Prospect Housing and Support Services

Prospect Housing and Support Services - 18 Wolverton Gardens

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 23 June 2016.

18 Wolverton Gardens is a residential home that provides support to up to five people with learning disabilities. On the day of the inspection there were 5 people living at the service. The people who live at the service have a range of complex needs and are supported with a full range of daily tasks, including personal care, support with food and drink intake and activities. We were informed during our inspection that the goal of the service is to ensure people maintain their independence as much as possible and live full and active lives at the home and within their community. We saw some examples of this during our inspection.

During our inspection the registered manager was not present. 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.

We identified a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 as the registered manager had not notified the CQC of incidents in relation to safeguarding and events that affect the running of the service.
People were protected from harm as staff had a good understanding of safeguarding procedures. Relatives told us they felt their family members were are safe living at the home

Risks to people had been appropriately managed and staff knew what action to take to keep people safe from harm. Safeguarding concerns had been reported to the local authority.

Medicines were stored, administered and disposed of safely. Staff received medicines training to ensure they administered them in line with best practice.
There were enough staff on available to meet people's needs, there had been thorough recruitment checks undertaken to ensure that only suitable staff were employed.
Although staff said they felt they had enough training to carrying out their jobs effectively they had not received training to support people with challenging behaviour. This led to trends with behaviours not being identified or acted upon. Staff had received other training to help them in their roles and were supported by the registered manager.

People did not always have the capacity to make decisions on their own behalf. Staff had a good understanding of the Mental Capacity Act (2005) and decisions were made in line with this. The Deprivation of Liberty Safeguards were followed appropriately.
There was adequate food choice and the people were involved in choosing the weekly menu. Staff knew dietary needs and preferences of the people. We observed staff offering choice.

People's health needs were being met and people had access to other healthcare professionals to maintain

good health.

Relatives and a care professional said the service was caring however people were not always treated with dignity and respect. Staff did not always show concern for people's wellbeing in a caring and meaningful way and people's anxieties were not always picked up and acted upon.

A lack of activities for the people living at the service was highlighted at our last inspection. Some improvement had been made in this area however one of the relatives said the lack of meaningful activities was a problem for their family member. Despite this, we saw people being offered opportunities to go out and some in-house activities throughout the day. The provider had identified they needed to make further improvements in this area.

Care plans were person centred and all had recently been reviewed or were in the process of being reviewed. Relatives told us they were involved in the care planning process. The service supports the people to proactively maintain relationships with relatives. The service acted on complaints and concerns seriously and used them as a chance to improve service delivery.

Quality assurance systems were not always effective as shortfalls were not always actioned within timescales specified by the manager. Staff felt supported and believed their views and feedback were respected. The provider had the foresight to fill potential managerial shortfalls that may have affected service delivery.

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 safeguarded from abuse, staff were knowledgeable about safeguarding and the actions they should take if they had concerns.

Risks to people were managed. Arrangements were in place to keep people safe in an emergency and the service recruited staff safely

Medicines were given in line with best practice. Medicines were stored, administered and disposed of safely.

People were supported by sufficient numbers of staff. Recruitment checks were made to ensure only suitable staff were employed.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had not received training in specific areas that sometimes impacted on the care that was provided.

Staff had regular supervision meetings and appraisals with their line manager. This gave them the opportunity to discuss their performance and any training needs they may have.

People were supported by staff who could explain the Mental Capacity Act (2005) however the practical application of the act was not always in line with best practice

People were supported to have a meal of their choice by attentive staff and had access to health and social care professionals, which supported their health and wellbeing

Is the service caring?

Requires Improvement

The service was not consistently caring

Staff did not acknowledge this change of behaviour or reassure them which increased their anxiety.

Staff were able to communicate with them. However there were times when staff did not talk to people while supporting them.

On occasion staff were seen to be caring and patient

Is the service responsive?

Requires Improvement

The service was not always responsive

Improvements had been made to activities at the service since the last inspection but there were still further improvements to be made.

People had personalised care plans, which were link to assessments and were developed with people and their relatives.

Complaints and concerns were taken seriously and used as an opportunity to improve the service

Is the service well-led?

