

Four Care Plus Limited

Prospect House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 March 2018 and was unannounced. At the last inspection in July 2017 we found the provider was in breach of six regulations which related to safe care and treatment, employment of staff, meeting the requirements of the Mental Capacity Act 2005, supporting staff, person centred care and governance arrangements. At this inspection we found they had taken action and were no longer in breach of these regulations.

Prospect House provides care for up to seven people who have learning disabilities. At the time of this inspection seven people were using the service. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

People felt safe living at Prospect House. We saw they were comfortable with people they lived with and staff who supported them. People told us they could talk to members of staff and the manager if they had any concerns. Relatives told us people received good care and they were complimentary about staff and the registered manager.

Staff knew people very well and had a good understanding of their routines and preferences. Care plans and risk assessments were personalised. They identified how people's needs should be met and managed safely although some information, for example, people's histories was brief. The registered manager said they continued to develop and improve records and documentation which would address any gaps. This included easy read documents to help ensure information was accessible to people who used the service. People enjoyed person centred activities at home and in the community.

Systems for ensuring people's rights and choices were promoted had improved, and continued to be developed. This included changing staff practices around supporting people with decision making processes. People received a varied and nutritional diet and their health needs were met. People lived in a pleasant environment and accessed areas where they could spend time on their own or with others.

There were enough staff to keep people safe and staff received training and support to help them understand their role and responsibilities. Medicines were managed safely although storage of controlled drugs did not meet the required standard. The registered manager was responsive and took action promptly to address this.

We received positive feedback about the registered manager who was knowledgeable about the service.

People were encouraged to share their views and put forward suggestions at meetings, individual discussions and via questionnaires. The provider had introduced more robust quality management systems. These were still embedding and needed time to evidence they were fully effective.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider had improved how they recruited workers, managed medicines and managed risks to individuals. They agreed to change storage for controlled drugs to make sure this met the required standard and introduce a more robust system for learning lessons post incident.

There were enough staff to keep people safe.

People lived in a safe and clean environment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had improved support for staff which ensured they were equipped to carry out their role and responsibilities.

The provider had improved decision making processes. They continued to develop approaches to ensure people's rights and choices were promoted.

People received support to help make sure they stayed healthy.

Is the service caring?

Good ●

The service was caring.

People who used the service and relatives told us staff were caring.

Staff knew people well and were familiar with their routines and preferences.

Staff understood good care principles.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The provider had improved and continued to develop the care planning process.

Accessible information was being developed to help keep people informed.

People were comfortable raising concerns. A system was in place to record and respond to complaints.

Is the service well-led?

The service was not always well led.

The registered manager was knowledgeable about the service and demonstrated the service had improved.

The quality management systems had improved. Before a rating of good can be awarded the provider needs to demonstrate they can maintain an effective monitoring system.

People who used the service and relatives had opportunity to share their views and drive improvement.

Requires Improvement 

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.

Before the inspection we reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in February 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 20 March was unannounced. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we looked around the service and observed how people were being cared for. We spoke with five people who used the service, three relatives via the telephone, four members of staff and two members of the management team which included the registered manager. We spent time looking at documents and records that related to people's care and the management of the home. We reviewed three people's care plans.

Is the service safe?

Our findings

At the last inspection we found the recruitment procedure was not established and the provider did not ensure people employed were suitable. At this inspection we found they had made improvements and were no longer in breach of this regulation. The registered manager told us four members of staff had started working at Prospect House since the last inspection. We looked at all four staff files and found the necessary checks had been completed before staff commenced employment. Candidates had attended interviews where their experience and suitability to work were discussed.

At the last inspection we found the provider did not always ensure risk was appropriately managed. At this inspection we found they had made improvements and were no longer in breach of this regulation. We reviewed three people's care records and saw risk assessments were kept up to date and covered areas such as falls, behaviour and nutrition. We saw people had been referred to other professionals such as the dietician to help ensure risk was appropriately managed.

At the last inspection we found the provider did not ensure medicines were managed safely. At this inspection we found they had made improvements and were no longer in breach of this regulation. However, there were issues around controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) because they were not stored securely. Controlled drugs were stored in a lockable filing cabinet within a locked room which was not suitable. The day after the inspection the registered manager wrote to us and confirmed they had ordered a locking cabinet suitable for the storage of controlled drugs.

