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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 5 July 2016.

Prospect House is registered to provide accommodation and personal care for up to six people who have a learning disability. The home has a kitchen, dining area and two lounge areas on the ground floor. There are six single en-suite rooms; two of these rooms have shower facilities. There is a communal bathroom and communal shower room on the first floor. The home has a well maintained garden area and is also within easy walking distance of the local amenities.

The service had a registered manager. 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 registered manager was on annual leave at the time of inspection and deputy manager was in charge.

We saw safety checks and certificates that were all dated within the last twelve months for items that had been serviced and checked such as fire equipment and gas safety. We did see a record to show the electrical safety certificate was next due September 2017; however a current certificate was not available. No testing for legionella was taking place and water temperatures were showing low which could make bathing and showering uncomfortable.

Staff we spoke with knew how to administer medicines safely and the records we saw showed medicines were being administered and checked regularly. Protocols for when required (PRN) medicines were kept with the care plans, these should also be kept with the medication administration records.

Accidents and incidents were monitored and analysed each month to see if any trends were identified.

Policies were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were protected. Where appropriate, the service worked collaboratively with other professionals to act in the best interests of people who could not make decisions for themselves. At the time of inspection there were five people subject to a DoLS authorisation. Staff demonstrated a clear understanding of DoLS.

People were supported to maintain their health through access to food and drinks. People using the service enjoyed healthy eating.

The service was clean and tidy and staff had access to personal protective equipment (PPE). The service was having building work done which would provide an extra downstairs bedroom. The building work was being managed so there was little disruption for the people who used the service.

People had access to a variety of activities either on a one to one basis or in a small group.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose.

The registered provider followed safe processes to help ensure staff were suitable to work with people living in the service. There were sufficient staff to provide the support needed and staff knew people's needs well. Staff had regular supervisions and appraisals to monitor their performance. Staff received regular training in the areas needed to support people effectively and were suitably trained to manage behaviours that challenge whilst ensuring people's rights were protected.

People and relatives we spoke with were positive about the support they/there relative received. Throughout the inspection we saw people being treated with dignity and respect.

People had access to advocates and independent mental capacity advocate (IMCA's).

We found care plans to be person centred. Person centred planning provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. The service was working on gaining accreditation from the National Autistic Society.

The service worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

The service had an up to date complaints policy. The last complaint received was in July 2014.

The registered provider carried out regular checks to monitor and improve the quality of the service.

Staff felt supported by the registered manager.

Feedback was sought on a regular basis from people and their relatives on the quality of the service.

People who used the service had regular meetings. Staff meetings took place approximately every other month but were not well attended. The deputy manager said this was now being discussed in supervision and staff would be expected to attend at least three a year.

The deputy manager understood their roles and responsibilities, and felt supported by the registered provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems were in place for the management of medicines so that people received their medicines safely.

There were enough staff on duty and staff were suitably trained. Staff were recruited safely.

Risks to people were identified and recorded. Safety checks were in place however we could not find evidence of the electrical safety certificate, legionella testing and water temperatures were recording low temperatures.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

Is the service effective?

Good

The service was effective.

Staff were supported through a regular system of supervision, appraisal and training.

Policies and practice were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet.

The service worked with external professionals to support and maintain people's mental health.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were encouraged to remain independent.

Staff supported people to access advocacy services.

Is the service responsive?

Good

The service was responsive.

Care plans provided information on person-centred care and were reviewed regularly.

People had access to a wide range of activities of their choice.

The service had a clear complaints policy that was applied when issues arose.

Is the service well-led?

Requires Improvement

The service was well-led.

Quality assurance checks were undertaken on a regular basis.

Staff felt supported by management.

Feedback was sought from people and their relatives on the quality of the service.

Management understood their roles and responsibilities.

Prospect House

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 5 July 2016.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with three people who lived at the service and observed two people who were not able to communicate verbally. We looked at two care plans, and people's medicine administration records (MARs). We spoke with five members of staff including the deputy manager. We reviewed four staff files, including recruitment and training records. We contacted three relatives via telephone after the inspection.

We also completed observations around the service and in communal areas.

Requires Improvement

Is the service safe?

Our findings

Relatives we spoke with said they felt their family members were safe living at the service. One relative said, "[person's name] has lived there for six years and I know they are safe." Another relative said, "Oh they are safe, staff are very good."