Requires Improvement

The service was not consistently well led

The manager had not always notified CQC about significant events at the service

During the inspection, due to a lack of effective communication and shift planning, a medicine error occurred

Management did not always ensure equipment was adequately maintained. People did not have adequate bathing facilities.

Quality assurance systems were in place to monitor the quality of the service

The manager and provider welcomed and valued feedback and staff had confidence the manager would listen to their concerns

Peoples experiences of care was monitored through customer questionnaires

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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 checked 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 23 June 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we checked the information that we held about the home and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed if we had received any complaints, whistleblowing and safeguarding information from relatives and staff. We did not receive a pre-inspection return (PIR) from the service. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with four care staff, the acting assistant service manager, the Referrals and Quality Assurance manager and the Head of Care. The registered manager was not present on the day. After the inspection we spoke to two relatives and an occupational therapist.

We observed care and support being provided in the lounge and dining areas, and with people's consent, one person's bedroom. People had complex care needs which meant they might have had difficulty describing their experiences of the service. We spent time observing at lunchtime. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us

understand the experience of people who could not talk with us. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for five people and other records relating to the management of the home. These included staff training, support and three employment records, quality assurance audits, minutes of meetings, menus, accident and incident reports and action plans.

The home was last inspected on 20 November 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives said that people were safe at 18 Wolverton Gardens. One relative said, "(person's name) is definitely safe at the home, never has any look of fright or worry."

People were safe because they were supported by staff who had received safeguarding training and were able to describe the different types of abuse and how to report it if this was suspected abuse Relatives told us they would speak to staff and the registered manager if they had concerns about the care being provided. A staff member said, "I would have to report it to the manager, the on call or I could go directly to the police if it was really serious." There was a 'Stop Abuse' leaflet on the wall in the office so staff had access to information should they need it. The registered manager had raised safeguarding alerts with the local authority when abuse was suspected in the line with the local procedures and taken appropriate action to investigate any concerns.

Staff reported accidents, incidents and concerns in a timely manner and some people's support plans and risk assessments had been updated in light of risks that had been identified. Some incidents were investigated by the registered manager with support from the provider. This detailed action taken to minimise risks to people's health and safety to avoid a re-occurrence.

Risks to people were appropriately managed and where they were identified steps were taken to reduce the risk of harm. We saw from peoples care plans that a variety of risks had been identified that included access to the community and moving and handling. One person was at risk of choking, this had been identified and staff were aware that they needed to have their food cut up for them when eating whilst they are waiting for a formal assessment from the Speech and Language Therapy team.
Other risks such as the environment were identified and action taken. One staff member said, "We have to watch the environment, make sure it's secure and safe, such as clear walkways so people don't trip. We have risk assessments in place to identify things." Checks and risk assessments had been undertaken on the home and equipment such as hoists to ensure it was safe for people to use.

People's care and support would not be compromised in the event of an emergency because there were suitable arrangements in place to keep them safe. These arrangements included a day time and night time fire evacuation procedure, a disaster plan and contingency plan. Each person had their own personal evacuation plan and there was suitable equipment in place to support people and staff to evacuate the building quickly if needed.

People were involved in the administration of their medicines. Staff received training to administer medicines and asked people where they wanted to take them whilst explaining what they were for. Medicines were also in a format to meet people's swallowing needs. Staff followed best practice when administering medicines to people and washed their hands after each medicine had been given. Staff signed the medicines administration records (MAR) only when they had given the medicines to the person.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure cupboard when not

in use to stop other people accessing them. Medicines were disposed of safely because the home had an arrangement with the pharmacy to collect and sign for returned medicines. Regular audits of medicines were undertaken and there were no gaps on the MAR charts.

People were supported by sufficient numbers of staff to meet their individual needs. A relative said, "I have always felt confident (in staff) when I have been there. They have adequate cover." Another relative said, "For what they (the people) need, they have enough staff." A member of staff said, "I think there is enough staff. We use agency to cover sickness sometimes, but not often. We need the three staff in the day and we always have them." Our observations on the day of inspection confirmed there were sufficient staffing to meet the needs of the people. We saw the staffing rota, which confirmed sufficient staffing levels. We were told by one of the managers present that they were developing a dependency tool to assess staffing levels, at present the amount of staff were based on an assessment of people's needs, which were regularly reviewed.

