HICA

Prospect House - Care Home

Inspection report

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Date of inspection visit:
13 November 2018

Date of publication:
12 December 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 13 November 2018 and was unannounced.

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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Prospect House provides accommodation and support to a maximum of 24 people who may have a learning disability or autistic spectrum disorder. At the time of this inspection there were 22 people using the service full time and one person who used the service for short periods of respite.

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

The home is set out over four areas, each with a kitchen, dining room, lounge area, bathroom and bedrooms. In addition, there are two self-contained flats for people who could live more independently. The first floor is accessible via stairs and a passenger lift. There is a large communal room on the ground floor that is used for group activities. Access is available to outdoor areas, a large kitchen and office areas.

There was a registered manager in place. 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.

Staff had access to a safeguarding policy and procedure and understood how to recognise and report any signs of abuse. Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised.

Support plans provided information about people's assessed risks for staff and other health professionals to ensure people received safe care and support without undue restrictions in place.

Staff recruitment included pre-employment checks that meant only suitable employees were recruited to work in the home. The provider maintained safe staffing levels to meet people's needs all of the time.

People were assessed and supported to take their medicines safely as prescribed by staff who had been checked as competent and who followed national best practice.

People received appropriate care and support to meet their individual needs because staff were supported to have the skills, knowledge and supervision they needed to carry out their roles.

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.

Everybody spoke positively about the registered manager. Systems and processes ensured the service was continually evaluated and checked, with actions implemented as appropriate, to maintain and improve standards for everyone.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Prospect House - Care Home

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 13 November 2018, and was unannounced.

The inspection team included two adult social care inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of people with learning disability and autism.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We used 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.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from the local authority commissioning team, and Healthwatch. Healthwatch is the consumer champion for health and social care.

During the inspection, we spoke with the registered manager, the cook, head domestic, home administration, and four care staff. We spoke with four people in receipt of a service, and three relatives. We had a look around the home and looked in people's rooms with their permission. We observed staff administering people's medicine and completed observations of staff interactions with people throughout the day.

We reviewed a range of records. This included four people's care records containing care planning documentation and daily records. We also viewed the records for two staff relating to their recruitment, supervision and appraisal. We reviewed the process used to manage staff training. We viewed records relating to the management of the service, including audit checks, surveys and quality assurance and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who worked there. One person said, "I feel safe here, it's got good security. The staff help me; they look after me." Staff had completed safeguarding training and were able to discuss the types of abuse to look out for and how to raise any concerns for investigation. Where concerns had been referred to the local authority, investigations had been completed. Resulting actions had been implemented to help keep people safe.

People received assessments to ensure staff had up to date information to support them safely without unnecessary restrictive practices. People confirmed their freedom was respected. Assessments identified types, and severity of risks. For example, hazards within the home, and areas of risks associated with abuse, medication, seizures, and accessing the community. Information was reviewed for effectiveness and updated as people's needs or circumstances changed.

Staff had access to relevant information to support people safely. Where necessary care plans included a positive behaviour support (PBS) plan. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps providers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

The provider ensured safe recruitment practices were in place. Pre-employment checks had been completed before staff commenced their duties working with people. The registered manager evaluated people's individual needs and the outcome was used to ensure there were sufficient staff on duty. A relative said, "There's always plenty of staff whenever we visit." One staff said, "Staffing is about right which means we can spend one-to-one time with people."

People were supported as assessed to take their medicines. Systems were in place for the safe management and administration of medicines. Staff had received up to date training and followed best practice. People received their medicines as prescribed.

Staff had received fire safety training and people had personal emergency evacuation plans in place. Staff were aware of the level of support people required should they need to be evacuated.

Certified checks had been completed to ensure the environment and any equipment was safe to use. These included certified gas, electric and fire checks, and wheel chairs and bed rails checks. Where any maintenance or repairs were required, the provider had ensured these were implemented in a timely way.

The home was observed to be clean and free from any lingering unpleasant odours. The registered provider maintained good infection control practices. People were encouraged to keep their rooms clean and tidy. Cleaning rotas and schedules were in place and up to date.