Staff we spoke with said, "We keep people safe, we know them well and how we need to support them." Another staff member said, "I support individuals to be safe in my care by following risk assessments and working as I have been trained to work."

We looked at records which confirmed that checks of the building and equipment were carried out to ensure people's health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler and fire extinguishers. Although audits showed that the next electrical safety testing was due in September 2017, we could not see evidence of an electrical safety certificate. No testing was done for legionella; the deputy manager explained that they were in the process of finding a new legionella testing provider. A legionella risk assessment was carried out but we were unable to see robust recent actions in support of this assessment which was dated November 2015. Water temperatures were recorded as being too low in some areas and too high in others. For example the temperature of the water supply to one sink was recorded at 23°C, a shower 36°C and a bath at 48°C. We saw the services recent health and safety audit which stated that temperatures for baths must not exceed 44 degrees Celsius. The Thermostatic Mixing Valve Manufacturers Association (TMVA) recommended that temperatures should be between 41°C and 44°C . This meant that the sink and shower temperatures were too cold and the bath temperature was too hot with a risk of scalding. The deputy manager agreed to look into this straight away.

Tests to emergency lighting, fire door releases, fire alarms and fire extinguishers took place weekly. Fire drills were taking place at least monthly and this included all staff on duty and people who used the service. A fire drill had also taken place for night staff. The fire drill recorded how long it took to evacuate and any learning as a result of this. Staff discussed the fire drill with people who used the service, explaining how it went and the importance of reacting quickly.

We looked at individual personal emergency evacuation plans (PEEPS). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Each PEEP included detailed information on where the person's bedroom was and how to approach the person and encourage them to leave the building.

Staff demonstrated a good working knowledge of safeguarding procedures. They were able to describe types of abuse, the signs to look for and the correct action to take. One staff member said, "We work together to protect vulnerable people and prevent the risk of abuse and neglect."

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included clear instruction on

raising a concern internally and externally. One staff member said, "Whistleblowing is where you can raise concerns or complaints about something anonymously and you are protected." Another staff member said, "Whistleblowing supports and protects staff members, I know nothing will come of it [meaning no repercussions towards the staff that whistle-blower]."

The service had an up to date business continuity plan. This meant if an emergency was to happen such as a fire or loss of electricity, the service was prepared.

Risks to people were assessed and plans put in place to minimise the chances of them occurring. Risk assessments were carried out in areas including refusing medicines and behaviours. The risk assessment documented how the risk was increased and an intervention plan for staff to follow for each level of risk. For example, one person risk assessment stated that the noise the person made showed the level of risk, the higher the pitch of the noise the more anxious they were becoming and the risk of challenging behaviour increased. The risk assessment documented each noise pitch and what the staff intervention should be such as at this level of noise, staff were to keep speech to a minimum and come straight to the point. At the next level staff were to mimic the sound, this reassured the person staff were listening.

Staff were trained in The Management of Violence and Aggression (MVA). This supported staff in behaviour management, de-escalation, breakaway techniques and holds. All staff had received this training; new staff were put on this course as soon as they started at the service.

The service recorded accidents and incidents and analysed them monthly to see if there were any trends or patterns. The analysis had found a decrease in incidents and put this down to people getting out more due to better weather.

We looked at the recruitment records of four staff. We saw evidence that pre-employment checks had been undertaken prior to staff starting work. Application forms were fully completed and two references sought, one of which was from a previous employer. We saw a Disclosure and Barring (DBS) checks had been carried out for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

Staff we spoke with said there were enough staff on duty. One staff member said, "We have one client who needs two for one [two staff to support them] when out in the community, we also have one client who needs two for one support at transition [returning to service from an activity] as they can become agitated. We have enough staff to meet their needs, staffing is adequate." Another staff member said, "We have enough staff on duty to provide care but we would like more funding and we are fighting for this."

Through our observations and discussions with people and staff members, we found there were sufficient staff to meet the needs of the people who used the service. At the time of the inspection there were six people who used the service. We saw duty rotas which confirmed that there were enough staff on duty. On each shift there was one senior carer and three care staff plus the registered manager and deputy manager during the day.

