

Active Prospects

29a Shrewsbury Road, Redhill (Active Prospects)

Inspection report

29-29a Shrewsbury Road
Redhill
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

29a Shrewsbury Road is a care home and is registered to provide accommodation and personal care for up to 16 people with learning or physical disabilities. The provider had modified the service and was now providing accommodation and personal care to a maximum of seven people. The upstairs area of the property was now a supported living service not regulated by the Care Quality Commission (CQC).

The service provided a 'short breaks' service, where people went for a period of respite care. At the time of the inspection, two people living there were receiving personal care. There were other people living within the service, however the level of care provided did not fall within the regulation of the CQC.

We have instructed the registered manager to ensure they and the provider take appropriate steps to ensure the service is correctly registered in relation to the number of people they support and the service location address.

People's experience of using this service and what we found:

One person receiving personal care at the service wished to communicate and engage with us. They were positive about their experience at the service.

We identified that some improvements were needed in relation to the management of medicines to ensure people were fully protected. We have made a recommendation in the report about this. Staff understood safeguarding procedures and processes and felt comfortable raising concerns.

There were enough staff available to support people safely and recruitment processes were robust. Risks to people were identified and guidance was in place for staff to keep people safe. Staff we spoke with understood people's risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where required, decision specific capacity assessments were completed.

Staff were competent and received an on-going training package from the provider. Staff felt supported by the registered manager and records evidenced supervision and performance appraisal was completed with staff.

Support plans were detailed and reviewed when required. People's healthcare needs were identified and met. There was evidence the service worked with other healthcare professionals within people's care plans.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence. Records and information were maintained confidentially.

The person we spoke with and staff commented positively on the registered manager and the leadership of the service. There were internal and provider level governance systems in place to monitor the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published February 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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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:

This inspection was completed by two inspectors.

Service and service type:

29a Shrewsbury Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. 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 before the inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with one person who lived at the service and two members of staff. We also spoke with two visitors. We reviewed a range of records. This included people's care records and medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies and audits.

After the inspection:

We received clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We contacted three members of staff and one healthcare professional who has contact with the service to gain their views. We received feedback from two members of staff. The healthcare professional we requested feedback from did not respond.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed or not receive care in line with their assessed needs.

Using medicines safely

- Improvements were required around the management of medicines.
- The person and visitors we spoke with told us they were happy with the way medicines were managed.
- Some medicines were not stored in accordance with policy. One person's medicines were stored in a secure cabinet designed for other specific medicines that required additional security.
- Medicines that required additional security were stored correctly, however the register in which their type and balance were recorded required improvements to ensure accuracy.
- Handwritten entries on people's Medication Administration Records (MARs) were not always countersigned by two staff in line with recognised good practice.
- One person's medicine was recorded as 'when required' but it was established this was not accurate and it was a regular use medicine. The registered manager rectified this immediately.
- Training in the safe administration of some 'when required' medicines had not been completed by staff. Whilst there was no evident impact to people, this presented a risk to both people at the service and staff.

We recommend the provider undertakes a full review of the current medicine's management practice within the service to ensure people and staff are fully protected against the risks associated with medicines.

Assessing risk, safety monitoring and management

- People had individual risk assessments. We reviewed examples of risk management in relation to health conditions, mobility, mental health and accessing the community.
- Staff could explain people's risks and how they were managed. Risk management plans were included in care records.
- The service environment and equipment were maintained. We identified further risk management was required in relation to the recording of water temperatures from some outlets, this was addressed by the registered manager.
- Fire alarms and other emergency aids were regularly tested and serviced. Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.

Staffing and recruitment

- The person we spoke with at the service told us they were happy with the staff support.
- Staff spoke positively about the number of staff available to support people.

- The registered manager told us that staffing levels were variable based on people's needs and their required level of support. Staffing numbers were planned in advance.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Systems and processes to safeguard people from the risk of abuse

- The person we spoke with at the service felt safe and told us that staff treated them well.
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally.
- Staff received safeguarding training as part of their induction and regular updates. There were policies available to staff and people relating to safeguarding and 'speaking up' in communal areas.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The service was clean and free from malodours. Staff at the service were involved in cleaning and ensuring good standards of cleanliness.
- Staff received training in infection control and there were governance systems in place to ensure the service was clean.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, learning outcomes had been recorded and action had been taken to minimise the risks of reoccurrence.
- The registered manager maintained an overview of reported accidents and incidents as part of the service governance.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed people were consulted prior to any support interventions.
- People had the capacity to make most of their decisions. Where it was thought they may not, capacity assessments were completed along with a supporting best interest meeting where required.
- At the time of our inspection, nobody living in the service were subject to an authorised DoLS.

