager] was on that from day one and challenges bad practice. There's a good team spirit and no animosity with staff. We work on teamwork and if I heard anyone being referred to in a negative manner, I would challenge this in an appropriate way."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records had been updated and staff were following guidance to ensure people were taking part in socially and culturally relevant activities.
- Staff had received training which they said had given them the knowledge and understanding to better support people when they displayed behaviours which challenged others.
- Two relatives felt at times people were prevented from going out to maintain social activities due to a blanket approach to risk around COVID-19. The provider had obtained advice from external professionals, and following Government guidance to determine the safest way to ensure people were maintaining social activities where COVID-19 was a factor.
- Staff said, "People are going out and have an opportunity to do different activities. People are given more choices."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in an accessible format for people. We saw easy to understand information on display.
- Staff communicated with people in a variety of different ways according to their needs. For example, speaking slower, waiting for the person to respond. This showed staff understood the importance of communication.
- Support plans had been updated and now contained further details on how people communicated.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place for people and those acting on their behalf to use, if they had a concern or were not happy with the service.

We recommend the provider takes appropriate action to strengthen communication about the outcome of complaints.

End of life care and support

- The service does not support people at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the well led domain had not been rated good for the last five inspections. There was a lack of effective management oversight and lack of effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements have been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Since the last inspection a new registered manager had been employed. The registered manager was closely monitoring staffs' practice and focused on improving the service and the culture.
- Audits were in place; however, they were not always completed monthly and had not identified some shortfalls. For example, we found medicines temperatures were not always within recommended limits, this had not been identified by the providers audit system. Therefore, the providers monitoring system required further development and needed embedding into practice.
- The registered manager was keen to ensure governance systems were further developed and continued to be used as a tool to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had over 26 years of experience working in a variety of roles in adult social care. They told us they were committed to driving improvements in the service. They said, "My priority has been addressing the culture and trying to work with people and staff. I have confidence the team are dedicated to people." They told us how they were addressing shortfalls found at the previous inspection and empowering the staff team to learn and self-develop.
- The provider was supporting the registered manager and provider audits were taking place to check on progress. The registered manager said the provider was very supportive and they were able to go to various sources should they need any assistance.
- Both the provider and registered manager were clear about their responsibilities and legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received positive feedback from everyone's relatives about the initial improvements the registered manager had made to the service.
- One relative said, "Things have definitely improved since the new manager. They are approachable and will pop down to see me when I visit. They're proactive and things seem to be moving in the right direction." Another relative said, "I have noticed small improvements with the new manager. I think it is getting better. The manager is accessible, easy to talk to and takes things on board."
- Gathering feedback from people had improved and feedback was used to make changes reflected in a person-centred service.
- Staff told us the culture, atmosphere, safety and outcomes for people had improved since the registered manager began their employment in February 2021. One staff said, "I have a good feeling about the manager they have really been amazing." Another said, "I feel like I'm being developed professionally now by the managers, they are good at boosting my confidence."

Working in partnership with others

- The service was working on an action plan to improve the service this had been developed from external feedback.
- Feedback on how the provider handled complaints were mixed. One relative said, "Communication is still a weakness the provider could improve more." Another relative said, "Before the new manager they never used to listen. I feel they are now proactive. They keep me involved in everything now and things are moving in the right direction."