We checked the management of medicines and saw people received their medicines at the time they needed them. Medicines were ordered, stored, dispensed and disposed of safely. Medication Administration Record (MAR) charts showed that people received their medicines as prescribed
and staff had signed the MAR to confirm this. Staff had received training and competency assessments on the administration of medicines and this was updated on a regular basis. Staff had also received training on

Buccal Midazolam. Buccal Midazolam is an emergency rescue medication prescribed by a medical practitioner or nurse prescriber for the control of prolonged or continuous seizures which can be a lifesaving procedure. This training was updated yearly. Records were kept of room temperatures to ensure medicines were safely kept. Medicines with a short a life once opened had the date of opening noted, this meant they remained safe and effective to use.

Medicines prescribed as to be taken when required (PRN) only had protocols for use kept in the care files. A PRN protocol is a guidance of when to administer, with examples of what to try first if the medicine is for agitation, how often to administer and the dosage. We discussed with the deputy and a senior carer the importance of also keeping these with the MAR charts. The deputy and senior carer said that no PRN medicine was to be administered without the authorisation of a designated member of staff such as the deputy or registered manager. If for example a person who used the service was becoming agitated during the night the care worker had to ring the on call person to obtain permission to administer a PRN medicine. The on call person would ask if they had checked the person was not hungry or thirsty and to try this first. If this was in the PRN protocol with the MAR charts the care worker could try this before calling the on call person. The deputy manager agreed this made sense and arranged for the protocols to be updated and added into the MAR charts.

Medicines that were liable to misuse, called controlled drugs (CDs), were stored appropriately. CDs are medicines that have strict legal controls to govern how they are prescribed, stored and administered. Additional records were kept of the usage of controlled drugs so as to ensure stock balances are correct.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

Good

Is the service effective?

Our findings

All staff underwent a formal induction period. New staff worked towards the care certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics. New staff were provided with a mentor and completed shadow shifts prior to working alone. The shadow shifts took as long as necessary for new staff members. New staff went through a six month probation and received supervision every four weeks. The service employed staff initially as bank staff so they could introduce new staff slowly to the people who used the service, gradually increasing shifts till they were full time. The deputy manager said, "This has proven to work well in regards to behaviour patterns and maintaining current standard around the home "

Staff received regular training in the areas needed to support people effectively and they were suitably trained to manage behaviours that challenge such as MVA training, whilst ensuring people's rights were protected. Staff we spoke with said, "I have done lots of training, recently I have done first aid and autism [awareness]. I have learned to work as trained and to be competent in my role." Another staff member said, "I have done lots of training that helps me to understand and support our clients well."

Staff received regular supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records of these meetings on staff files. Areas discussed included training and development, performance and developmental requirements. Staff completed a self-evaluation prior to appraisals. One staff member said, "These are good for development but I struggle with the listing my strengths and weaknesses part."

Staff said they felt supported from receiving regular supervision. Staff we spoke with said, "I enjoy receiving supervision, it is good to know you are doing good." Another staff member said, "We also have emergency supervision if needed such as if you are doing something wrong that could cause harm, it is sorted."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw that the registered manager was working within these guidelines and where people were waiting for reassessments the registered manager had a file that evidenced they had requested the reassessment at least six weeks before it was required. At the time of our inspection five people were subject to DoLS authorisations and one person was waiting for an assessment. Assessments that took place were best interest assessments, MCA assessments, no refusals basement [this establishes whether the

authorisation would conflict with any other existing authority for decision making for the person], mental health assessment and eligibility assessment [this relates specifically to the relevant individual's status, or potential status, under the Mental Health Act 1983]

Staff demonstrated a good understanding of DoLS and MCA. Staff we spoke with said, "We have DoLS authorisations in place so we do not [unlawfully] deprive people of their liberty." Another staff member said, "The MCA outlines whether or not people have the capacity to make certain decisions for themselves. Everyone should be deemed to have capacity unless proven otherwise." And another staff member said, "It is designed to protect vulnerable adults, people who lack capacity."

All staff had received training on MCA and DoLS and staff demonstrated a clear understanding of the basic principles of the Act. Staff we spoke with said, "DoLS and MCA is for there [people who used the service] protection. We must always assume they have capacity and they also have the right to make the wrong decision."

Consent forms were signed by each person where possible. Such as consent to care and treatment and consent to photographs. We asked staff how they sought consent for providing personal care for example. Staff said, "We always ask consent if they [person who used the service] are unable to give consent we would ask, parents, guardians or advocates etc." Another staff member said, "If people are able to communicate we ask them if they cannot communicate we interpret actions. We get support from advocates and family."

