

Amocura Ltd

# Prospect House Care Home

## Inspection report

Prospect Street  
Cudworth  
Barnsley  
South Yorkshire  
S72 8HE

Tel: 01226780197

Date of inspection visit:  
13 February 2019

Date of publication:  
07 March 2019

## 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

About the service:

Prospect House care home is a 33-bedded service providing personal care to older people, people living with dementia and people with physical disabilities. At the time of our visit there were 29 people using the service.

People's experience of using this service:

People who used the service and their relatives told us staff were caring, helpful, attentive and caring. We saw people were treated with dignity, respect and compassion. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was clean and tidy, but in need of refurbishment in some areas. A plan was in place to address this.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

There were a complaints procedure and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

Rating at last inspection:  
Good (report published August 2016)

Why we inspected:  
This was a planned inspection to confirm that this service remained good.

Follow up:  
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 remained safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

# Prospect House Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector and one adult social care inspection manager.

#### Service and service type:

Prospect House care home, is a service providing nursing or personal care to older people, people living with dementia and people with physical disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We assessed the 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 used all this information to plan our inspection.

Some people using the service at Prospect House were not all able to fully share with us their experiences of using the service. Therefore, we spent time observing staff with people in communal areas. We spoke with

four people who were using the service, two relatives, one care worker, one senior staff member, one team leader, one catering staff member, the activities coordinator, one social worker and the registered manager.

We reviewed a range of records. These included five people's care records and medication records. We also looked at one staff file around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "I'm one hundred percent sure my (relative) is safe here, they wouldn't be here otherwise. My (relative) care is paramount, (relative) is safe and well looked after."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services about the support people required in these circumstances.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery.

Using medicines safely

- Medicines were managed safely.
- Team leaders and senior care staff took responsibility for administering medicines and did this with patience and kindness.
- We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to medicines.
- Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered.

Preventing and controlling infection

- The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency.
- Staff told us they completed training in infection control and the home was clean and tidy. However, in both lounges there was a malodour. We spoke with the registered manager about this who explained this could be due to spillages of fortified drinks. She reassured us both lounges would undergo a deep clean.

- We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place during handover following incidents to prevent re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed anyone thinking of making Prospect House their home, before offering them a place. This was to make sure staff could meet their needs.
- People were welcome to visit the service to see for themselves if they thought it would be suitable.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care.
- Staff spoke highly of the training, support and supervision they received.
- Staff told us additional training was provided so they could meet the needs of people using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of meals and all the food was homemade. People told us, "The food is fine and there is nothing wrong at all. In fact, there is too much to eat, had dinner at 12, then there might be soup in the afternoon."
- The chef had detailed information about people's different dietary requirements. For example, who needed a diabetic or a soft diet.
- People's care files contained information about their food likes, dislikes and any foods which should be avoided.

Staff working with other agencies to provide consistent, effective, timely care

- If someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them. On the day, we observed additional staff were on duty to support someone to attend hospital.

Adapting service, design, decoration to meet people's needs

- The home had a secure garden area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them.
- General redecoration and refurbishment was on-going to make sure people were provided with a nice environment.
- Some signage was in place to help people find their way around the home. People had pictures on their bedroom doors which were relevant to their life and interests.
- Specialist equipment was available when needed to deliver better care and support.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had been seen by a range of healthcare professionals including GPs and opticians. People who used the service told us, "If I'm not well and need a doctor I just mention it and get an appointment." One relative told us, "Doctors and hospitals are always sorted, they have a doctor come on a regular basis."
- People had oral health assessments in place and care plans to manage this area.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager understood the need to include any conditions in the care planning process to demonstrate they had been met.
- A visiting social worker told us, "(Registered manager) has a really good understanding of the MCA and DoL's process. She is really on the ball."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us, "The staff are very good – excellent. I'm very safe. Even on a night they are here in a minute. The manager is very approachable as all staff are, I'm happy here."
- A relative told us, "I am more than confident, the staff re brilliant, never fail to talk to me. I have power of attorney for my (relative), so I deal with everything and any problems they always come to me first and keep me informed. I go through the care plan and make sure I'm happy with everything, the staff are brilliant."
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.
- People looked comfortable and relaxed in the presence of staff.
- Staff we spoke with were positive about their role. They told us, "I love working here, I like the people we care for, we are like one big family" and "I have worked here for many years, this is the best job I've had. We all get on well and we are all here for the same thing, the people who live here."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them and clearly explaining what they were doing and why.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.
- Visitors were made to feel welcome and staff clearly knew them well.
- People looked well cared for, well-dressed and their hair had been brushed or combed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- The registered manager confirmed that a recent review of the care planning system had identified improvements could be made to the format. New documentation was being put in place because of this.
- An activities co-ordinator was employed, and a range of activities were provided. Special occasions were celebrated throughout the year and entertainers visited the home on a regular basis. The activities co-ordinator told us activities were based on people's preferences and what they wanted to participate in on the day.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the registered manager or provider. Their comments included, "Yes, I know I can speak to (registered manager), (deputy manager) or any of the staff; they are always willing to listen. In fact, they approach and ask me if I need to discuss anything. I haven't had a problem but I'm confident they would address it immediately."
- We saw the provider had a complaints procedure in place. This highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and found no formal complaints had been received since the last inspection.

End of life care and support

- Where people had a do not resuscitate (DNAR) instruction in place, we saw this was located at the front of people's care files. This ensured the document was easily located in the event of a sudden deterioration in a person's health.
- People were supported to make decisions about their preferences for end of life care. Care records were in place for some people. The home was working with the end of life team to ensure these were in place for all people.
- The home had an end of life champion and the registered manager had attained a qualification in end of life care. The registered manager understood people's needs, was aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a registered manager in post who provided leadership and support. They were supported by a deputy manager and senior care staff. We found the management team open and committed to making a genuine difference to the lives of people living at the service.
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. Action plans detailed how shortfalls would be addressed.
- The provider regularly visited the home and completed audits and checks. These were available for us to view on the day of the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an open and honest culture in the home. People who used the service and relatives were complimentary about the registered manager. One person said, "(Registered manager) is always around, she is easy to talk to and always listens."
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager and provider knew people using the service and their relatives very well. We saw they were kind, caring and very knowledgeable about people's lives and personalities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held which staff told us they found useful. Staff met with the registered manager, deputy manager and senior care assistant more frequently on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People using the service, relatives and professionals had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to

other professionals and seek advice when necessary.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed some links with the local community. Children from a local primary school visited for seasonal events along with other charities.
- The registered manager attended meetings held by Barnsley Council. The registered manager and staff work in partnership with other agencies such as district nurses, GPs and social workers to ensure the best outcomes for people. This provided the registered manager with a wide network of people they could contact for advice.