Active Prospects

Prospect Housing and Support Services

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

We inspected this service on 4 October 2016. The inspection visit was announced.

The service delivers personal care to people in their own homes. At the time of our inspection, 12 people were receiving the service. The service predominantly supports people with a learning disability or with mental health support needs.

There was a registered manager in post. 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. On the day of the inspection visit, the provider's head of care supported the registered manager to explain how the service operated and was managed.

People told us they felt safe with the staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. The provider had introduced a safeguarding spot check of the service so staff were kept abreast of the safeguarding policy and procedure. Staff were recruited safely.

Risks of harm to people were identified at the initial assessment of care and their care plans included the actions staff would take to minimise the risks. Staff understood people's needs and abilities because they had the opportunity to get to know people well through shadowing experienced staff during induction before working with them independently.

The manager identified potential risks in each person's home, so staff knew the actions they should take to minimise the risks. Staff were trained in medicines management, to ensure they knew how to support people to take their medicines safely to keep accurate records.

Staff received the training and support they needed to meet people's needs effectively. Staff had regular opportunities to reflect on their practice, to attend training in subjects that interested them and to consider their personal development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made their own decisions about their care and support.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's cultural values and preferences.

People and relatives said that the service was responsive to their needs however concerns were raised to us about the use of agency staff, the consistency of care and the lack of proactive support for people when keyworkers were not on duty. A keyworker is a carer who is the main contact and organiser of a person's care

People were confident any complaints would be listened to and action taken to resolve them. When people raised issues, they would be investigated and resolved.

The service was well led however there was some confusion for care professionals about who was managing the service. A social worker also said the service needed to improve their communication with them.
The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits by a supervisor and regular questionnaires.

The manager checked people received the care they needed by monitoring the time staff arrived for scheduled calls, reviewing care plans and daily records, and through feedback from care coordinators.

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 was safe.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

Risk assessments had been completed to ensure people were safe, this included ensuring safe emergency arrangements were in place.

People were support by sufficient number of staff who were recruited safely.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Permanent staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff understood people's likes, dislikes and preferences for how they wanted to be cared for and supported.

People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs and abilities were assessed and people received a service that was based on their personal preferences.

People's care was person centred and care planning involved people and those close to them.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident it would be acted on.

Is the service well-led?

Good

The provider ensured there was a positive culture that was person centred, open, inclusive and empowering for people who used the service.

Staff knew and understood the organisational values which were reflected in the support we observed.

Quality assurance systems were in place to monitor the service and to make improvements for people.

Prospect Housing and Support Services

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 was planned to check whether the provider was 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.

The inspection took place on 4 October 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. The inspection was conducted by one inspector who had experience with domiciliary care services for people with learning disabilities and mental health problems.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, social workers and advocates and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. Advocates offer help to people who may not have anyone else who can help them make decisions.

Before the inspection, we sent surveys to people who used the service and relatives and friends of people who used the service, to obtain their views of the care and support. Surveys were returned from three people and one relative. We also spoke with three people who used the service and three relatives by telephone. During our inspection visit, we spoke with the registered manager, a care coordinator, the head of care, an office administrator and the HR business partner. During our inspection we spoke with three members of care staff. We also gained feedback from two social workers and three advocates.

We reviewed three people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

People said their loved ones were safe receiving support from Prospect Housing and Support Services. One person said, "I feel safe in my home. It's a lovely place. I like it there." Relatives agreed that their loved ones were safe. One relative said, "We are very pleased with the service. (Name of person) is safe."

All people who completed our survey said that they felt safe from abuse or harm. People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. All staff had received safeguarding training and had good working knowledge of safeguarding procedures as the provider introduced safeguarding spot-checks of services. During these spot-checks staff's practical knowledge of safeguarding principles and practices were tested. Information was available to people and relatives about raising concerns. The registered manager had raised safeguarding alerts with the local authority when abuse was suspected and the service had taken steps to address any concerns.

People who were not able to manage their own finances may have been at risk. . Applications had been made to the Court of Protection so social care professionals could manage people's money on their behalf. Staff supported people to pay their bills and manage their money. Checks were completed to make sure that people's money was safe, including double signing withdrawals from peoples bank accounts. People always had access to their money when they needed it. One person's advocate said that, "Checks and balances have been implemented, which makes people's finance safe."

