

Core Prospects Care Services Limited

Core Prospects Limited - 37 Sandringham Crescent

Inspection report

37 Sandringham Crescent
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our inspection of Core Prospects Limited 37 Sandringham Crescent took place on 19 September 2018. We returned to the service on 25 September 2018 to complete our inspection.

Core Prospects Limited 37 Sandringham Crescent is a supported living service for people with mental health support needs. People receiving support live in two shared houses with communal facilities and in their own flats in the local community. At the time of our inspection the service was providing support to 12 people.

At our last inspection of 31 December 2015 and 7 January 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has a registered manager. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt safe. We saw that that they were comfortable and familiar with the staff supporting them. Staff members were knowledgeable about people's needs and preferences.

Staff members had received training in safeguarding adults, and were able to demonstrate their understanding of what this meant for the people they were supporting. They described their roles in ensuring that people were safe and that concerns were reported appropriately.

Some people received support to take their medicines. We saw that medicines were stored safely. Records were appropriately recorded and showed that people received their medicines on time. All staff members had received training in the safe administration of medicines.

We saw that staff supported people in a caring and respectful way. They were responsive to people's needs and requests and ensured that their privacy was maintained.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions was included in their support plans. People told us that staff members had asked for their consent when providing support.

Staff who worked at the service received regular training and supervision. Appropriate checks had taken place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking.

People's support plans and risk assessments were person centred and provided detailed guidance for staff on people's individual needs and preferences. These were regularly reviewed and updated where there were any changes in people's needs. Regular meetings with people and mental health professionals had taken place to review progress and agree objectives designed to support people to develop greater independence.

The service supported people to participate in a range of activities in the local community. Staff members worked with people to access cultural and social activities in accordance with their preferences.

People knew what to do if they had a complaint or concern. The service had a complaints procedure that was provided in an easy read format. Other information was provided in accessible formats according to people's needs.

Systems were in place to ensure that the quality of the service was assessed and improved where required. The provider was developing systems to ensure that their quality assurance monitoring was effective.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Core Prospects Limited - 37 Sandringham Crescent

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 was a comprehensive inspection which commenced on 19 September 2018. This visit was unannounced. We returned to the service on 25 September 2018 to complete our inspection and gave notice to the provider that we would do so. The inspection was carried out by a single inspector.

Before this inspection we reviewed our records about the service, including previous inspection reports, notifications and other information we had received from or about the provider. We also reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed feedback that we had received from people who use the service, relatives and staff. We also spoke with a representative from a commissioning local authority.

During our inspection we spoke with three people who used the service. We also spoke with the registered manager, the business support manager, a newly appointed services manager and three members of the support team. We observed support being provided in the communal areas of both shared houses, including interactions between staff members and people who used the service. We looked at records, which included four people's support records, four staff records, policies and procedures, medicines records, and other records relating to the management of the service.

Is the service safe?

Our findings

The people we spoke with told us that they felt safe. One person said, "I know I need to be here right now. The staff are always checking if I'm OK."

The service had an up to date procedure on the safeguarding of adults and staff members had received training in this. The staff members that we spoke with demonstrated an understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. A staff member said, "People are very vulnerable, especially in the community. We speak with people about keeping safe when we know there are risks."

The service had arrangements in place to protect people from identified risks associated with day to day living and wellbeing. People's risk assessments were personalised and had been completed for a range of areas including people's behaviours, mental health needs, safety at home and within the community. These risk assessments included risk management plans with guidance for staff around how they should support people to manage identified risks. Guidance was in place to support staff in identifying the signs of a mental health crisis and the actions that they should take if someone appeared to become unwell. We saw that an immediate referral to a community mental health service had been made where a person showed signs of distress.

We looked at the staffing rotas for the service. There was always a minimum of one staff member on shift at each of the two shared houses, including a 'sleeping in' staff member at night. The rotas also showed that staffing was in place to provide agreed support activities to people living in flats in the community. Additional staffing was provided as required to support, for example, hospital and other appointments.

The provider had ensured that new staff members were not appointed until checks in relation to their suitability had taken place. The staff records that we viewed showed that two satisfactory references had been obtained for each staff member along with enhanced criminal records checks and evidence of eligibility to work within the UK.

Staff members provided support to people to take their prescribed medicines. At the time of our inspection most people receiving this support were unable to manage their medicines independently. Individual medicines risk assessments were in place which included, for example, risks such as hoarding and overdosing of medicines, and these were regularly reviewed in partnership with the person and their mental health professionals. Staff members told us that their aim was to support people to be able to manage their medicines independently and we saw that a step by step approach to this had been put in place. For example, one person was now receiving their medicines for the day each morning. Medicines were safely stored and records of administration were correctly recorded. Staff members had received training in safe administration of medicines. We saw that people came for their medicines at the required time. A staff member told us that they were aware of when medicines were due and would remind people of this where required. One person said, "I'd like to look after my own medicine in the future but I'm not ready yet."

Staff members had received training in infection control and stocks of disposable gloves and aprons were provided. The communal areas of the shared houses were clean and well decorated.

Accident and incident reports were maintained in people's support records. We saw that immediate actions had been taken to address concerns, for example referral to a medical professional or a review of people's support.

The service maintained an out of hours 'on call' system. This meant that staff and people using the service were always able to access management advice and support.

Is the service effective?

Our findings

People told us about the support that they received from the service. One person said, "It took me a while to get used to being here, but the staff have really helped me." Another person said, "I want to move to my own place and they are helping me with this."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found that people's capacity to make decisions had been assessed. The business support manager told us that the service would involve mental health team professionals if people were unable to understand a decision about treatment or support that was in their best interests.