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

- People's needs were assessed prior to them moving in to the service.
- The registered manager and staff worked with other healthcare professionals to ensure people were well supported on admission to the service.
- Care plans were developed following admission based on the initial assessment of needs and input from third parties.
- Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs well.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to ensure they had the knowledge and skills to meet people's needs.
- We reviewed the supporting training matrix that evidenced a continual training programme was completed by staff in mandatory subjects and additional development subjects.

- Staff commented positively on the training provided, with one describing it as 'extremely beneficial' to people using the service.
- New staff received an induction. New staff completed the Care Certificate to understand the national minimum standards.
- Staff were supported in their work. Staff received regular supervision where they discussed their performance with the registered manager or supervisor and staff also received an annual performance appraisal.

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

- The person we spoke with told us they were involved in choosing their meals and food that met their preferences. No concerns were raised about food quality from the person we spoke with.
- At the time of our inspection there were no people requiring specialist nutritional support or at risk of malnutrition or obesity.
- Records evidenced that people had an eating and drinking plan in place to guide staff.

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

- People had their own bedrooms which were personalised to their preferences and needs.
- There were communal areas within the service that people could use, for example a lounge and dining area and a kitchen. The service had an external garden area with a summer house project currently being completed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other healthcare services and professionals to meet people's care needs.
- Records evidenced the involvement of external healthcare professionals and detailed any progress made whilst people were at the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect and involved as partners in their care.

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

- The person we spoke with at the service told us they felt listened to and were involved with decisions about their care. They told us they were involved with creating their care plan.
- Throughout the inspection we observed people making independent decisions.

Ensuring people are well treated and supported; respecting equality and diversity

- The person we spoke with at the service was positive about the staff that supported them and told us, "[They are] nice staff, treat me well, happy with staff at the moment."
- Staff were positive about the people they supported. All felt care was delivered to a high standard and commented how they would be happy for a person known to them to receive care at the service.

Respecting and promoting people's privacy, dignity and independence

- The person we spoke with at the service told us their privacy and dignity was respected by staff.
- All of the interactions we observed throughout the inspection between people and staff were dignified and respectful.
- Records within the service were stored in a manner that ensured people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person we spoke with at the service felt the care received was personalised and commented positively on staff.
- People's care plans contained personalised information and were detailed about the needs and preferences of the person.
- People's care plans were reviewed periodically or when there was a change in the person's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in care plans.
- We saw examples of where key documents, for example the complaints policy and information about medicines, was available in an easier to read format.
- Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend their chosen activities and hobbies. People's levels of independence varied, and activities were structured around this.
- The person we spoke with told us how they spent their time and what activities they were involved in, and told us they were satisfied with this.

Improving care quality in response to complaints or concerns

- The person we spoke with told us they felt comfortable raising any concerns within the service and said they could approach the registered manager.
- There was a complaints policy and procedure within the service detailing how complaints would be responded to. This was also available in an easier to read format for people.
- Where the service had received complaints, these has been responded to in line with the providers policy.

End of life care and support

- The service provided a short break respite care service for younger people with a learning or physical

disability and do not provide end of life care.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. The service was consistently well-led. Leaders and the culture promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person we spoke with knew who the registered manager was and spoke positively about them and the support they offered.
- The registered manager knew people well, their desired outcomes and wishes and was committed to supporting people to achieve their outcomes.
- Staff understood people, their roles and how the level of support they gave to people impacted them positively.
- Staff were positive about their employment and workplace. We received very positive feedback from staff about the registered manager and the leadership of the service.
- All of the staff we contacted as part of the inspection process told us that morale within the service was high and that they would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- There were governance systems in place to monitor the standard of care provided at the service.
- There was a range of audits in place to monitor the service at both internal and provider level. Overall, these audits were effective. However, the findings at the inspection indicate the current level of governance and overview of medicines management was not fully effective.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management and senior structure in place.
- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.
- The latest performance rating for the service was clearly displayed within the service and on the providers website.
- The registered manager was positive about the level of support they received from the provider.

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

- The person we spoke with was positive about their involvement at the service and the independence they had.
- Staff told us staff meetings were held and meeting minutes supported this. Records showed that matters such as medicines, records, communication and accountability were discussed.
- The provider had additional systems to communicate with staff through newsletters that detailed staff changes, training, care information and upcoming conference dates.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- There was continuous learning and improvement through governance arrangements. The registered manager had a continual action plan that was reviewed and updated quarterly.
- The service maintained a record of accidents and incidents showing the relevant details, action taken and outcomes. This supported any future learning from such events.