

## Prospect Housing and Support Services

# Prospect Housing and Support Services - 129 London Road

### Inspection report

129 London Road  
Redhill  
Surrey  
RH1 2JQ

Tel: 01737785400  
Website: [www.prospecthousing.org.uk](http://www.prospecthousing.org.uk)

Date of inspection visit:  
25 May 2016

Date of publication:  
12 August 2016

### 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

129 London Road is owned by Prospect Housing and Support Services. It provides accommodation for five adults with learning disabilities. At the time of the inspection five adults were resident at the service. Whilst some people were unable to take part in full discussions, we were able to speak with people and observe how they interacted with staff.

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. The inspection took place on 25 May 2016 and was unannounced.

The service had sufficient staff on duty to meet the needs of the people who used the service. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Medicines management was good and people received their medicines when they needed them.

Staff managed medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building, in a format people could understand. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff asked people for their permission before they provided care. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had a good choice of food and drink available to them. People received support from staff who were confident and trained appropriately. Staff told us they felt supported and had access to the training they needed. People's health was maintained and they were able to attend healthcare appointments if needed. The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection with lots of laughing and joking between people and staff.

People looked relaxed and happy with the staff and relatives were able to visit at any time they wanted.

Care plans were complied with people's involvement and were based around their individual preferences. Care plans gave a good level of detail for staff to reference if they needed to know what support was required..

People had access to a range of activities that met their needs. Some activities were based in the local community giving people access to friends and meeting new people.

A complaint policy was available to help people and relatives know how to make a complaint if they wished. We looked at the complaints log and saw none had been made. The registered manager told us that if a complaint was raised they would take action.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and would be analysed and used to improve the care provided to people should they happen.

People had the opportunity to be involved in how the home was managed and were supported to have some input in house meetings to give people a chance to have their say.

## 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.

There were enough staff deployed to meet the needs of people. Staff underwent robust recruitment checks before they started work.

Medicines were being managed appropriately and people were receiving them when they should. These were stored and disposed of safely.

Risks were assessed and managed. Risk assessments provided clear information to help keep people safe.

Staff understood and recognised what abuse was and knew how to report it if necessary.

### Is the service effective?

Good ●

The service was effective.

Mental Capacity Assessments had been completed and where appropriate applications had been made to the local authority for people who were being deprived of their liberty.

Staff had received regular training to help keep them up to date with best practice. Staff had regular meetings with their manager.

People's nutritional and hydration needs were met and staff were clear about the support people needed at mealtimes.

People's health needs were met and they had regular and easy access to other healthcare professionals if they needed to.

### Is the service caring?

Good ●

The service is caring.

People were treated well. Staff cared for people in a way that upheld their dignity and privacy.

People interacted well with staff who were respectful in the way they spoke and cared for people.

People were involved and included about the care they received.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was individual to their needs and preferences.

People enjoyed a range of meaningful activities and were supported by staff to participate in these.

People were able to raise any issues or complaints and felt listened to by staff when they did so.

### Is the service well-led?

Good ●

The service was well- led.

The registered manager ensured that people's needs were at the centre of the care that was provided.

Staff knew and followed the visions and values of the service so that people were cared for well.

Staff felt supported and listened to. They were confident they could discuss any concerns they had with the registered manager.

People were supported by staff to become involved in improving the service

There were robust quality assurance processes in place which were used to improve the quality of care that people received.

# Prospect Housing and Support Services - 129 London Road

## **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 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 inspection took place on 25 May 2016 and was unannounced.

Due to the complex needs of the people who lived at 129 London Road and the size of the building the inspection was undertaken by two inspectors who had experience of working with people with learning disabilities and challenging behaviour.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

People were able to take part in discussions with us during the inspection and we observed interactions between people and staff. We spoke to four people, one relative, two care staff and the registered manager. We reviewed four care plans, four medicine administration records, four staff recruitment files and the records of quality assurance checks carried out by the registered manager and the provider.