Meal times were flexible to suit people's needs. We saw people were provided with choice, for example a choice of food and drink or where and when they wanted to eat. No one living at the service had any special dietary needs. One person we spoke with preferred healthy options. They said, "I have had jacket potato, tuna and mayonnaise for lunch, it is good for you."

People who used the service and staff worked in the kitchen together preparing meals. One person had been supported to make a pitta bread pizza. This person said, "I made it myself, I put cheese, chicken and tomatoes on it, it was lovely."

People had access to tea, coffee, drinks and snacks throughout the day. People could eat their meals where they wanted but they mainly sat in the dining room.

Health monitoring was in place such as weekly or monthly weight recording. The deputy manager said. "We like to keep an eye on people's weights as one or two people were prone to losing weight very quickly due to being permanently on the go and having high metabolisms." We saw one person's care file stated they must be provided with snacks throughout the day and build up shakes. We saw that staff provided snacks in line with this person's care plan. One staff member we spoke with said, "We try and bulk two people up with a lot of snacks, because they can lose weight so quickly, we monitor their weight weekly." And "We have had training from a dietician on portion sizes, daily needs and healthy eating; this was really interesting and helpful."

People discussed what they were eating that evening. The choice was pasta bake with garlic bread or salmon with roasted vegetables. Staff explained that people mainly ate together on a tea time but they needed to keep to specific routines due to people who used the service having autism. One staff member said, "Mealtimes are a pleasurable experience and the meals provided are good."

People enjoyed having a takeaway about once a month. This was chosen by the people who used the service and could be anything from fish and chips to an Indian. One person's care plan stated "I love spicy

food but spicy food does not always love me." One person we spoke with said, "I like going out for food, fish and chips is my favourite with mayonnaise."

People were supported to appointments with external healthcare professionals such as the community psychiatrist, GP and optician, with evidence of visits documented in people's care files.

The service was in the process of building a new downstairs bedroom. This was being managed carefully so as not to disrupt the people who used the service. The deputy manager said, "We make sure we know in advance when major building work is being done and we arrange day trips for people, as the banging could upset them." One relative we spoke with said, "I did not know about the building work but I do now and they are managing the disruption really well."

Each person had their own room decorated the way they liked it. One relative said, "[person's name] has just had a new bed, it is a bigger bed they love it."
The service had two lounges so people had choice. There was also a sensory room where people could enjoy the lights or have quiet time listening to music. One person was listening to a CD in the sensory room on the day of inspection.

Good

Is the service caring?

Our findings

We asked people's relatives if they thought the staff were caring. Relatives we spoke with said, "The staff are very very good, they support [person's name] really well." Another relative said, "If I thought for one moment [person's name] was not happy I would press for another placement, but they are so settled, they settled in straight away." and another relative said, "The staff are very kind and caring, they also keep him clean, he is always clean when he comes home." Another relative said, "It is a good place, I am more than happy with everything it is just right."

Staff were happy in their job and had a positive attitude about the care provided by the service. One staff member said, "I enjoy working here because it has a friendly, homely and family atmosphere." Another staff member said, "All staff have good professional relationships and are dedicated to delivering a good quality of care." and another staff member said, "I enjoy working here, every day is different and you build relationships with the service users."

People's privacy and dignity were respected and promoted. We observed staff knew people really well. Staff were seen to be kind and caring as well as fun and friendly. The service had a dignity champion and the deputy manager said, "By having a Dignity Champion role within the service to support, monitor and improve our approach and each individual's experience whilst cared for by us."

We asked staff how they supported people to maintain their dignity and privacy Staff we spoke with said, "I maintain the client's privacy and dignity by respecting their wishes and being polite, asking permission before assisting them with personal care or life skills." Another staff member said, "I respect people's privacy and dignity by knocking on their door before entering and waiting to be invited in."

We asked staff how they promote peoples independence, staff we spoke with said "We promote independence by encouraging clients to do things for themselves and praising them when they do so." Another staff member said, "I encourage people to make their own lunch, we go to the supermarket and they can choose what they want, come back and cook it, we are there for support and must promote and prompt life skills." Another staff member said, "We always encourage clients to do things for themselves no matter how long it takes. We must never rush or assume they can't do things."

Staff we spoke with said they found interacting with people who used the service was very important. One staff member said, "Interaction improves their social skills and helps maintain relationships with others." Another staff member said, "It is important to interact with people, giving them the opportunity to express their needs and values, what is important to them and to socialise."