Safe recruitment practices were followed. Staff files included application forms, records of interview and appropriate references. There had been checks carried out with the Disclosure and Barring Services (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Requires Improvement

Is the service effective?

Our findings

Although staff had an understanding of behaviours that may challenge we identified that at certain times they did not act to reduce the behaviour happening. Feedback from a relative suggested that from their experiences that staff needed to be more proactive in managing behaviour that may challenge people who have the potential to display behaviours that challenge. A relative told us "It's not an easy job and staff deal with everyone very well."

There was an induction process that all staff undertook before they started. Staff told us they had completed e-learning on fire safety, health and safety, moving and handling and the Deprivation of Liberty Safeguards (DoLS). A member of staff also explained that specific training on how a person with specific communication needs was organised before they moved in saying, "We can understand when (name of person) speaks now as well." Staff had also received training on a range of subjects including the Mental Capacity Act (MCA) 2005, food safety, diet and nutrition and equality and diversity. We saw from training records provided that staff were up to date with mandatory training, where there were any staff that required training there was a plan in place for this to be delivered.

Staff had regular supervision meetings with their line manager. This gave them the opportunity to discuss their performance and any training needs they may have. These were carried out regularly and enabled staff to discuss any aspect of their role training needs or any concerns they had.

We were told by one of the managers present that appraisals were based on the organisations values. These were carried out yearly to assess staff performance and to feedback on any areas for improvement or any training needs. One member of staff told us, "I feel supported. I have had an appraisal last year."

Due to their support needs people were not always able to make their own choices and decisions about their care. 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 lacked capacity to make decisions for themselves. Staff had a good understanding of the MCA and we saw people were able to make decisions and were offered choices about what they could do. Relatives were involved wherever possible in decisions about care. Assessments had been completed appropriately to obtain consent in relation to care and treatment however we found that specific decisions were not always recorded in line with the MCA. The quality assurance manager told us that they needed to review how people's consent was obtained.

Some people'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 in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to

understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. A standard authorisation had been submitted appropriately to the local DoLS team. Whilst they waited for this assessment the staff team supported people in line with the application that had been made.

People were supported to have a meal of their choice by attentive staff. Staff offered choice and gave enough time for people to eat and enjoy their meals. Staff were aware of people's dietary needs and preferences and we saw that where needed that adaptive cutlery and crockery was used. Food and fluid intake was recorded when there was a need to monitor this for the person's wellbeing. The menus were composed every week with the involvement of people. The people who could not verbally communicate were supported by the use of pictorial tools to communicate their choice which consisted of pictures of their favourite meals. Menus were varied and during the inspection we saw alternatives being offered to people. We observed lunch on the day and saw this was a relaxed occasion, one person chose to eat in their room whilst others when out to eat.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Records documented that people had access to a GP, dentist and one person had had a medicine review with a psychiatrist due to changes in their support needs. People were supported to appointments when required. People had a health action plan which described the support they needed to stay healthy. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. One person had high blood pressure and was seen promptly by the local GP which led to an investigation into their health. Staff had supported the person to have regular contact and monitoring from their GP through which they had been prescribed an additional medicine.

Requires Improvement

Is the service caring?

Our findings

Relatives told us that staff were caring and they are able to visit when it suited the people. One relative explained the staff were very caring, saying, "I see the way they cope with the others. Always very patient, gentle and good with them." The relative went on to explain, "They know them very well." A healthcare professional told us that, "I observed the staff appear to be very caring with (name of person) when moving and handling and client focussed."

Despite what people told us we found that some aspects of care could be improved. We observed one person waiting to go out for 40 minutes. They were pacing around which increased the longer that they waited. Staff did not acknowledge this change of behaviour or reassure them which increased their anxiety. Another person, who was sitting in an armchair, made sounds of being agitated. Staff told us they were agitated because another person was sitting in their normal chair at the dining table. Despite knowing this staff did not attempt to reassure them.