Since the last inspection additional measures had been introduced to make sure medicines were managed more safely. For example, the registered manager carried out a weekly medication stock balance check and there were clear instructions for topical medicines. Although weekly stock checks were completed we identified a mistake by the pharmacist where they had supplied 30 tablets instead of 28 which led to an additional stock balance of two tablets. This had not been identified through medication audits and stock balance checks.

There was a system in place to order, receive and dispose of medicines. The temperature, where medicines were stored, was monitored and recorded daily. There were systems in place for when people required medicines during the day so they had medicines when needed to enable them to go out on activities.

Each person had a Medicines Administration Record (MAR). We found there were no gaps within the MARs and they were appropriately completed. The medicines stock corresponded with the completed MARs. Handwritten MARs were completed and checked by a second member of staff to confirm the information had been transcribed correctly. Protocols were in place for 'when required' medicines and the reasons for administration were recorded.

Staff were provided with appropriate support to ensure the safe administration of medicines. They had undertaken training in medicines management and their competency was assessed.

The provider's medicines policy had been reviewed in February 2018. However, the information we were shown did not contain any guidance regarding the procedure for controlled drugs. The registered manager wrote to us after the inspection and told us relevant controlled drugs guidance had been available but had not been downloaded. They confirmed this was now kept with the medicine policy.

People told us they felt safe. One person said, "Here is good, yes safe." Another person said, "I'm not moving, and want to stay here forever, I like living here." Relatives also told us people were safe. One relative said, "I feel [name of person] is very safe here."

Systems were in place to safeguard people from abuse. Staff were familiar with safeguarding procedures and understood when they should report concerns to the management team. They were confident any issues would be dealt with appropriately which included reporting abuse to the local safeguarding authority. The registered manager confirmed there were no open safeguarding cases at the time of the inspection.

Staff we spoke with told us they also made a formal record when incidents occurred, which included occasions where people got distressed or agitated. We looked at incident records which confirmed this, however, we found there were a number of occasions when no post analysis or debrief was held. This meant the provider did not always learn from incidents to prevent or reduce the likelihood of it happening again. For example, on one occasion a person had been asked to leave the kitchen whilst it was being tidied. This triggered a behaviour which escalated and resulted in staff using 'hold' techniques to manage the situation. No consideration had been given to prevent this reoccurring in relation to warning the person in advance they needed to leave the kitchen or involving the person in the tidying. We saw another incident had been recorded where a person had become distressed in the car whilst passing a certain location. This had not filtered through to their care plan in order for this route to be avoided to prevent future distress. The registered manager agreed to introduce a more robust system to ensure lessons were learnt. The provider wrote to us after the inspection and told us 'all incidents were analysed, and lessons learnt documented on an incident data analysis sheet which was sent to the area manager monthly.'

People lived in a safe and clean environment. A relative said, "I'm very happy with the cleanliness of the place." Certificates and records confirmed checks had been carried out to make sure the premises and equipment were safe. Staff were familiar with fire evacuation procedures and told us regular fire tests were carried out. The registered manager was unable to locate the fire test sheet for February 2018; they sent a copy of this after the inspection and explained the deputy manager had kept the record to report a fault which had since been repaired. Infection prevention equipment was available such as disposable gloves and hand sanitizer.

Staffing arrangements ensured people were safe. Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs and the same workers provided support so people received consistent care. Rotas we reviewed confirmed this.

Is the service effective?

Our findings

At the last inspection we found the provider was not meeting the requirements of the Mental Capacity Act 2005 (MCA). At this inspection we found they had made improvements and were no longer in breach of this regulation. The 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.

Everyone either had a DoLS in place or one had been applied for. The registered manager reviewed the DoLS monthly to ensure conditions were met and applications for renewal were made in time. We saw best interest decisions were made where appropriate and were decision specific. Other healthcare professionals were involved, such as social workers, advocates and relatives. However, we saw the registered manager had signed one person's health care plan as their representative and one person's care plan stated a person had an appointee for finances but no documentation was held to confirm this.