We saw that all people who used the service had access to an advocate or Independent Mental Capacity Advocate (IMCA) if needed and information was available for the people who used the service. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Care plans were available for end of life care, but in the two care plans we looked at it stated that the person did not want to discuss this. Staff we spoke with said, "Our clients who wish to plan for their end of life can complete the end of life care plan, not all our clients understand end of life." Another staff member said, "For the clients who wish to plan for this there is a care plan in place to be followed. Some of our clients do not wish to plan for this or don't fully understand it."

Meetings for people who used the service took place monthly. During one of these meetings they discussed the building work and asked if anyone had any issues. They also discussed health and safety, such as, spillages, obstructions and fire. They discussed activities and holidays and what is important to each person. Each person signed to say they had received the minutes of the meeting.

Good

Is the service responsive?

Our findings

We asked staff what their understanding of person centred care was. One staff member said, "Person centred care is care that is specific to the individual, taking into consideration a person's needs and wants and is personal to them." Another staff member said, "Person centred care is treating each person as an individual and providing care that is best suited to them." And another staff member said, "Person centred care is about caring for individuals to their own preferences and not your own, every individual has their own needs and this should be respected."

We looked at care plans for two people who used the service. Care plans were very person centred. Each care plan contained a pen picture of the person. A pen picture is a succinct summary of the needs of a person and how their Autism Spectrum Disorder (ASD) affects them. They are useful tools and they share information quickly and easily. These were written from the person's perspective and also contained a lot of the person's humour. For example, one person's pen picture said, "If I get over excited I may need to go to my room and meditate to ponder the workings of life, just kidding I just need to lie down and chill out." Another person's pen picture said, "I have a great sense of humour, it is never a dull day when I am around." These comments brought the files to life and really brought the person to the forefront.

Care plans were reviewed monthly or more frequently if needed. At each review staff and the person who used the service discussed any changes, what activities had taken place that month, social contacts, health care, incidents and what behaviours had taken place and how many antecedent behaviour consequence (ABC) charts had been used. The ABC chart can be used to record behavioural concerns. The reviews provided the person time to reflect on their behaviours and discuss why the behaviours could have happened and how the intervention plan would be updated. For example, one person's ABC chart showed that the behaviour was triggered by going on a long journey. The service now made sure that journeys were kept short to prevent any behaviour that challenges.

The care plans we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Care plans were legible, up to date and personalised. They contained detailed information about people's care needs, for example, one care plan stated, 'I can be good at making choices if they are communicated in the correct way.' The care plan noted the best way to communicate with this person such as do not overload me. The person communicated through noises which can become higher pitched and faster the more anxious they were. The care plan included a communication dictionary, which stated what each noise meant or could mean. This meant staff were supported as best as possible to understand this person's needs.

We attended a handover meeting from morning staff to afternoon staff. Each person was discussed, what they had done that morning, what their plans were for the afternoon. Any concerns were discussed, such as one person had been very tired that day and they were keeping an eye on them. The senior staff shared out one to one duties for that afternoon, explained what was for tea and if people were out where they were. Staff also had the opportunity to ask any questions.

The service was working towards becoming accredited with the National Autistic Society. The Autism Accreditation is a way for services to show that they can offer really good support to people with autism. The deputy manager said, "Autism accreditation has assisted in the service making links with other services and programmes within the community to progress further with support methods ideas and projects. Some include DJ sets for radio for individuals with learning disabilities"

We asked staff if they felt there were enough activities taking place and if people had plenty to do. One staff member said, "There is a wide range of activities offered, we help the clients lead full varied lives." Another staff member said, "The main activities are done on a one to one basis but depending on how people are feeling we do some group activities such as garden games, badminton or football, we do bowling and we have music quizzes."

One relative we spoke with said, "They take [person's name] out a lot."

People who used the service said, "I have books to read about animals and babies, I go to the library." And "I have lots of stuff to do like games and maths and I have writing and drawing books." Another person who used the service said, "I like go carts." A member of staff explained that this was formula one and they loved watching it but called it go carts.

People often visited The Big Fun which is a giant soft play area for adults or to a local entertainment destination.

People who used the service went out into the community on a daily basis. They complete activities such as swimming, shopping, bowling, cinema or going to the pub. One person who used the service had been shopping on the day of inspection and bought a DVD which they were looking forward to watching that evening. Another person enjoyed writing, word searches and drawing, they had their pens and pencils all laid out and proudly showed letters they had written.