People were not always talked to when being supported. We saw staff supported a person to put their shoes on without talking to them or explaining what they were doing. On occasions we saw staff supporting people to put on or take off clothing protectors before and after eating without engaging with them. On two occasions people were being supported to drink and staff did not communicate.

On occasions staff were seen to be caring and patient. We observed a person being supported gently back to her chair at her own pace. People were also empowered to make decisions. We heard conversations where people were spoken to as equals. For example, a person wanted to buy two pink folders to go in their room. The person was empowered to make the decision on how this was going to be achieved. We observed this conversation lifted this person's mood as they smiled during it. Senior Managers were also seen to ask how people felt and had positive and friendly discussions with them about what they were doing that day .

People were supported by staff with their communication needs. During our inspection we observed one person using a communication picture book that was used to aid communication and make decisions with staff. We could see this empowered the person to be understood and be involved. We also observed a member of staff using different techniques, including changing the colour of the cup that they were using, to encourage a person who sometimes refused their medicines, which were both caring and person centred.

Staff were seen to offer choice and information to people. It was observed that a person asked a member of staff if they could have a drink. The member of staff replied, "What drink would you like" in a friendly manner, "come and show me." A couple of minutes later they both came back with a drink and some biscuits.

Staff treated people with dignity and respect. Staff were seen to involve people in their support where they could. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

Whilst improvements had been identified with regards to dignity and respect shown to people, staff had a caring nature. When asked why they worked at the service a member of staff said, "The people I work with, and I know it sounds soppy, but I love seeing the ladies smiling. (name of person) makes me laugh, it's good to see you're making a difference to people's lives".

Requires Improvement

Is the service responsive?

Our findings

People had access to activities however the provider informed us improvements were needed in this area. A lack of activities for people was highlighted in our last inspection, although some improvements have been made some people still spent periods of the day without meaningful activities. One relative told us, "Activities are the biggest stumbling block for me. (They) don't always have drivers so (name of person) can't get out when she wants." One person's care plan detailed they would like more structured activities. This had been identified in the service action plan which detailed how activities would be improved, a consultant had been employed who identified that activities involving access to the community needed improvement.

On the day of inspection all people were offered the opportunity to go out and three people went out for lunch. There was also records kept of other activities, including support that was tailored to individual needs and being involved in groups and day centres.

During our observations in the lounge a member staff said, "It's play time" and got a small ball out of an activity box. The member of staff then proceeded to throw the ball towards three people that were sitting on the sofa. From our observations it was clear two of the three people were not interested in engaging with this activity but the member of staff continued to throw the ball. Another member of staff took over the activity and was immediately seen to offer choice. They tried to encourage people to get involved with this activity. They picked up on the non-verbal communication from two people and realised those people did not want to engage in the activity. Although the people were unable to verbally communicate, the member of staff respected their decision and communicated they had understood and accepted it. They then offered alternative activities to people, including looking through photos, which was listed as one person's favourite activity.
We recommend that the provider develops a programme of activities for people in line with their preferences and interests.

Before people moved into the home a comprehensive assessment of people's care needs was completed with relatives and health professionals supporting the process where possible. This included peoples life history, what their support needs were and other relevant information such as known risks. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified.

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. The care plans were made up of a number of sections; all had recently been reviewed or were going through the review process. These detailed how people communicated, their support needs, highlighted risks and detailed people's likes and dislikes. One person's care plan detailed their preferred gender of staff, key characteristics and personality types the person prefers to be supported by. This matched the staff present on the day of the inspection.

Relatives confirmed they were involved in developing people's care and support plans. People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved in these reviews. People's daily notes showed support was being offered in line with these care plans.

People were supported to achieve their goals. One person's care plan detailed what they wanted to achieve in the next six months which included tasks like buying a new sensory light, going on a day trip and going out for a meal. This person was going out regularly for meals and plans were in place to ensure the other goals were met.

There were regular handovers held between staff to inform them on how people were feeling, whether there had been any change to their support needs or if someone unwell. People were allocated a key worker who was responsible for being the main point of contact for any changes to peoples support needs or activities that people needed. Where people's needs had changed staff were responsive to this. One person's mobility needs had changed so the registered manager was in the process of working with an occupational therapist to deliver a bespoke training session for staff.

