

Debra Susan Boughen

Prospect House Care Home

Inspection report

Gate Helmsley
York
YO41 1JS

Tel: 01759 373796

Website: enqsatprospect@aol.com

Date of inspection visit: 23 October 2015

Date of publication: 02/12/2015

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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 23 October 2015. It was unannounced. At the previous inspection in April 2014 the provider was fully compliant with the regulations assessed.

Prospect House is a purpose built care home. It provides personal care and support for up to ten older people. It is situated about six miles north east of York, in the small village of Gate Helmsley, where there are village amenities. There is a car park to the rear of the house and attractive gardens, with level access to the home. There were nine people accommodated when we carried out our inspection.

The registered provider is Debra Susan Boughen who is both the registered provider and manager. 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.

Summary of findings

People told us they felt safe living at Prospect House and the care we observed throughout our visit demonstrated a real person centred ethos. Person centred care puts people using the service and at the forefront. It is about viewing people as individuals.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and they were clear of the process to follow should any aspect of poor care be observed.

Staff understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible. We saw that risk assessments were carried out on the environment as well as on individuals.

We observed warm and friendly relations between the people living and working at Prospect House. It was evident that a family environment was maintained. This was observed throughout our visit. People told us there sufficient staff.

Recruitment systems were robust and appropriate checks were completed before people started work. This helped to prevent unsuitable people from working with vulnerable people.

People received their medication as prescribed by their GP. The deputy manager agreed to record any carried forward medication on medication administration records (MAR) so that these could be more effectively audited.

The home was clean and there were no unpleasant odours noted during our visit.

Staff received induction, training and supervision to support them in their roles. They told us they received good support from the management.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

People told us they were able to make decisions and choices regarding all aspects of their lives.

People spoke positively of the food and said that they received a choice of tasty nutritious food.

Peoples health needs were monitored and advice from appropriate professionals was sought where necessary.

The premises were suitable and well maintained. People were able to personalise their rooms and their views were sought regarding the décor and furnishings at the home.

All of the people we spoke with spoke positively of the care they received. They told us they were treated with kindness and compassion and we saw this throughout our visit. They told us that staff respected their privacy and maintained their dignity at all times. This was reiterated in feedback from relatives.

People told us that the registered manager and staff responded to their needs. Each person had an individual care record which set out how they should be cared for. Care records contained very basic information and would benefit from review and update.

People told us that a range of social opportunities were available and said they could choose how to spend their time. Visitors said they could visit at any time and they told us how welcome they were made to feel.

The home had not received any complaints; however people told us that they could raise concerns if they needed to.

People told us that the service was well led. They told us that all of the managers were approachable.

We saw that meetings took place to seek people's views and experiences. Quality surveys were also sent out on an annual basis.

People spoke of a positive culture and staff said that morale was good. People told us they liked living at prospect house.

A more formal auditing system may enable the registered provider to better reflect how they monitor the quality of care provided.

Summary of findings

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 safe.

People told us they felt safe and we found that risks were appropriately managed.

Medicines were correctly stored and disposed of and records were accurately maintained. People received their medication as prescribed by their doctor although some minor improvements could be made.

People told us that there were sufficient numbers of staff to care for them. They spoke positively of the staff employed. Recruitment checks were completed before staff started work.

Good



Is the service effective?

The service was effective.

Staff received induction, training and support which helped them to deliver high quality care.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

People told us that their health needs were monitored and relatives said the home were proactive in monitoring any changes in health.

Good



Is the service caring?

The service was caring.

People consistently told us that they were well cared for and spoke highly of the staff.

People told us that they were treated with dignity and respect and this was observed throughout our visit.

People told us that their views and opinions were sought and relatives confirmed that they were involved in decisions regarding people's care and treatment.

Good



Is the service responsive?

The service requires improvement to be responsive.

People had basic care records in place which would benefit from expansion as they did not contain sufficient detail to reflect how care should be delivered.

People were involved in a range of activities and had good links with the local community. People could choose how they spent their time.

Requires improvement



Summary of findings

People were encouraged to give their views and opinions and raise any concerns or complaints.

Is the service well-led?

The service was well led.

People spoke positively of the managers and said that they were approachable.

Meetings took place to seek people's views and opinions regarding the service.

People spoke of a positive culture and we observed this throughout our visit.

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.

The inspection took place on the 23 October 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the provider sends us to inform us of

significant events. We did not ask for a provider information return (PIR) for this inspection, as we had changed the date that we had originally planned to carry out the inspection. 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.

We talked in detail with two people living at the service, four relatives and the Parish Sister. During our visit we spoke with the registered provider, deputy manager and both staff on duty. We also carried out a tour of the service.

We looked at two people's care records, two people's medication records, four staff recruitment and training files, maintenance files and a selection of records used to monitor service quality, which included meeting minutes and audits which had been completed.

Is the service safe?