After the inspection we contacted a health care professional for their views on the care people received at the home.

The service was last inspected on 29 September 2014 where no concerns were identified.

# Is the service safe?

## Our findings

People were kept safe because there were sufficient staff working to support people and meet their needs. One person told us that they "Liked the staff and they made them feel safe" another person said that there "Was always plenty of staff around to help."

One member of staff told us "With only five people living here there are enough staff, extra staff are brought if needed." Another member of staff said "We have enough staff; if appointments are scheduled then extra staff are provided."

We saw during the inspection that people were supported by staff who had time to spend with them and the support they provided was not rushed or task based. The registered manager told us that staffing levels were assessed based on peoples dependencies and what activities they had planned each day. On the day of the inspection two people were going in and out of the service whilst another was attending a local day centre and the remaining people were having at home days. We saw that whenever a person returned from a planned activity there was a member of staff at the service to support them. In addition to this extra staff were brought in to cover any appointments that people needed to be taken. On the day of our inspection one member of staff was on duty to support one person to attend a hospital appointment they said that was "Their on duty that shift."

Staff recruitment records contained information to show us that the necessary steps to ensure they only employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People were protected from the risk of abuse. One member of staff said "I would report any worries or concerns to the manager or go above them to the area managers if I needed to." Another member of staff said "I've recently undertaken the training, I would record and report any concerns, if I felt it was serious I would consider contacting the Police." We saw from resident house meetings and care reviews that people were reminded by staff about how to protect themselves. For example staff reminded people of the risks when strangers approached them when they were going outside or walking alone from their activities. Information was displayed around the service in easy read format which reminded people what they needed to do if they did not feel safe.

Staff had a good understanding of the safeguarding adult's procedures and what to do if they suspected any type of abuse. There was a Safeguarding Adults policy and procedure in place and staff had received training regarding this. Training records we looked at detailed that staff had undertaken this training. There was additional information available to staff in the office with the contact details of all the external agencies staff may need if they wanted to make a safeguarding referral, IE Surrey Social Services, The local Police team and CQC

Although there had been no recent accidents and incidents with people at the service staff knew how these needed to be recorded. They said they would have to complete an incident form which detailed what



happened, who was involved, who had been informed and what actions were taken as a result. One member of staff said "If something did happen we would also inform the manager as well as fill out the form." We looked at the incident and accident records and noted that no incidents or accidents had been recorded over the last 12 month period.

People's medicines were stored safely and securely. Staff told us that they had received training to administer medicines and once this had been completed they had their competency assessed to ensure they were following best practice. One member of staff said "I'm trained to give medicines but for one person we just support them to take their own." During the inspection we observed the lunch time medicines being prepared and administered. The member of staff referred to the Medicines Administration Records (MARs) to ensure that they were giving the correct medicines to the correct person. They also checked the medicines against the pharmacy label as counter check to ensure that they were following the correct instructions and quantities.

We saw that medicine were securely stored in a locked cupboard with only the trained staff having access to it. We looked at the MAR charts for people and found that administered medicine had been signed for appropriately. There were photographs of people and a medicines profile at the front of each chart to identify who the medicine had been prescribed to. This helped make sure that only the correct medicines were given to the right people. Other 'over the counter' medicines were also kept in people's medicine cabinets. Any medicines that were to be used 'As required' had guidance available to staff in relation to their administration.

Risks to people had been identified and an assessment made on how these could be managed in a way that kept people safe whilst allowing them to be as independent as possible. People were supported by staff to go out independently if they wanted to and there were detailed risk assessments around this. For example one person wanted to go out on their own and use public transport. The risk assessment that had been completed detailed how this could be done in the safest way possible. Staff were aware of risks to people and acted to minimise the risk of harm to them. Another person went out on their own on the day of the inspection.