One person who used the service struggled with transition when returning from an activity. The service kept to an established routine to keep the transition as calm as possible. The procedure was the member of staff on the activity with the person would call the service prior to returning to see what staff were on duty and to explain how the person was feeling. They would then discuss with the person who was on duty so they were prepared before they returned to the service. Depending on the person's mood an activity would be chosen and ready for them to do on their return. If the person was showing high levels of anxiety staff would take them to have a shower first as this helped the person to calm down then complete an activity. The service supported the person really well with the transition and were always prepared in advance for any eventuality.

We asked relatives if they had any complaints. One relative said, "No I have never had to complain." Another relative said, "No not complained for over two years."

The service had an up to date complaints policy in place. We looked at the complaints file and saw that no complaints had been received since July 2014. The service had received compliments form families and external healthcare professionals. The compliments were about how the service managed people's behaviours through routines and structures.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager who had been registered with the Care Quality Commission since July 2014.

Staff we spoke with said, "The quality monitoring is good, it is monitored by daily notes, reviews, reports and if any concerns are raised they are looked at and improved straight away."

We saw that systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; health and safety, infection control, kitchen, environment, medicines and care plans. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. However the health and safety audits did not highlight the concerns we found with the water temperatures and lack of legionella testing. This meant the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, good governance.

We asked relative what they thought of the management of the service. One person said, "The manager is alright they keep us informed." Another relative said, "We have a good relationship, they are good at communicating."

We asked staff if they felt supported by the registered manager. Staff we spoke with said "The manager is alright, they are approachable, they are good with the clients, they book things for them to do and they get things done." Another staff member said, "The manager is alright, we have our ups and downs, I can be quite gobby, I voice my opinion and they listen." Another staff member said, "I feel supported by management, I can approach the manager with problems I have and I have always found them to be a good leader."

Staff we spoke with said the service had an open and honest culture. One staff member said, "The staff are honest, the manager is open and honest and keep us involved." The deputy manager said, "We have an open door approach to communication throughout the organisation including at director level."

We asked staff what they thought were the visions and values of the service. One staff member said, "Personally I feel the visions and values of our service are to give the clients the best quality of care to ensure they live a full, diverse life and live to their full potential."

The deputy manager said, "The objective of the service is to provide a holistic approach to develop people's independence and to enjoy the everyday experiences and opportunities provided by the local and wider community. The service aims to promote positive values and cultures throughout the service in all we do and expect employees to work in an inclusive and positive way."

Staff meetings took place monthly where possible. We were told these were not always well attended. The deputy manager said, "The poor turnout is now targeted in people's supervisions and appraisals, they need a good reason to not turn up and are looking at performance managing this." A senior care worker said, "Staff meetings are a nightmare, no one wants to come and no one turns up, they [staff] don't see it as a

major thing, it is their time to get their points across and provide solutions and bring about changes, changes that are made at staff meetings some staff complain about but if they were at the meeting they could raise their objections. Staff meetings are important." Another staff member said, "I always attend staff meetings even on my day off." And another staff member said, "I have not attended a staff meeting for a while as they always seem to fall the day after my night shift; however I do pass on agendas for people to voice on my behalf."

Topics discussed at staff meetings were staff recruitment, health and safety, people who used the service's behaviours and hobbies, training, medicines and annual leave.

We asked the deputy manager about the arrangements for obtaining feedback from people who used the service, their relatives and external healthcare professionals. For people who used the service questionnaires were provided monthly on different topics such as the environment and to ask if they were happy living at the service, what activities they enjoy doing or would like to do, a behaviour questionnaire which asked what upsets them, what helps them to calm down and their goals for example what do you want more of. One person had written their goal was to have more chocolate. The deputy manager said, "I am looking to revamp these and think more about developing life skills."

Relatives had completed a questionnaire and were very complimentary with comments such as "perfect" and "We know [person's name] is well cared for and seems happy to be with you in a safe environment."

External healthcare professionals had completed the questionnaire and were also very complimentary. A community learning disability nurse had written "My observations are that staff strive for the best outcome for their clients, they are transparent and work well with all professionals." Another healthcare professional had wrote "I have seen clients move to Prospect House unwell and with a poor quality of life and it is so rewarding to see how their lives improved. The manager is a valued member and this cascades down to other staff members. Their goal is always what is best for the residents."

The management understood their role and responsibilities in relation to compliance with regulations and notifications were correctly made to CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not sufficiently robust to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.