When risk of harm had been identified risk assessments had been put in place to keep people safe. People agreed the support staff would offer to keep them as safe as possible while they developed and maintained their independent living skills. For example, a person who was vulnerable in a community setting had an emergency cord in his flat. They could pull the cord if they were anxious meaning they did not need 24 hour support and could maintain their independence.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. People had an environmental risk assessment, which staff were aware of and which was reviewed and updated when things changed. Staff had a clear understanding of the checks they needed to do when they finished the call to make sure that they left people safe. One member of staff said at the end of a support session they ensure the environment is safe for people by using the environmental risk assessment as a guide.

Accidents and incidents were recorded and monitored by the provider so they could identify any patterns or trends and take action to prevent further incidents. Staff had completed first aid training and helped people if they had an accident. All accident and incident reports were reported to senior management so there was oversight on the actions taken to reduce risk.

People would be protected in an emergency. Arrangements were in place to manage safety. These arrangements included a business continuity plan. Each person had their own personal evacuation plan, known as a PEEP. Staff had a working knowledge of the evacuation procedure.

Staffing was planned around people's needs and activities. People shared some staff support, such as the sleep –in support at night and also had packages of individual support. People told us that staff arrived at the agreed time and supported people for the allocated time. Support calls were monitored and reported on and there had been no missed calls. Relatives said there were enough staff to meet the needs of their loved ones. One relative said there was always enough staff and gave the example, "When there is a holiday period there was always someone (staff member) to fill in." Staff told us they were happy with the staff levels and thought there was enough staff on duty to support people to do the things they wanted to do. The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

People were protected by staff employed that had undergone safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. People were supported to be as independent as possible when administering medicines and all had their own medicine profile, which detailed how they like to take them, which staff followed. When needed people had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis. These protocols detailed when staff should administer this medicines, the dosage and time. Medicines were being stored in people's flats in a safe way. Staff locked individual medicines cabinets when not in use to stop people accessing them. There were systems in place to dispose of medicines safely. Regular audits of medicines were undertaken and there were no gaps on the medicine administration recording (MAR) charts, which showed all prescribed medicines was signed as being taken.

Good

Is the service effective?

Our findings

People and relatives told us staff had the right skills and knowledge to give them the care and support they needed. A relative we spoke to said, "Staff are knowledgeable and know (name of person) well." Despite this two advocates raised some questions about consistency of care and the knowledge of agency staff, which they said sometimes negatively affected the care being provided. A social worker also said the service is 'very dependent' on the key workers being on shift. The advocates concerns stemmed from agency staff not knowing people as well as regular staff.

When asked one person said that agency staff were "good". However everyone we spoke with told us they were happier on the days their regular staff attended, because they knew their preferred routines well and did everything in the order they preferred. People and their relatives agreed that the "regular" staff members knew their loved ones and preferred when they were working. When this was discussed with the registered manager we were informed that improvements had been made with the induction of agency staff, the handover of information and the delegation of work by the senior support workers. We also saw from rotas that agency usage had significantly had gone down, reducing the impact on people. This was confirmed by another person's advocate who said agency levels had reduced over the last six months.

Staff told us their induction to the service included a five day training course, learning about the provider's policies and procedures and shadowing experienced staff. The induction programme included face-to-face and on-line training regarding moving and handling, health and safety and dignity and respect. New staff were supported to complete the Care Certificate. The care certificate is a qualification that all new care employees have to undertake. It aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. One member of staff described their induction as, "Fantastic."

A member of staff said they get, "100% of the training needed to do the job." Another member of staff said that training had recently been 'streamlined' and many of the courses were now online. The member of staff explained that a recent epilepsy training course they had completed was, "the best I've ever done." Other training included mental health training, dementia awareness, diet and nutrition and health and safety. There were plans to start providing a conflict management training course to staff.

Staff felt supported by management. The provider was aware that staff's skills, competence and behaviours should be continually assessed. A new supervision and appraisal scheme had just been implemented, which was based on observations, assessing knowledge and continual development. One member of staff said, "I actually have supervision tomorrow. I find them informative as we reflect on our practice."