Other risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of people's finances, nutritional risks to people and for going outside of the home. Assessments were also in place for identified risks which included maintaining a safe environment and action to be followed. We saw that the registered manager and senior staff made regular checks around the service in order to make sure that environment was safe. The registered manager told us that if they found anything that required attention they would report it to their maintenance department who would arrange to visit the service and remedy the situation. While we were conducting our inspection a team of maintenance staff came to the service to start planned repair works to the front of the building.

The management of risks to people's health or well-being were well documented and regularly reviewed. For example where people had identified behavioural support needs there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to support the person and the necessary interventions if behaviours escalated.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans that were updated regularly which were known to staff. This provided information on how to support people in the event of an emergency.

## Is the service effective?

### Our findings

One member of staff told us "People who live here have limited capacity over most decisions that need to be made." They continued to say that "Wherever possible we include people and their families." The service will develop a plan for each person to enable them to be supported effectively to meet their needs.

People consented to most of the care and treatment that they received. Where necessary the MCA had been followed where specific decisions that needed to be made for people who may lack the capacity to make them themselves. If this was the case best interest decisions had been made and recorded in relation to this decision. These detailed why it was in someone's best interest and the reasons why. For example one person had lack of capacity about taking medicines in relation to their health condition. There were details around why it was in the person's best interest to record and monitor when they refused to take their medicines. One member of staff said "Every now and again (the person) would try to stop taking their medicines" which might affect their health.

People's human rights were protected because the requirements of the Deprivation of Liberty Safeguards (DoLS) were being followed. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the DoLS. The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We found that there had been appropriate applications made to the local authority.

People were supported by staff that were knowledgeable and supported in their role. We saw that staff's competencies were assessed regularly in one to one meetings with the registered manager. One member of staff told us "I have regular meetings with my manager; it's always good to have reflective and constructive feedback." They told us that supervisions were their opportunity to talk to the registered manager in private and discuss any concerns or training needs they might have. We saw that supervision discussions were recorded and included any additional training needs the member of staff had, career progression and the values of the organisation.

Staff were kept up to date with the required training which was centred on the needs of the people. Staff told us that training included amongst others learning disability awareness, moving and handling, first aid, fire safety and dementia awareness. One member of staff said they valued the training they received. Another one said "We have enough training, if there is something new that we need to learn then more training is provided."

The staff told us that before they started to support anyone at the service they complete a full period of induction. They told us that the induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. We looked at the induction plan for a new member of staff which was robust and ensured they would have the skills to support people effectively. The registered manager told us that ongoing training and refresher training was arranged and "Ensured staff kept up to date with current best practice."

People had enough food and drink available to them and this enabled them to maintain a healthy and

nutritious diet. We saw that there was plenty of fresh food available for the people to choose and help themselves during the day. There was a large amount of fresh fruit and vegetables available and staff told us that they "Help encourage people to eat health snacks." During our inspection we observed that people were supported by staff to access food whenever they needed to and to help maintain their independence. For example we saw two people in the kitchen with staff making their breakfast. This was the case at lunch time when we saw that people were actively involved in preparing their meals. One person told us how much they enjoyed making their breakfast and told us they also get a 'fry up' at the weekends. A member of staff told us that the service does not monitor people's weight on a regular basis but they do "Encourage healthy meals" and "Help them stay as fit and as active as possible."

People were supported to remain healthy and had access to a range of health care professionals, such as dietician, GP and consultants in relation to specific health care needs. Advice given by health care professionals about people's needs was followed by staff and recorded in their care plan. A health care professional told they had recently visited a resident at the home and had "No concerns" over their care and welfare. They told us that they thought the staff and people who lived at the home "Worked exceptionally well together."

## Is the service caring?

### Our findings

One person told us that the staff were "Caring" and "Nice." Another said that they "Liked the staff." One member of staff said "These are a good group of guys, I love it here, I feel I know people here." Another member of staff said "I enjoy it here very much, it's a very friendly home."

