

Prospect House (Malpas) Limited

Prospect House

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 well-led?	Good ●

Summary of findings

Overall summary

Prospect House is a residential care home that provides personal and nursing care to up to 65 people in one adapted building. At the time of the inspection 46 people were living at the service most of whom had age related conditions. People living with dementia were accommodated in an area of the service called the Butterfly unit.

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

Since the last inspection significant improvements in the service people received, had been made and sustained.

People felt safe and were protected from the risk of harm. The relative of one person who is living with dementia told us, "My relative thinks the world of the staff. I can tell by the way my relative looks at them, I just know my relative is safe." The management of medicines had improved, and people received their medicines on time. Risks to people's health and safety had been assessed and mitigated. There were sufficient numbers of safely recruited staff on duty to meet people's assessed needs.

People were protected from the risk of infection. The environment was clean and hygienic, staff wore personal protective equipment (PPE) appropriately and followed national infection prevention and control guidance.

People's needs had been robustly assessed before they moved into the service. Improvements had been made to make sure all these needs were planned for. Records relating to people's care were up to date and accurate. People's healthcare needs were assessed, and referrals were made to relevant health care professionals when needed. People's dietary needs and preferences were catered for and people enjoyed the homemade food on offer.

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.

Improvements had been made to make sure the systems in place to monitor the quality of the service were effective. People and their relatives were happy with the management of the service and the care people received. They had the opportunity to give their views in a number of ways and felt listened to. One relative told us they felt Prospect House was a "Wonderful place" and that they "Couldn't be happier." The management team were open and transparent when things went wrong and were open to suggestions to improve the quality of the service people receive.

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 requires improvement (published 15 October 2019) 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.

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 coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 28 August 2019 at which breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prospect House on our website at www.cqc.org.uk.

Follow up

We will 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Prospect House

Detailed findings

Background to this 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

This inspection was carried out by one inspector and specialist advisor mental health nurse who had experience in providing nursing care to people living with dementia.

Prospect House is a care home. People in care homes receive accommodation and nursing and personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on 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

We announced the inspection visit the day before it took place. This was because we needed to give the registered manager time to prepare in advance of our visit due to the COVID-19 pandemic. We visited the service on 14 January 2021.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We requested feedback from the local authority, the local Clinical Commissioning Group (CCG) and local infection, prevention and control (IPC) team. We also looked at the reviews about the service on care home review web sites. 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 this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experiences of the care provided. We also spoke with the registered manager, nominated individual, deputy manager, two clinical service managers, five care assistants, the chef, a laundry assistant and a cleaner. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked around the premises, observed the meal time experience and the administration of medicines and reviewed a variety of records. These included several people's care records, medication records, two staff recruitment records, cleaning records, accidents and incidents and records relating to the governance of the service.

After the inspection visit

Following the site visit we continued to seek assurances from the provider and requested range of documentation to be sent to us to be reviewed. These included policies and procedures, staff training planner, resident and staff meeting minutes, newsletters, satisfaction survey results, audit documentation and action plans.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, medicines were not always managed safely which 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.

- Medicines were managed safely. Medicines were received, stored, administered, recorded and disposed of in line with national good practice guidelines.
- Medicines were administered by staff who had been appropriately trained and whose competencies had been assessed.
- Medicines audits were carried out regularly.

Assessing risk, safety monitoring and management

At the last inspection we found systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm and was a breach of regulation 17 (Good Governance) 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 17.

- Risks to people's health and safety had been assessed and action taken to minimise any risks identified to reduce the risk of avoidable harm.
- There were contingency plans in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan. Regular safety checks were carried out on the environment, equipment and utilities.
- Relatives felt their loved ones were safe. One relative commented "As a relative, when your dear one is there (Prospect House), and you are not, it is nice to know they are safe. This really reassures one".

Preventing and controlling infection

- The measures in place helped prevent the spread of COVID-19. Risks relating to infection, prevention and control (IPC), including in relation to the COVID-19 pandemic, had been assessed and identified risks had

been minimised.

- Staff followed good IPC practices. Increased cleaning was in place and the service was clean and hygienic. Sufficient supplies of personal protective equipment (PPE) were available and staff knew how to wear and dispose of it safely.
- We observed staff wore PPE appropriately and relatives confirmed staff wore PPE when supporting their loved ones to have visits and video calls. One relative told us "They (the staff) are very, very good when doing the pod visits in the garden. They came out like chemical city. They were very strict about what you could and couldn't do and I was very happy with that. They made me wear a mask and shield."