Our findings

People told us they felt safe. Comments included: “I wouldn’t want to be anywhere else ever. I feel safe and I have a buzzer. There is always someone there, even at night” and “I feel safe here definitely.”

We spoke to both staff about safeguarding vulnerable adults. Both were clear of the process to follow and said they would have no hesitation whistle blowing (telling someone) if they saw or heard anything inappropriate. One staff member said they were up to date with their safeguarding adults training; the other had received this in their previous job. The provider told us that additional safeguarding training had been booked.

We looked at how risks were managed. We saw risk assessments for the environment which included a personal emergency evacuation plan (PEEP); this is a document which advises of the support people need in the event of an evacuation taking place. This was an overall plan for the whole of the home and we discussed how this could be extended to include information regarding individuals who lived at the home. Fire zoned evacuations were completed regularly so that staff and people living at the service knew what action to take if the alarms sounded.

We looked at maintenance certificates for the premises which included the electrical wiring certificate, gas safety certificate and weekly fire checks. These checks helped to ensure the safety of the premises.

We saw that people had risk assessments in their files. Risk assessments help identify risks and include the steps to be taken to minimise them. Risk assessments included manual handling risks including any equipment which was required to support people during manual handling. Accidents and incidents were recorded and a copy held in people’s care files.

There were two staff on duty throughout the day and one staff member who slept over at night. The deputy manager lived next door so could be called upon in an emergency. He was also responsible for the day to day running of the home. The registered provider and her husband who was the business manager also visited the home on a frequent basis. People told us that there was sufficient staff to care for them. Comments included “Plenty of staff”, “I think there is enough staff” and “Staff are never in a rush, they take time.”

We looked at the recruitment files for two staff employed at the service. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

We looked at medication systems. The home had a policy on medicine administration and all staff received training before administering medication. When we looked at people’s medication records we saw that people were receiving their medication as prescribed by their doctor. Any medicines which had been given were recorded on people’s individual medication administration records (MAR). There were clear directions on MAR sheets regarding how people should be given their medication. However staff were not recording any carried forward amounts of medication so they were difficult to audit or do stock counts on medication. The deputy manager agreed to rectify this immediately.

We looked at controlled drugs and found that these were being stored and managed appropriately. Controlled drugs (CD’s) are medicines which are controlled under the Misuse of Drugs legislation. The staff on duty had a clear understanding of how these would be stored, managed, administered and recorded within a CD book.

There were clear ordering and disposal systems which meant that stock was kept to a minimum. We observed people being given their medication. Staff explained what they were doing. However we observed staff putting tablets into people’s mouths without wearing gloves although they did wash their hands thoroughly after each administration. We also observed someone being given their eye drops in front of other people. Creams and ointments including eye drops should be administered in private, to protect people’s dignity. We shared this with the registered provider during our visit who agreed to look at this.

The home was clean and smelt pleasant throughout. Care staff were responsible for keeping the home clean. One relative said “The home is clean and it always smells fresh.” Staff told us that there was plenty of personal protective

Is the service safe?

equipment (PPE) available. All staff received annual training on infection control. One person said “Someone cleans every day and my bed is changed regularly. The carers do the washing and the ironing.”

Is the service effective?

Our findings

People told us that the service was effective. Comments included “Staff are very respectful of Mums needs and wishes” and “The staff inform family of any issues.”

We looked at two staff training files and spoke with the two staff on duty. All staff received an induction when they commenced work. A range of training was provided; courses included first aid, food hygiene, medication, infection control, health and safety and safeguarding adults. Training in additional topics had also been provided which included bereavement and end of life, dementia care, challenging behaviour and continence and catheter care. Competencies were also carried out to review particular areas of care practice. For example medication administration and care practice. The training and checks helped to ensure that staff had the relevant knowledge and skills required to care for people safely.

We saw that staff received an annual appraisal and regular 1:1 meetings where they could look at performance. The deputy manager showed us a record of competencies which had been carried out as part of staff supervision. These focused on a range of topics.

People living at Prospect House had been assessed in relation to mental capacity and appropriate plans and documentation were in place. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA) and are designed to ensure that the human rights of people who may lack capacity to make decisions are protected. There were no people currently with any restrictions in place; however the registered provider and staff were aware of the process to follow should this be required in the future.

People we spoke with said that they were able to make choices and decisions about all aspects of their lives. They told us they could choose when to get up or go to bed and how they spent their time.

Everyone spoke positively of the food. There were no specialist diets being catered for but we were told that the home would support this if necessary. Comments included; “They do a menu, residents have a say. Always plenty and nicely presented” and “I go down for my meals. The food is nice and there is plenty to eat and drink.” People’s weights were monitored and the registered provider told us that any concerns would be highlighted to the GP who visited the home regularly. A relative said “My relative is on a soft diet now and is supported by staff with her meal.” The home did not carry out nutritional assessments. However, we discussed this with the registered provider who agreed to implement them.