At the last inspection we found people 'earned treats' but there was no guidance, best interest decisions or involvement with other professionals to support this practice. At this inspection the registered manager said they had worked with the staff team to change this practice and continued to develop approaches to ensure people's rights and choices were promoted. One member of staff said, "We emphasise positive behaviour and use different approaches. It's much better now." Another member of staff told us they wanted to see choice promoted even further and were confident this would be achieved. They said they would discuss this with the management team.

At the last inspection we had identified the use of night time sound monitors. At this inspection we found risk assessments were in place regarding the use of monitors on the landing. The monitors use was limited to when people retired for the evening until they got up on a morning. Two people had monitors in their rooms. The reason and risk assessments were recorded in their care records.

One person told us they were not always happy with some decisions that were made on their behalf, for example, continuing to live at the service. We reviewed the person's care records and saw MCA principles were followed when decisions had been made. The person's relative was confident they were "settled" and was "always keen to get back to what they call home (Prospect House)". In one person's care record we saw their smoking was restricted to every two hours. The person told us they wanted to limit their smoking and were aware of the risks from smoking. Following the inspection the registered manager forwarded a signed

agreement by the person which documented their agreement although this was last signed in 2016.

People had an initial assessment to ensure the service was suitable and could meet their needs. Their care and support was assessed and reviewed on a regular basis. We saw people had access to healthcare professionals such as, dieticians, dentists and GPs to ensure their needs were met. People had 'VIP hospital passports' which had recently been completed. However, one person's passport had not been fully completed. A relative told us, "They manage all health issues. They take [name of person] to appointments, and if they feel I need to know about anything that might be an issue they contact me." People had care plans to support their eating and drinking needs. For example, one person's care record detailed a strategy to show how and what the person liked to eat. However, another person's care record did not detail how having no teeth impacted their eating. The registered manager said they continued to develop and improve people's care records.

There was a focus on healthy eating which ensured people's nutritional needs were met. People told us they were happy with the meals although one person said they did not have enough to eat. Comments included, "I like food, I like the food here, I like eating fish pie", "I like to make my lunch" and "I'm good at making salad. I'm proud I can cook." One person went through the menus which they said were chosen by people who used the service. They showed us two meals they had selected.

At breakfast and lunch we saw people had a pleasant experience. The atmosphere was relaxed. The kitchen was well stocked with provisions and people were familiar with where food was stored. People were encouraged to choose what they wanted to eat and were involved in the preparation and cooking of their own meal. One person who was following a nutritional eating plan discussed the principles of their plan and was aware of the type of foods that could be eaten in larger amounts. Staff discussed portion sizes and the consequences of eating excessive amounts of carbohydrates such as bread.

The service followed a four week menu, which covered the main meal of the day. We saw this was varied and provided two choices each day. Breakfast, lunch and supper were not included on the menu but foods eaten were recorded so nutrition could be appropriately monitored.

At the last inspection we found the provider did not ensure staff received appropriate support and supervision to enable them to carry out their duties. At this inspection we found they had made improvements and were no longer in breach of this regulation. Staff told us they felt well supported by their colleagues and the management team. They said they had opportunity to discuss their role and responsibilities, and personal development with a supervisor. Staff told us they were happy with the training on offer and refreshed their knowledge at regular intervals. A relative told us, "I feel my son is happy and well cared for by staff that have the experience and knowledge to manage him quite well."

The registered manager maintained a training and supervision matrix, which showed staff received appropriate support. Staff training was relevant to their role and included areas such as safeguarding, equality and diversity, food hygiene, moving and handling, challenging behaviour, autism, values and attitudes, MCA, diet and nutrition, infection control and first aid. New starters completed the 'Care Certificate' which is an identified set of standards workers adhere to.

People lived in a pleasant environment and accessed areas where they could spend time on their own or with others. Some people showed us their rooms which were personalised with pictures, photographs and bedding. One person told us they liked their room and had chosen the colours. Another person had their own music system, television and television package. They told us their room was their own space and they accessed it whenever they wanted. A relative said, "[Name of person] has his own lovely room, with his own

space, where he can get peace and quiet if he needs to." The registered manager discussed plans to develop and increase the size of the enclosed garden which they said was planned for the summer.