Learning lessons when things go wrong

- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends. Where patterns were seen, action was taken to see if lessons could be learnt or whether additional action needed to be taken.
- Relatives confirmed they had been kept informed of any accidents their loved one had been involved in.

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Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to raise concerns and had completed safeguarding training.
- A whistleblowing policy was in place and staff were aware of the procedures to follow.
- Referrals had been made appropriately to the local safeguarding team and detailed records were maintained.

Staffing and recruitment

- There were enough suitably, skilled and experienced staff on duty to meet people's needs safely and consistently.
- The number of staff on duty and skill mix were determined based on people's needs and dependency levels.
- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff received induction training which consisted of training in key areas, and shadowing more experienced staff, to ensure they were competent before they could work unsupervised.
- Staff told us that they were well supported and appreciated the support and direction from the management team. There was a system in place to ensure staff received supervision and appraisal and staff told us they felt able to raise any issues they had with the registered manager.
- One relative told us "The nursing team is very solid and very professional. The staff are so kind, they are very thoughtful; can't fault them", another relative told us their relative, "Genuinely likes them (the staff)."

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

- People's nutritional and hydration needs had been assessed and were being met.
- People told us that they had access to drinks and snacks throughout the day and they praised the standard of catering. One person described the food as: "Excellent" and another as "Very good indeed."
- We observed that the dining experience was relaxed, pleasant and sociable. People received the support they needed to eat, and drink and their preferences were catered for.

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

- People had routine access to healthcare professionals and had been referred to specialists when required.
- Information regarding people's changing health needs was shared between staff during shift handovers so that staff had up to date information on the support people needed.

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

- People's rooms had been personalised and with their own personal items. Signage supported people living with dementia to orientate themselves around the service. One person's relative explained when their loved ones needs changed they were supported to move a room that better met their requirements and that this was done with sensitivity.
- Bathrooms had been adapted to help ensure they were accessible to everyone.
- Although closed to visiting at the time of our visit, staff had access to information technology which was used to support people to have contact with family and friends. A visiting 'pod' had been installed to facilitate people to meet with family when the service was open to visitors.

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.

- Staff had completed training around the MCA and they understood the principles of the act and associated DoLS.
- Applications for DoLS authorisations had been made when needed and were regularly reviewed.
- Mental capacity assessments had been completed to identify whether a person had capacity to make a specific decision such as consenting to a COVID-19 test, and where appropriate best interest decisions made had been recorded.
- When decisions to administer medicines to people in their best interests by hiding it in their food (covertly), multi-disciplinary team (MDT) discussions had been held and the decisions recorded.
- People were supported to be involved in daily decisions about their care and staff sought their consent.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the systems in place for assessing the quality of the service people received was not implemented effectively. This was a breach of regulation 17 (Good governance) 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 17.

- Significant improvements had been made and sustained since the last inspection. Effective systems for checking on the quality and safety of the service and for making improvements were in place and were being followed. One person's relative told us, "They had some new management recently and that has made a huge difference. They have improved what they could improve. They are very helpful and always trying their best."
- The registered manager was clear about their responsibilities to act in an open and transparent way when things went wrong. Incidents and accidents were analysed, and arrangements in place to ensure learning was shared with the staff team, to help ensure people received safe and effective care.
- The registered manager and staff completed training and kept up to date with the law and current good practice guidance to update their knowledge and learning.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff worked effectively and cooperatively with other health and social care professionals to develop practice and improve outcomes for people.
- The registered manager and provider regularly engaged with people using the service, their relatives and staff through meetings, informal discussions and quality surveys.
- Relatives told us that they appreciated the way they had been kept informed via telephone calls and the monthly newsletter. One relative commented, "Communication during the pandemic has been really good, I get regular email updates, I can't fault them on that."

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

- The registered manager and provider worked to the providers action plans to improve the standard of care and services provided.
- The registered manager promoted a culture of providing person-centred care and improving outcomes for people by engaging with staff, people and their relatives.
- Relatives praised the standard of care their loved one received. Their comments included "It's a good home, they have a good heart, staff are conscientious. They are very welcoming, very jolly." and "Wonderful place; couldn't be happier. I honestly can't praise them enough. They go the extra mile"

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 provider met the regulatory requirements to be open and transparent with people using the service when things went wrong. One relative told us "I have no complaints. I have in the past and they have rectified the issues."
- The CQC had been notified about incidents and events which occurred at the service, in accordance with the regulations.
- The ratings from the last inspection were clearly displayed at the service and on the providers website.