Accidents and incidents had been recorded and investigated in line with the provider's policy and

procedures. There were comments about any action which had been taken to manage the risk of the situation re-occurring.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff were well trained and had the skills needed to provide effective care and support. One relative told us, "There's good communication. The staff deal with everything, all medical appointments and dental care. [person's name] is very well looked after."

Staff told us they completed an induction to the service, their role and the people who lived there prior to commencing independent duties. Staff were supported by the provider to ensure their skills and knowledge remained up to date. Training was provided in equality and diversity which meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care without discrimination.

Staff were supported with regular documented supervisions and annual appraisals. Staff told us, "We have regular supervisions. We are well supported to carry out our roles. If we want to progress then some options are available for us, including higher level training."

Decisions made on behalf of people assessed as not having capacity to understand and agree to those decisions were made in their best interest and were the least restrictive option. Clear records confirmed the provider was following the Mental Capacity Act (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People received at least annual reviews of their health and medicines to ensure they remained appropriate for their purpose. We saw evidence recorded of involvement from other health professionals which included people's GP, community nurse, chiropodists and community mental health workers.

Care plans included information to help staff provide people with healthy eating options and provided guidance where people had any food preferences. For example, because they were a diabetic or due to their religion. Where assessments identified concerns regarding people's weight; monitoring tools were used and referrals made to the Speech and Language Therapist (SALT) for further assessment and support for the individual.

People were supported with their nutritional and dietary requirements. One person told us, "The food is usually good here, we get a good choice and plenty of drinks."

The home had an accessible entrance and a layout that had considered people's mobility needs. Adaptions were in place to minimise the risk of slips, trips and falls. People could independently access all areas of the home and enjoyed the outdoor area which included a large secure garden with seating and patio tables.

Good

Is the service caring?

Our findings

People told us they received a service from caring staff. One person said, "The staff look after me and I get on well with all of them." A relative told us, "They look after [person's name]. They're caring and kind. If I'm concerned about anything I can talk to the staff or the manager."

Our observations during our inspection confirmed staff treated people with kindness and were respectful of their wishes and preferences. Care plans recorded information to ensure people were supported equally but accordingly with any diverse needs. Where people had religious preferences, discussions with people had been held and there was provision in care plans to record this information.

Staff received training in, and understood the importance of maintaining people's dignity and privacy. One person told us, "We have to share the bathrooms but it's okay because staff always knock. They are very caring and kind". Another person said, "The staff are nice they look after me. They remind me to have a wash and keep an eye on me in the shower. They remind me to clean my teeth. I can talk to the staff if I'm worried about anything or need to know something".

Our observations confirmed staff ensured that wherever possible, they promoted people's independence. One staff member told us, "We only support people where they need help and we encourage everybody to do as much for themselves as they are able to. This information is recorded in care plans but every day is different."

People's records were stored securely and access was limited to staff who required the information to carry out their roles. Staff understood the need to maintain people's confidentiality and told us they would only share information discussed if the person was at risk of harm, abuse or required medical attention.

It was clear from care records and from talking to people that they could express their views and be actively involved in making decisions. A relative said, "I feel involved. They have a care plan and information is discussed both with [person's name] and us as their parents. Communication is good and we don't have to ask to be kept updated."

We observed staff were effective in communicating with people. Where people required support to communicate and to understand information this was recorded with pictures and in large and coloured print. One person had the use of an electronic tablet. The registered manager told us they had introduced software called, 'my health guide' to help with communication between the person, the home and a day centre. The software allowed sharing (with agreement) of photos and videos of what the person had been doing. The registered manager said, "It's helped the person with communication. They also use it for appointments, and to access other services."

Where people required further independent guidance and support to make informed decisions, the provider engaged the use of advocates. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including

the person's home, relationships, finances and health.

Good

Is the service responsive?