Is the service caring?

Our findings

People told us they were satisfied living at Prospect House and were generally complimentary about the staff who supported them. One person said, "Yes I like living here. I like the staff they help me." Another person said, "I like all of the staff but I like [name of staff] the best." One person told us they had enjoyed going on holiday with staff. Another person told us some staff were better than others. People also told us they received help to maintain relationships with their family and friends. One person said, "I like to go home to my mum. I'm going home this weekend to see my mum. I phone my mum every day for a chat."

Relatives told us the service was very caring and confirmed staff supported their relationships. One relative said, "I feel [name of person] has good support, his personal care is taken care of very well. He always looks presentable." Another relative told us, "They brought him home on mother's day with a card and flowers, which was nice as I don't expect him to come. They do that, nice things." Another relative said, "They will come down and pick me up and take me up to see [name of person]. They go over and above what they are supposed to do, which is really good for me. Even when I'm having [name of person] home for the weekend, if something happens or I might not be so sure about things, I just ring up and they tell me what to do. On some occasions they will just pop down and make sure we are both all right, and it doesn't matter what time of day I ring they are really helpful."

During the inspection we observed positive and friendly interactions between people who used the service and staff. People were comfortable in the company of staff and others they lived with. Some people were unable to tell us about their experience of living at Prospect House. It was evident from observations staff knew the people they were supporting well and understood their preferences and routines. We saw examples where staff encouraged people to make decisions about their care and support. For example, people were encouraged to choose what to eat for lunch.

Privacy and independence were respected and promoted. Staff we spoke with were confident people received good care. They gave examples of how people were given opportunity to maintain levels of independence. One member of staff said, "We really encourage people to engage around the house as it's their home but make sure it's personalised and right for each individual." We saw the care plans focussed on what people could do for themselves. For example, showering if the temperature was set for them and dressing themselves but needing support with fastenings.

Is the service responsive?

Our findings

At the last inspection we found people's care was not designed with a view to ensuring people's needs were met. At this inspection we found they had made improvements and were no longer in breach of this regulation. Everyone's care plan had been re-written and included areas such as, eating and drinking, personal care, mobility, communication, relationships and behaviour. Most people, where they wished to discuss end of life, had care plans in place which detailed their wishes. For example, one person had documented which funeral directors to use and instructions for their funeral. We saw people's care plans were regularly reviewed and kept up to date.

One person did not have information about their 'life history'. The registered manager told us this had not been done as they were unsure whether the person, who had recently moved in, was staying at the home on a long term basis. Two other people's 'life history' was completed although the information was brief. The registered manager said they would continue to develop and improve people's care records.

People gave us lots of examples of things they liked doing at Prospect House and in the community. Comments included, "I like going to the local shop to buy my lottery ticket and I like going to town in doing the shopping", "We go to the pub. I have a beer stop and have meals out", "I like to go swimming", "I love going on holiday to Blackpool. I've asked staff if I can go to Blackpool again this year", "I go to Meadowhall and to Wakefield shopping", "I enjoy doing colouring and crafts", "I go to the library", "I go to the hairdressers in town", "I like doing things like painting my nails with staff", and "I go to college every week and we learn different things".

Relatives were also confident that people engaged in social and leisure activities. One relative said, "They take [name of person] out and do things with him, I'll often pop in unannounced to make sure he is ok, and often he's out and about, which is great. Although I don't see him I know they are doing what they are saying they are doing."

The service had started to introduce easy read information which had simple language and pictures to aid communication although this was limited. They had a pictorial menu to help people make choices. One person used the pictures to tell us what meals were provided each day. One person had an electronic tablet, which they used to access photographs and other information. The provider had produced an easy read statement of purpose to highlight what the service provided. The provider also told us people had a small leaflet within the service user guide which had pictures of unhappy and happy faces which people could use. However, there were no easy read policies available to ensure people received information in an accessible format. For example, there was no easy read complaint's policy. The service user questionnaires were not easy read and had not been adapted to support people's communication needs. We discussed this with the registered manager who told us they were developing information to make it more accessible. They told us they had recently purchased a camera and would be creating more pictorial information.

