

Prospect House (Malpas) Limited

Prospect House

Inspection report

High Street
Malpas
Cheshire
SY14 8NR

Tel: 01948860011
Website: www.prospecthousemalpas.co.uk

Date of inspection visit:
11 September 2018
17 September 2018

Date of publication:
09 November 2018

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

The inspection took place on the 11 & 17 September 2018 and was unannounced. At the last inspection the service was not found to be in breach of any Regulations, and the service was rated as "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.

Prospect House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate up to 56 people in one adapted building.

There was a registered manager in post working at the service. 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.

During the inspection we identified that people's fluid charts did not reflect sufficient fluids were being given to them. However, we did not observe any signs of dehydration. Following the inspection, the registered manager confirmed that action had been taken to ensure fluid intake was appropriately recorded and promoted.

People's medicines were administered as prescribed. We observed that PRN ('as and when') protocols were not in place to outline when these should be given, however these were put in place immediately after we raised this.

The service had been given the platinum award from the Gold Standards Framework (GSF). The GSF provides training and support to services across the country to promote best practice in end of life care. We spoke to a relative who commented very positively on the standard of care that had been provided to their loved one.

People each had a personalised care record in place which outlined important information to staff about the level of support people required. Information about their personal histories, likes and dislikes were also available to help staff get to know people.

People's comments about staff were very positive. We observed examples where people were treated with kindness, dignity and respect. Throughout the inspection it was apparent that positive relationships had been developed between people and staff.

A good range of activities was available to people. This promoted social interaction and helped to prevent people from becoming isolated. People told us they enjoyed the activities that were available.

The environment was very clean, homely and people told us it was comfortable. Adaptations had been made to meet the needs of people living with a sensory impairment and those people living with dementia.

The service was working in line with the principles of the Mental Capacity Act 2005. This meant that people's rights and liberties were being upheld.

People were protected from the risk of abuse. Staff had received appropriate training in safeguarding and had access to relevant policies and procedures.

Accidents and incidents were being monitored as required and action had been taken to protect people from these re-occurring.

Risk assessments were in place which clearly outlined the support staff needed to provide to people to protect them from the risk of harm.

Recruitment processes were robust and ensured that those staff employed were of suitable character.

Staffing levels were appropriate to meet the needs of people using the service.

Staff had received the training in a range of different areas. This helped ensure they had the skills needed to meet people's needs.

Audit systems were in place to monitor the quality of the service being provided. These systems were effective and we observed that appropriate action had been taken to address issues where they had been identified.

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.

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 the 11 and 17 September 2018 and was unannounced.

The inspection was completed by an adult social care inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using services or caring for someone who uses this type of care service.

Prior to the inspection we asked the local authority for feedback regarding the service and no issues were raised. We also reviewed information the provider sent us in the Provider Information Return. 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.

During the inspection we looked at four people's care records and the recruitment records for three members of staff. We spoke with 10 people and three family members, eight members of staff including the registered manager and operations manager. We looked at a sample of seven people's medicines. We made observations on the interior and exterior fabric of the premises and looked at records relating to the day-to-day management of the service, for example audit systems and maintenance records.

Is the service safe?

Our findings

People told us they felt safe. Their comments included, "The nurses exude confidence and this makes me feel safe" and "I feel perfectly safe".

Staff had received training in safeguarding and were aware of the signs of abuse and how to report any concerns they may have. The registered provider had a safeguarding policy in place, and also had a copy of the local authority's safeguarding procedure which was accessible to staff.

The registered provider had safe recruitment processes in place. New staff had been subject to a check by the Disclosure and Barring Service (DBS) which informs employers about any previous criminal convictions and allows them to make informed decisions about the suitability of prospective staff. New staff had also been required to provide two references, one of which was from their most recent employer.

Throughout the inspection we observed that there were sufficient numbers of staff in post to meet people's needs. Rotas showed that staffing levels were consistent. We spoke with both staff and people using the service who confirmed they felt staffing levels were correct. One person commented, "I can press my buzzer and within minutes staff attend to my needs whatever they are."