We could see from our observations that people were comfortable with staff and interactions between them were kind, caring and supportive. Whilst we were talking to the registered manager one person came into the room and wanted to talk to them. The registered manager spent time listening to the person and talking to them about things they liked doing. The service had a relaxed and friendly atmosphere. Staff interacted with people in a kind and respectful way. We saw staff speak to people in a way which suited their needs making sure they faced people who had understanding, speaking clearly so they were able to understand what was being said. Conversations between staff and people were appropriate and respectful.

It was clear from the care plans that people were involved in planning their care. The care plans reflected what was important to people. We saw that care plans had detail around people's backgrounds and personal history. Staff were able to explain the personalities of people they supported. They understood about people's life history and family. One member of staff said "(The person) has really flowered since being here; you have to understand the background of people to being able to care for people well."

People were able to decorate their bedrooms how they wanted them and they were able to lock their doors and had a key to their rooms so they could come and go as they wished. People's rooms were personalised with photographs of family and decorated with personal items important to them. One person showed us their room and told us what was important to them and what their interests were. They had photographs of their family and of a recent holiday they had taken to visit relatives who lived overseas. In another person's room they had collected items from going to car boat fairs with their friends and staff from the service. Some people at the service had maintained a close relationship with their families and friends who were able to visit when they wanted to we were told that this was encouraged by staff.

People's privacy and dignity was maintained. Where people were being supported staff made sure that doors were always shut or they were having a private conversation they would do so where they would not be overheard. During the inspection we observed one person asking a member of staff to come into the kitchen, he said it was to have a "Chat away from the others".

Staff knew and understood what was important to the person and supported them to maintain their interests. One person was encouraged to maintain a relationship with friends from their church. Staff had organised for the person to attend church services and a social group on a regular basis. Staff understood that it was important for people to maintain relationships.

People were given the opportunity to be involved in the running of the service. The staff actively sought the views of people in a variety of ways. Residents meetings were held and the minutes showed discussions around activities, changes to the menu and improvements to the service. One member of staff said "We

want their ideas, we have regular key worker meetings with people and we have a format of asking questions about what people want."

Staff knew how to access advocacy services if they needed to. At the time of our inspection there was no-one who needed this support.

## Is the service responsive?

### Our findings

People's care and support was planned with them and it was clear that people had choice and control over their daily routines and decisions about their lives.

People were able to access a range of activities that they had been involved in choosing. There was a weekly programme of activities for people which were planned and agreed with them. One person went horse riding on the day of the inspection

Planned activities also took place, one person was going horse riding on the day of the inspection which was something they enjoyed doing. Staff supported people to be involved in a range of meaningful activities both inside and out with the service. On the day of our inspection one person was engaged in a puzzle, another was preparing to go to the gym with a member of staff and a third person told us that they were "Going to their disco" in the evening. In addition the people were also active in their local church where we were told that they met up with many old friends and "Enjoyed the social events."

The registered manager told us that people were able to engage in more community based activities as the local town centre was close to the home. Staff also told us that they were supporting people to access their chosen activities independently if possible. Two people had recently been able to go into the town centre independently following a review of their care.

Before people moved into the service there was a detailed pre admission assessment completed by the registered manager. This was to ensure that the person's needs could be met and that the service would be a suitable place for them to live. The pre-admission assessment included a detailed plan of care that outlined people's individual needs and preferences. The assessment also contained a brief pen portrait of the person which gave staff an insight into their needs, interests, care preferences and a history of the person prior to them coming into the service. Staff told us that they found this a useful guide when they supported people living at there as it "Put things into context about the people and things that would help them care for them appropriately." Another member of staff told us there was a good level of information which helped and that some had been written by the people themselves. In addition to the assessments all the people who lived at the service had detailed hospital passports. The hospital passports contained all the relevant information a person would need to supply medical staff in the event of hospital treatment or admissions to ensure that they were treated safely and effectively.

People were allocated key workers who regularly reviewed the care plans and updated and amended them whenever there had been a change to peoples support needs. Throughout the inspection we observed staff referring to care plans and updating daily records about people's care, including details about their well-being and any social activities they may have undertaken.