Staff knew people well, we were told that staff knew how to recognise if someone was unhappy and would ensure that this was addressed. There were pictorial complaints procedures made available for people, the complaints procedure was clear and made reference to other agencies that could be contacted if someone was unhappy with how a complaint was dealt with by the provider. Relatives also knew how to raise complaints and concerns on behalf of their family members. When received, complaints and concerns were taken seriously by the provider and used as an opportunity to improve the service. There had been one complaint in the last year that didn't relate to the care being provided, this had been investigated thoroughly and had been resolved in line with their complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had not always notified CQC about significant events. We saw three incident reports and one event that affected service delivery, all of which occurred in the last three months. All should have been notified to the CQC but had not been. Without these notifications we could not monitor that all appropriate action had been taken to safeguard people from harm. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

Three people did not receive their medicines on time as staff who were not trained to administer medicines had taken people out for lunch. This should have been identified by the person in charge and could have impacted on people's health. This was not picked up at staff handover and when the medicines were administered the records did not show they had been given late. This could have been avoided with better communication and shift planning.

Management did not always ensure equipment was adequately maintained. Whilst on the day of inspection people looked clean and comfortable the service did not have the adequate bathing facilities. Although arrangements had been put in place to manage the situation staff said the people had been without access to a bath or shower for a week. We were after the inspection that the shower has now been repaired. However the bath has still not been repaired as the specialist parts needed had not been obtained which affects two people as they cannot use the shower. There had been a delay in resolving this by the registered manager.

The service had completed health and safety audits to maintain the safety of the home. The results of these audits matched what we saw on the inspection however we found some actions of other audits and action plans had not been completed despite them being identified by the provider. For example, it was identified that people should have an individual activity plan by May 2016. This still had not been completed.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included audits of care records, staff records and health and safety carried out by the registered manager and quality assurance manager. The provider had identified the home needed to make improvements, and as a result had employed a consultant. The consultant had carried out an unannounced inspection and a report had just been shared with the service but it was too soon to for the areas for improvement identified to have been acted on. This report reflected similar shortfalls to those found during our inspection however missed others. The report highlighted a lack of activities as well as a lack of staff interaction with people. However, gaps in the training needs of staff around challenging behaviour were not identified.

The provider encouraged people's involvement in decisions that affected the organisation, such as the renewing of the provider's values. The values of aspiring, caring, trusting, including, valuing and enabling have recently been adopted. One person who lived at the service was an active member of the provider's involvement committee and attended the workshops and focus groups involved with making these decisions for the provider.

People's experience of care was monitored through annual customer questionnaires. Questionnaires had just been returned and we were assured by the quality assurance manager that an action plan would be implemented in line with achieving continuous improvement at the service. Relatives also had the opportunities to feedback their views about the home and quality of the service. One relative told us they had recently received a feedback questionnaire but had not submitted it yet.

The registered manager and the provider welcomed and valued staff feedback. One staff member said, "We have meetings and staff meetings to discuss changes. We can raise things in the staff meetings, or can talk with (senior managers) if we have ideas about improving the home." We observed management being supportive during the inspection.

People were supported by staff who felt any concerns they had would be listened to and dealt with appropriately. A staff member told us, "(the manager) is good. I have no problem talking to him and telling him if I had concerns." Staff understood and were confident about using the whistleblowing procedure, which helped protect people from potential harm. The recent mock inspection highlighted that, 'Staff had heard of the whistleblowing policy and had an idea of what it entailed.'

Senior management get an understanding of the home and the people that are supported, and are available to talk to staff and people. A member of staff said, "A new member of the board came and visited. New senior people to the organisation always come and see the homes to meet people and staff."

The provider demonstrated good management and leadership when taking steps to fill potential managerial shortfalls, which could affect the quality of service. The provider understood the workload of the registered manager, who now managed two services. They were in the process of interviewing for a permanent assistant manager to help support the running of the service.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not always notified CQC about significant events at 18 Wolverton Gardens in line with his registration requirements. We saw three incident reports and one event that affected service delivery, all of which occurred in the last three months. All should have been notified to the CQC. Without these notifications we could not monitor that that all appropriate action had been taken to safeguard people from harm