Risk assessments were in place to keep people safe from the risk of harm. One person sometimes exhibited behaviours that challenged. Appropriate support had been put in place to keep this person, staff and other people safe. We spoke with their family member who commented the support provided to them was of a good standard.

Accidents and incidents were appropriately monitored and recorded. An analysis of this information was undertaken by the registered manager and action had been taken to mitigate the risk of future risks.

Staff had received appropriate training in the safe administration of medicines and their competency to administer medicines had been assessed. We noted a number of low-level medication errors had been identified by the internal audit processes. However, action had been taken by management which had reduced the number of these occurring. We also observed that where people required their medication on a PRN ('as and when') basis, there were no protocols in place to outline when this should be provided. We raised this with the registered manager and following the inspection they confirmed that these had now been implemented.

Throughout the inspection we observed staff using Personal Protective Equipment (PPE) such as disposable aprons and gloves. The environment was very clean and smelled fresh throughout.

Is the service effective?

Our findings

People told us that they enjoyed the food available, telling us this was "Plentiful and varied." One person told us their family member was made welcome every Sunday during Sunday lunch which had allowed them to continue their tradition of eating this together. Throughout meal times people were offered the support they required.

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. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. Where people were subject to restrictions appropriate authorisations had been sought and put in place as required by law. People's care records contained details of their mental capacity and where required capacity assessments had been completed.

Staff had received the training they needed to carry out their role effectively. This included training in areas such as moving and handling, infection control and fire safety. The registered provider had also provided prompt cards for staff around the MCA, DoLS and safeguarding for their reference. There was an induction process in place for new staff which ensured they were fully prepared to carry out the role. New staff had also been required to complete the Care Certificate, which is a national qualification health and social care staff are required to obtain.

People's care records showed that they had been supported to access their GP or other health and social care professionals as required. During the inspection we observed a GP present within the service who was readily available if people raised any issues. This helped ensure that people's health and wellbeing was maintained.

The premises were suitable for people with different cognitive and sensory needs. Items of interest were available to people which we observed people interacting with, for instance one person was holding a 'therapy doll' which was having a calming influence on them. In one of the lounge areas lighting was being used to promote relaxation and throughout the premises 'warm' colour schemes had been used to make the environment appear inviting and comfortable. There were quiet areas such as, a library and communal lounges for people to spend time in as they wished. The temperature throughout was ambient and comfortable. One person commented, "This is like my own home."

Is the service caring?

Our findings

We spoke to the registered manager and the operations manager regarding the ways in which they promoted the service as a friendly space for Lesbian, Gay, Bisexual and Transgender people (LGBT). This is important to enable people to express themselves freely and without fear of negative consequences. During the inspection it was discussed that this was an area that could be developed further. Following the inspection, the operations manager informed us that literature around supporting the LGBT community had been made available to staff and people using the service to promote understanding. In addition, a member of staff with experience of the Stonewall diversity champion programme had been identified to act as diversity champion.

Positive relationships had developed between people and staff using the service. People's comments included, "Oh they are very good the whole lot of them (staff)", "I love them, even the new ones" and "They have been so caring and helpful that I can cope with life and my daily functioning has improved."

Staff treated people with dignity and respect. We overheard staff speaking in a kind and respectful manner towards people and their family members. In one example we saw staff knocked on a person's door before entering, which showed that their privacy was being respected by staff.

People's relatives told us they were made to feel welcome, were offered refreshments when they visited and also had the option of joining their relatives at meal times. This helped people to maintain important social relationships.

We observed people to be clean, smart and well dressed. One person's family member commented, "[My relative] is always well groomed and has a daily shave. Their clothes are always clean and free from stains." In one example we observed a person asking if they could have their nails manicured and staff came and did this for them.