Staff were responsive to people's needs. During the inspection we saw that staff responded flexibly to people's requests to go out, one person wanted to go out for breakfast which staff supported them to do. Another person wanted to walk to the local shop and staff accommodated this as well.

People's individual routines and preferences were respected. We saw that people were free to spend their time as they wished. People told us that they could get up and go to bed at times of their choosing and staff told us that they were very flexible around this.

During our inspection we observed that people were confident about expressing their feelings. We saw that staff listened to them and ensured that when issues or concerns were raised these were addressed. People's opinions were valued.

People told us that they knew how to complain and to how. One person was very clear saying if they had a problem the registered manager would "Sort it out". Another person told us that they had not needed to complain but was confident that staff would listen. A copy of the complaints policy was displayed in the home. One relative told us they knew how to make a complaint if they needed to.

The registered manager told us that they had not received any formal complaints and believed that this was due to the open relationship they had with people and their relatives. A member of staff told us that they try to make sure any issue is dealt with as soon as it "Crops up."

## Is the service well-led?

### Our findings

One person told us that the atmosphere in the service was good and it was a "Happy place." There was a positive culture within the service between the people that lived here, the staff and the registered manager. A staff member told us that they enjoyed working in the service and they thought it was a "Great place to work." Another member of staff said they "Loved working at the home and had worked with the residents for many years." Staff told us the registered manager was, "Willing to improve the home and the care people get." They also told us the registered manager "Listens to us." A family member told us that the registered manager was "Great" and that she "Knew all the residents very well".

A member of staff told us that they felt that they were supported and felt appreciated by the registered manager and the senior management of the company. Staff told us that could approach the registered manager and ask for advice or support when they needed it. Staff had regular team meetings which they felt was an opportunity to get support and advice from the registered manager. The minutes from the last staff meeting focussed on improving the service and peoples experience of the service. Staff told us that the registered manager made sure that the visions and values of the service were known and followed by staff to ensure people received a good level of care. One member of staff told us that during the team meetings they "talked about how best to support people without reducing their ability to do things for themselves" and how to "Reinforce the things they can do for themselves."

People and their relatives were included in how the service was managed. There were regular meetings held with people and their relatives so that they could feedback what was being done well and what areas they wanted to change or improve. There were annual questionnaires (QA) sent to people and relatives which gave them a further opportunity to comment on how the home was run. The most recent family QA was undertaken during February 2015. The QA did provide evidence that people's families were happy with the service and the way the staff supported their relatives. We saw that there were no negative comments and in general the returned QA's were very supportive of the service and the staff.

The registered manager and other senior staff regularly checked to ensure a good quality of care was being provided to people. There were regular audits completed on all aspects of the service to ensure that the quality of the service was maintained. We saw audits that covered areas such as catering, maintenance, health and safety checks, infection control, and other areas that would give an indication of the quality. We saw that a recent maintenance audit highlighted a need to replace fence panels in the rear garden of the service and that the emergency light bulbs had to be replaced. The emergency light bulbs had been replaced by the provider's in house maintenance team and the registered manager told us that they were waiting for a date when the fence panels would be replaced. Feedback from external agencies had also been discussed, along with recruitment, training and upcoming events.

We found that the files were up to date easy to read because of they had been maintained to a high standard. The registered manager told us that this was continually undergoing a process of updating and that it was the responsibilities of the key workers to ensure that they were accurate and reflected the support people received.



We saw that the registered manager had ensured that information for staff on whistleblowing was readily available in the home and staff understood what this would and how they would report concerns if necessary. Staff understood what whistleblowing was and that this needed to be reported. One staff member said, "I have never had to report anyone or had any concerns but if I did I would discuss these with the manager." Another member of staff told us they felt confident in the manager and the provider to act on any concern that they might have about the home, care, residents and other staff members.

Representatives from the provider regularly visited the home to see how it ran to give people and staff the opportunity to talk with them. This provided an opportunity for people to raise concerns that they might have with someone other than the registered manager or for good practices to be commended.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.