People felt listened to and complaints were responded to and dealt with in a timely way. We asked people if they could share when they were unhappy or if they could raise concerns. One person said, "I just tell them. I

don't have a problem telling them. I just speak to staff or I'll go and speak to [name of registered manager]. Another person said, "Sometimes I get very unhappy, I get very angry, and tell staff, they help me." Another person said, "No I wouldn't say anything." A relative told us, "I've never had to complain. If something isn't right, I just ring them or they ring me." Another relative said, "I find the place very good, I can't complain."

The registered manager said they had received two complaints since the last inspection. These were both very recent and from neighbours around staff cars. The registered manager had dealt with both complaints by meeting with the people who had raised the complaints, face to face. We saw a suggestion to include parking in the staff induction which the registered manager said would be implemented.

Is the service well-led?

Our findings

At the last inspection we rated the service overall as inadequate. The safe and well led key questions were rated as inadequate. We identified the provider was in breach of multiple regulations which included the regulation that relates to good governance. At this inspection we found the provider had improved each area including their governance arrangements. They were no longer in breach of the regulations. Before a rating of good can be awarded the provider needs to demonstrate they can maintain an effective monitoring system.

The service had a registered manager. They were knowledgeable about the service and clearly demonstrated where they had improved their systems and processes. They provided evidence to show action was taken to address the issues raised at the previous inspection. For example, they told us learning such as improving documentation was shared during staff meetings and supervisions, and records we reviewed confirmed this. They told us staff received better support and management decisions were communicated clearly to the team. Staff we spoke with confirmed this. The registered manager said they were aiming to provide an outstanding service and were developing their systems and processes to help achieve this.

We received positive feedback about the registered manager from people who used the service. One person said, "She is nice, I like [name of registered manager]." Another person said, "She is my favourite. She helps me." Relatives were also positive. One told us, "I feel it's really well organised, and well led I get on with all the staff. I also get on really well with and I like [name of registered manager]. I can ring her with any problems, any time and she says don't worry just ring, if we can help you we will." Another relative said, "I get on with all the staff and the manager is really approachable, you can ring and ask about things." Another relative said, "I feel very happy with the service, I'm happy with the staff, and also happy with the manager and have a good relationship with all of them."

Staff we spoke with told us the service had improved and they felt better systems were in place to make sure people received quality care and their rights and choices were respected. One member of staff said, "We are all focused now on the same things." Another member of staff said, "It's a much nicer place for people to live. We still have to develop further and are continuing to improve communication and promoting choice but we've changed the culture."

People were encouraged to put forward views and ideas. Monthly service user meetings were held and if any action was required following the meeting this was documented in a management action plan. For example, we saw that people had requested more jigsaws and these had been purchased. Another person had requested a shopping trip and this had been arranged. At each meeting they checked actions had been followed up. People also completed questionnaires and had individual discussions with members of staff. They covered areas such as goals, activities and the home environment. We saw where people had raised issues these were discussed with the registered manager.

The provider had introduced more robust quality management systems which ensured safer, better quality

care was being provided. Staff completed a range of checks to make sure tasks were completed which included; bedroom checks, daily charts such as food, activities and medication records. We saw monthly audits and checks were carried out by the registered manager and included care plans, medication, service user meetings and actions, staff absence monitoring and service user finance files. Reports completed by the area manager showed they checked a range of areas during their visit. For example, we saw in February 2018 they had reviewed areas such as staff training, supervisions, critical staffing issues, building maintenance and incidents.

Providers have a responsibility to notify CQC about certain significant events such as safeguarding, serious injury and police incidents. Before the inspection we checked our records and found we had received four notifications. However, we did not receive a notification for an incident that occurred in January 2018. An incident reporting form stated one person who used the service had physically assaulted another person. The registered manager told us they believed the record did not accurately reflect what had occurred and the incident was not significant and therefore not notifiable. They told us they would follow this up and take appropriate action if the incident should have been referred to safeguarding and reported to CQC. They also agreed to ensure future records would be reviewed more thoroughly to ensure they accurately reflected an incident or if appropriate reported to the appropriate agencies.