People were not always able to make their own choices and decisions about their care. We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were followed. People also had access to advocacy services. Advocates offer help to people who may not have anyone else who can help them make decisions. One person who had on going health needs had an advocate closely working with them to ensure all decisions about their health and wellbeing were in their best interest.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said the MCA is all about, "Whether or not people have the capacity for certain decisions." Another member of staff said, "If a person can't make decisions then we would work in line with the mental capacity act and best interest."

One person's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for domiciliary care services and supported living schemes are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the manager had made the necessary DoLS applications to the Court of Protection.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded in their care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing.

People were protected from poor nutritional intake as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff involved people in this by asking them what they had eaten and drunk, and discussed with the person if they needed to eat or drink anymore at that time.

People were supported to maintain their health and wellbeing. People's care plans included their medical history and current medical conditions, so staff knew the signs to look for that might indicate a person was unwell. Where people's health had changed appropriate referrals were made to specialists to help them ensure they received the most effective support, this included referrals to the speech and language team (SALT). Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties. When required people with mental health conditions were receiving support from the local community mental health service.

Staff supported people to the GP if they felt unwell, or called the emergency services if they found a person in distress. A relative said that they were happy with the prompt support their loved one had received when they felt ill. We also saw that people were referred to other specialists when appropriate. For example a dietician and an occupational therapist. People had health action plans to help monitor health input and hospital passports with their latest information if they needed to go to hospital.

Good

Is the service caring?

Our findings

People said that they were well cared for by staff. Everyone who responded to our survey said the staff were caring and kind. A compliment said staff have done a, "fantastic job", while another one praised the, "friendship" of the staff. One person said, "Staff are good company." One relative said staff were, "very, very caring." Another relative said, "I think they are caring, from what I can see." A social worker said that people are, "well cared for."

Staff understood the importance of developing positive relationships with people, their families and advocates. Staff told us that they had shadowing sessions to get to know people before they started supporting people on their own. Two out of three people who responded to our survey agreed that they were introduced to carers before support began. Staff told us supporting people regularly meant they could develop a good relationship with people. An advocate told us that his client's keyworkers had a "lovely relationship" with them.

Staff told us they read people's care plans before they started working with them. The language used in care plans, for example, 'encourage', 'prompt', promoted people's independence, by reminding staff to support and enable people rather than 'look after' them.

The atmosphere between people and staff in the office was relaxed and friendly. There was a positive and friendly conversations between people and staff which highlighted that people were clearly confident and comfortable in the company of staff at all levels of the organisation.
People were supported to express their views and be actively involved in decision making about their care. We observed one person come to the office to request support for a particular time because they had an activity to attend. The person was given time to explain and express himself fully and he was asked who he preferred to support him. This request was fulfilled, which we could see pleased him.

People's privacy and dignity was respected. All of the people who responded to our survey told us staff treated them with respect and dignity. People told us that staff always respected their private space and encouraged their independence.

People were supported in a sensitive way. The provider had thought about the impact of telling a person with a mental health condition and anxiety some bad news. How, when and by whom this message was communicated was given thought so that this person received the support and reassurance they needed and wanted.

The provider understood the importance of having accessible information for people. They had started to ensure all policies were in an easy read format. These policies had recently been agreed by the involvement committee, which is made up of people being supported, and were starting to be used. A member of staff also told us of plans to empower a person to be involved in providing Makaton training to staff.

Good

Is the service responsive?

Our findings

People and relatives said the support was responsive. A compliment from a relative read, "I take off my hat to all you who have the heart for caring and work in care in such a way."

People and relatives were involved in planning their care. People said that close relatives, advocates, or people who were important to them, were involved in planning their care, if they wanted them to be. All the people who completed our survey said that they were involved in their care planning.

Before people's support commenced an assessment of people's needs was completed with relatives or people who were important to them. This meant staff had sufficient information to determine whether they were able to meet people's needs before support started.

People's care plans were in an easy read text with some pictures to help them understand how their care and support would be given. Support needs highlighted in their assessments had been carried through to their care plans. Our observations and people's daily notes showed support was being offered in line with care plans.

People told us staff were responsive to their needs and preferences. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. There was information concerning people's likes and dislikes and the delivery of care. The care plans gave an overview of the person, their life, preferences and support needs. Care plans were person-centred and focused on the individual needs of people. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them, which staff followed.