The environment was homely and people had been able to decorate their bedrooms with personal items and other effects to make themselves feel at home. People told us they found the environment to be comfortable and that they enjoyed living at the service.

People's confidentiality was protected. Records containing personal information about people were kept in offices that were locked when unattended. Where information was stored electronically, this was password protected to prevent unauthorised access.

Is the service responsive?

Our findings

People had sent compliments regarding the service. These included comments such as, "I wanted to pass on my appreciation to you and the staff... for the brilliant effort they put into making [My relative's] birthday so very inclusive, bright and colourful", "...Delighted to see so many activities on the programme- very varied with something for everyone."

During the inspection we looked at fluid balance charts for three people which recorded that their fluid intake was not always sufficient. However, we made observations of these people and did not observe any signs of dehydration. In addition, people did not raise concerns about a lack of fluids. We raised this with the registered manager and operations manager who felt that this was a recording issue. Following the inspection the operations manager confirmed this had been raised with staff. An initiative was also introduced to promote hydration through making fruits that had a high concentration of water (such as watermelon), available to people.

The service had recently been awarded the platinum award from the Gold Standard Framework (GSF) in relation to end of life care. This is the third time the service had met the standards required by the GSF since 2012 and at the time of the inspection, was one of the only services to have achieved this.

We spoke with one person who had lived at the service with their partner before they sadly passed away. This person described the support given to their partner during the end stages of their life as "Excellent." They also told us they themselves had been supported through the process through the provision of bereavement counselling, emotional support from staff and support with making plans for the funeral. This showed staff had been kind and compassionate in the support they had provided.

People each had an individualised care record in place. This included information about their personal preferences such as, their favourite meals and preferred daily routine. Information was also clearly outlined for staff regarding the support people required and what staff needed to do to meet their needs. This information was kept up-to-date and accurate.

Activities were in place to meet people's social needs. There was a 'Namaste' programme in place on a daily basis which aimed to promote the well-being of people within the service. It included the use of calming music, massage and hand and nail care. This promoted person focussed interaction between people and staff. One person also told us they were looking forward to watching the afternoon film with some popcorn. Trips out to the local pub and garden centre had also been organised.

The registered provider had a complaints process in place which was available to people and their families. Where people had made a complaint, a response had been provided in a timely manner to the complainant and action had been taken to address this.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. Staff commented positively on the level of support that was provided to them by the registered manager and other members of the management team. One member of staff stated that they were "Very supportive and encouraging." People's comments about the registered manager were also positive, for example one person told us they felt safe because, "The matron is always visible and she pops her head in if she is passing."

Audit systems were in place to monitor the running of the service. This included a monthly report by the registered manager which looked at areas such as accidents and incidents, care records and infection control. Action plans were generated and action taken to address any issues that arose from the audits. In addition, medicines audits were completed on a daily, weekly and monthly basis. However, these processes had not always identified issues with regards to PRN protocols or the monitoring of people's fluid intake.

Whilst we identified some issues during the inspection the registered manager and operations manager were very responsive and took immediate action to address these. This showed the service was responsive to making the changes needed.

The registered provider had a clear set of visions and values which were outlined in their service user guide. These included the delivery of person-centred care. This was apparent from the high level of interaction evident from staff, for example during the daily Namaste programme. This showed the registered manager and registered provider had used their knowledge of best practice to promote the well-being of people within the service. The positive impact this had had on people was evident through the comments we received from people.

People who used the service told us they were able to participate in the development of the service by attending the residents' and relatives' meetings. These included discussions about what people felt was working well in the service and what was not working well. A weekly newsletter was also sent out which outlined activities that had taken place in the service and any changes to the staffing team. This kept people abreast of changes that occurred.

The registered manager had established links with other organisations to promote best practice within the service. This was evidenced by the award that had been presented by the GSF. The service had also been nominated by a local MP for the NHS70 awards for being caring and compassionate. This had been held to celebrate the 70th birthday of the NHS.