People told us that they were asked for their consent to the support that they received from staff. One person said, "They ask me what I want to do. I do think they listen to me." A staff member told us, "Sometimes it's not the right time, so we leave them to it and ask again later." People's support records showed that they had been asked for their agreement to any care and support. We saw that any refusals were recorded and monitored.

Staff members received mandatory training which was 'refreshed' on a regular basis. These included sessions on safeguarding, medicines administration, first aid, health and safety, support planning and risk assessment. Training on mental health conditions had also been provided including courses on positive behavioural management. New staff members had received an induction linked to the Care Certificate which provides a nationally recognised induction standard for staff working in health and social care services.

All staff members had received regular supervision from a manager. Staff members told us that they valued the supervision that they received and that management team members were also available at any other time to provide support and advice.

The service maintained regular liaison with other health and social care services who were also involved in people's support. We saw that regular reviews had taken place and that mental health professionals were actively involved in monitoring people's progress.

People told us that staff members had supported them to make and attend health appointments. Records of appointments showed that outcomes of these had been recorded. Regular blood testing had taken place for people using medicines where this was required.

People using the service took responsibility for purchasing and cooking their own food and drink. We saw from people's support records that guidance was in place for staff in relation to supporting people to make healthier choices where this was a concern. A person said, "The staff talk to me about this and I try to be healthy."

Is the service caring?

Our findings

A person said, "I can't complain about the staff at all". Another person told us, "If I need to speak to someone they make time to help."

We observed that staff members communicated with people in a friendly positive and respectful manner. Staff chatted with people about activities and other topics of interest to them. Staff members checked with and reminded people, about, for example, appointments and medicines in a positive and encouraging way.

We saw that people's dignity, privacy and independence was supported. People's support plans contained information about how they wished their support to be provided. When people came to the office to speak with a manager or staff member we saw that they were given time and enabled to discuss any concerns in privacy.

Staff members described their roles in supporting people. One staff member said, "We have some new people here and we need to give them time to settle in and build relationships and trust." Another told us, "Sometimes people refuse support but we know this is about how they are feeling at the time. We'll keep an eye on them, but usually it works if we leave them alone for a bit and ask them again later."

People were supported to maintain contact with family members where they wished. The registered manager told us that this wasn't always possible but that staff members supported people to make contact if they agreed to this. During our inspection a person asked a staff member if they could use the house telephone to call a family member. They were immediately given the telephone to take away and make their call in privacy.

We asked if anyone using the service had an advocate. The business support manager told us that no one had an advocate at present but the service had supported people to access a local advocacy service in the past. Information about this advocacy service was available to people who required it.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person said, "I have a copy of my support plan. I was involved about deciding what's in it."

People's support plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. We saw that these had been updated where there had been changes in people's needs. Support plans included, for example, guidance about how staff members should support people around self-care, daily living skills and accessing the community. Picture assisted information had been provided for a person who had difficulties reading. The business support manager told us that the service would always make efforts to ensure that people's communication and information needs were met. A staff member told us that they had been supported to complete a British Sign Language (BSL) course when they were supporting a profoundly deaf person.

People participated in a range of activities within the local community that included shopping, college courses and other day activities. Although people attended activities independently, staff members had supported people to arrange these.

We asked about how the service addressed people's individual cultural, religious and relationship needs. Staff members told us that people who used the service did not currently observe any religious or cultural practices, but the service would support anyone who expressed a choice in this area. Staff had recently started to look for a local social group for a person who had expressed a wish to meet with people from a similar cultural background and this was recorded in their care records.

A staff member told us that a person had spoken about having a partner. Their support records showed that staff members had discussed with them how to go about this, including how to develop a safe relationship.

The service had a complaints procedure that was written in an easy to read format. People told us that they knew how to complain. We looked at the service's complaints records and saw that actions had been taken to address complaints. However, we saw that outcomes were not always fully recorded. We spoke with the business manager about this. He assured us that the service would ensure that complaints records were fully completed in the future.

Is the service well-led?

Our findings

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 supported by a business support manager and a service manager. Senior support staff also took lead responsibilities such as support planning and risk assessment. During our inspection we saw that the registered manager and other members of the management team communicated with people and staff members in a way that showed that they were knowledgeable about people's needs and interests. Staff members told us that there was always a member of the management team available, either on site or via the telephone at evenings and weekends.

The service had a strategy to support people to develop confidence and independence skills to enable them to move on to supported living or other suitable living arrangements when they were ready to do so. The records of regular review meetings showed that objectives towards achieving independence were agreed with people and their mental health professionals. We saw that people's progress towards independence was discussed with them at regular meetings with their key workers.

Minutes of monthly staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. A staff member told us, "The meetings are a good opportunity for us to get together to share ideas and talk about how we can improve things."

There were systems in place to monitor the quality of the service and we saw evidence that regular quality reviews had taken place. These included monthly audits of records, for example, medicines, support documents and staffing records. Where actions had been identified as a result of quality reviews and audits, we saw evidence that these had been acted on and addressed immediately. The service had recently started to use an electronic system for all record keeping and we saw that this was regularly reviewed by a manager. The business support manager told us that this was in development and that they were working with staff and an IT professional to look at how the system could be used more effectively in future. The business support manager showed us a quality assurance tool which the service was planning to use in the future to record and evidence outcomes and progress against CQC's five outcomes and key lines of enquiry (KLOEs).

People who used the service were asked for their views through key worker meetings and regular satisfaction surveys. A recent survey of people's views had shown a high level of satisfaction with the service.

We reviewed the policies and procedures in place at the service and saw that these reflected current legislation and guidance in relation to best practice. There was a process in place to ensure that staff members were required to record that they had read the policies.

The service's records showed that the provider worked with partners such as health and social care professionals to ensure that people received the service that they required. The registered manager told us that a local authority had recently undertaken a monitoring review and had been very supportive in assisting the service to make improvements.