Our findings

Care plans for people's care and support were centred on the person and provided information to enable staff to provide holistic care tailored to people's individual needs. Records included an initial assessment to ensure the service was appropriate to meet the person's individual needs. This formed the basis of the care and support plan for the person. Information was reviewed monthly using a pictorial easy to read review which focused on the persons abilities with activities of daily living. For example, health, housing, relationships, meetings, new skills and was summarised with information to improve people's lives. One staff said, "If we need to know anything to support an individual, it is nearly always in the care plan and they are kept up to date."

Staff completed daily records to identify any areas where people required further help and support. This helped people to maintain their weight, health and skin integrity. Where other health professionals had been involved in people's care, this was recorded and information updated to ensure their feedback and guidance was followed by staff.

Where people were able to they told us, they understood and had contributed to their care plans. The Accessible Information Standard is a framework put in place by the National Health Service (NHS) from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Where people required support, care records included examples of pictorial communication methods to ensure people could understand, contribute and agree to their care and support.

People were supported to maintain loving relationships and were supported to spend time with their partners. A member of staff said, "One person has a boyfriend. Their boyfriend doesn't live here but they meet up. Along with their family, we support them to maintain a safe relationship." A relative told us, "We can visit at any time and we are always made welcome."

Staff told us they had received training in equality and diversity and understood the importance of treating everybody equally including where people had any diverse needs. Refresher training was available and this was supported by a policy and procedure that provided staff with further guidance. One staff member said, "We treat people the same, some people may need more support than others but the outcomes for everyone is still the same; to live as independently as possible, that's why we are here."

People were supported to live active lives. A dedicated activities coordinator told us, "We have individual activities plans for each person. We take people to the cinema, go out for meals, to garden centres, and people go to the community centre. Some go swimming, shopping and we have trips and theatre outings. We do arm chair exercises three times a week and we spend one to one time with people where they need it." The registered manager showed us a file which included pictures of people living everyday lives. This included pictures of people gardening, washing the minibus and completing routine daily activities.

Systems and processes were in place to support people and others that may be unhappy and needed to

raise a complaint. The provider completed full investigations with documented outcomes and lessons learnt to improve people's experiences.

Good

Is the service well-led?

Our findings

There was a manager on duty on the day of our inspection who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was responsible for the day to day running of the home and received support and oversight from the provider to maintain and improve standards. Everybody told us the registered manager was approachable and that they received good support when they required it. One person told us, "I'm happy here. The manager and the staff help me get things done and make sure I'm okay." A relative said, "I'm happy with everything, it's very well led. If I needed to know anything I'd go straight to the manager who's approachable and would sort anything out."

It was clear the registered manager was caring and understood people's individual needs. During our inspection, we observed the registered manager was visible in and around the home and along with staff, took time out to hold conversations, provide people with re-assurances and answer any questions or concerns.

Quality assurance systems and processes were in place and followed to identify any areas for improvement. This included monthly audits. For example, for medication, accidents and incidents, infection control and health and safety. Information was collated and monitored by the registered manager to ensure any actions were implemented and signed off in a timely manner. This information was reviewed and evaluated at provider level and where trends became evident further evaluation and preventative actions were implemented.

The provider had completed consultations with people living at the home, staff and other stakeholders. A 'Quick feedback' form was given to people after completion of an activity. The form simply included a pictorial happy/sad face with a tick box for the person to complete. This was used to evaluate what went well or what could be improved.

Staff told us they had been consulted with, and we saw minutes of staff meetings and manager meetings. Topics included outcomes from previous meetings, training and changes staff needed to know about. Staff told us they felt the meetings were a useful opportunity to raise any ideas and feedback towards further improvement.

The provider maintained positive links with other health professionals and the community. The registered manager showed us their involvement with a community healthcare partnership who had provided an evaluation of their medicines processes. This resulted in positive improvements to the way medicine was provided for people and helped reduce unnecessary wastage.

Care records included a health passport providing personal details to ensure people continued to receive consistent care and support should they transfer to another health service. For example, an admission to a hospital. We saw how a review of one hospital passport had led to a reduction in the number of hospital visits and associated length of stay for the person.