Relatives told us how staff were responsive to the changing needs of people. One person's needs changed on a daily basis and they received regular input from their advocate and appropriate health professionals. There were regular meetings to discuss the person's care and we could see the person was at the centre of decisions being made. The person's relative said, "They have looked after (name of person) well." The person's advocate said the, "staff are very much aware of (name of person's) requirements; both medical and life style." A social worker said, "The manager has been responsive."

People were supported by staff who were responsive to unforeseen situations. Recently there had been a fire in a person's flat that affected two people. One person was found appropriate emergency accommodation and support. Another person had their needs reassessed, their PEEP reviewed and extra support provided to manage new risks.

The service asked for feedback from people and their relatives. A recent relatives and carers survey produced positive results. For example, 84% of respondents thought the service was very good or good. The service had assessed this feedback and set 'planned improvement actions'. One such action was to, "Further improve visibility and access to the complaints procedure." This was being implemented.

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns. When received, complaints and concerns were taken seriously by the registered manager and used as an opportunity to improve the service. We saw when a person made a compliant about the conduct of a member of staff this was investigated in line with the organisation's complaints procedure and appropriate action was taken by the provider.

Good

Is the service well-led?

Our findings

Although people and relatives spoke of the service positively a social worker said that the supporting living schemes are, "not great at getting back to you." When raised with the registered manager we were informed that the supported living schemes now had more computer facilities to aid communication with care professionals. Although improvements were needed with communicating with this social worker, relatives and an advocate praised the service for improving communication with them.

The senior management team had a culture that was person-centred, open, inclusive and empowering, which it was working hard to implement throughout the organisation. The head of care told us about the services missions and organisation values of aspiring, caring, trusting, including, valuing and enabling. A new staff appraisal scheme asked staff how they demonstrated the values and outcomes in their day to day jobs. Staff we spoke to understood and followed the values to ensure people received kind, compassionate and person centred care. One member of staff said, "It's about improving people's wellbeing. It's about being person centred to give effective care, which is positive."

The provider encouraged people's involvement in decisions that affected the organisation, such as the renewing of the provider's values. Three people were active members of the provider's involvement committee, who are involved with making decisions for the provider. During the last meeting items such as fundraising activities and organising a Halloween party were discussed.

Staff were involved in the running of the service. One member of staff told us that they had recently been invited to a staff forum where they discussed how to improve services. We were told by the member of staff this was a "Positive" experience. One area discussed was ways to improve staff health and wellbeing. We were told that suggestions staff made were going to form the provider's health and wellbeing strategy and plan, which is due to be published in mid-November.

People, relatives and staff felt that they could approach the management team with any problems they had. Relatives told us that problems were acted on. The registered manager had introduced a 'manager open surgery' where people with concerns or questions could come in and speak to the manager. These surgeries were advertised in a newsletter that was sent to people and their relatives.

The management team were approachable and people and staff benefited from this. The registered manager and care coordinators worked regularly with people and had a shared understanding of the key challenges, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example it was widely agreed that people and staff would benefit if staff received active support training, which was in the process of being planned. Active Support is a method of enabling people with learning disabilities to engage more in their daily lives.

Training and support was available for staff who wanted to develop and drive improvement within the home. One member of staff was working towards their diploma in social care, which they said they were

being supported by the provider to complete.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and the PIR detailed how they monitored the service they delivered and the improvements they planned, which helped ensured CQC could monitor and regulate the service effectively.

The care and support provided to people was regularly monitored so continuous improvement could be made. The registered manager monitored when staff arrived for scheduled support sessions. The service carried out an audit that covered areas such as views of people, care plans, daily notes, keyworker meetings, staff files, activities, and medicine administration. Results of audits were used to improve service delivery and action plans were implemented. We saw improvements had been made in staff training and, in line with the results of the relative and carers survey, the complaint log had been modified so it was clearer and easier to access. There was senior management oversight as the head of care was responsible for reporting audit results to the board. The service had an overall service strategic plan, which the registered manager was working through. Objectives included to ensure that all staff have access to up to date policies and procedures, and to ensure all staff had an appraisal; areas we could see were being focused on.