People told us that their health needs were monitored. We saw that health appointments were recorded in people’s files. The registered provider said that they received support from professionals with regard to monitoring people’s health needs. This included district nurses and GPs. We were told that a GP surgery was held every six weeks to review all of the people living there. One relative told us “My relative is rarely ill so health input is minimal.”

The premises were suitable for those living there. Adaptations were in place to support people with their mobility. There were stair lifts in place and a large walk in shower area. Hoists were available. The home had enclosed garden space which could be enjoyed in warmer weather.

The deputy manager told us that some people living at the home lived with dementia. We discussed ways of making the environment more ‘dementia friendly’ which included having memory boxes or items of significant importance on people’s doors to help orientate them to their rooms. There was some signage to help orientate people to toilets and bathrooms. The deputy manager agreed to look at this in more detail.

Is the service caring?

Our findings

All of the people and relatives we spoke with spoke highly of the care provided at Prospect House. Comments included; “My relative is always clean and well attended to.” “I am very happy with the care that Mum received. Carers had become like family. My sister could visit at any time. It was a relief to know that Mum was cared for here” and “It’s small and homely.” Other comments included “I would recommend it definitely. I am very happy with the care and the carers do my washing, ironing and cleaning.” And “The carers are very very good. We all get on and it’s a nice environment.”

We spoke with staff who said “People are cared for so well, individually. The home is run for the benefit of people living here.”

People gave examples of how the home had demonstrated a caring attitude to families as well as those living at the home. For example one of the people living there had family who lived abroad. The manager had arranged for Wi-Fi to be fitted and an iPad bought so that the family could communicate with their relative. Some people wanted sky TV so this had been fitted.

Both relatives and people living at the home said that nothing was too much trouble. A visitor said “Nothing is too much trouble. I would happily live here knowing the staff and the care they give.”

Other comments included; “The staff are lovely, they keep me up to date.” “I am very impressed with the care she receives” and “I am happy with the care, yes. She is always well attended to.”

Another person said “Staff are very kind and caring, they are never in a rush, and they really take time with Mum.”

The deputy manager told us that they were going to implement ‘This is me’ which is a tool used to record people’s needs, interests, preferences, likes and dislikes. They told us that they had started to collect information about people’s life histories which is particularly important for people living with dementia as this can enrich relationships and promote understanding as dementia progresses.

Equality and diversity training was included in induction for staff but was also included in a number of other courses

which were provided. The registered provider and staff gave examples of how equality and diversity issues were respected and underpinned the caring ethos observed throughout our visit.

We observed how staff and those living at the home interacted with each other. It was clear that warm and friendly caring relationships had been supported and relatives confirmed this. The approach was very much ‘family’ and the provider, staff, relatives and people living at the home gave examples of times where they had got together to spend time as friends. This had included meals and trips out where people living at the home, their relatives and friends and staff had all gone out together.

We saw some evidence that people had been involved in discussions regarding their care records. Some of the relatives we spoke with said that they had been involved in these discussions on their relative’s behalf. Where people were able they signed their agreement to their care records.

People told us that they felt listened to and respected. One person said “I get asked if I had any preference for male or female staff, which I did, they listened.” We spoke with a member of staff who said “People get choices, we respect individuals.”

Everyone said that they were treated with dignity and respect and we observed this during our visit. People could choose if they wanted male or female carers, staff knocked on doors before entering people’s rooms and everyone told us how polite, friendly and respectful staff were. One person said “Privacy and dignity is maintained.” And “Staff are very respectful of Mum’s needs and wishes.” Another person told us “I am treaty with dignity ... very much so.”

People could choose whether to spend time in their rooms or in communal areas. There were able to see their friends and visitors in private.

Relatives told us that the staff kept them up to date. They told us they were made welcome to the home. One relative said; “The staff inform family of any issues. They are very welcoming we can visit at any time.” We saw lots of visitors on the day of our inspection and staff confirmed that this was a regular occurrence.

Staff knew and understood the importance of confidentiality and we saw that records and personal information was kept locked away so that it was accessible only to those who needed it.

Is the service caring?

A relative told us of the excellent end of life care provided by staff working at the home. We saw that people were able to make advance decisions so that their wishes were recorded. Training on bereavement and end of life had been provided.

Is the service responsive?

Our findings

We looked at the care records for two people living at the home. Although people had care records in place they contained very basic information and would benefit from review and expansion. For example one person was prescribed fentanyl patches and paracetamol for pain yet there was no care plan for pain. Another example included an individual who could display distressed behaviours, there was no care plan to record how this was best managed by staff working at the home although when asked staff were able to clearly explain how they would often diversion and support. Other examples included little information about people's nutritional needs. We saw an entry in one care file about blood sugars being monitored yet no care plan for diabetes. We discussed this with the registered provider who agreed to review and update the care plans.

We also found that reviews were not taking place as recorded in the care plans. For example we saw a care plan on personal care which was dated September 2014. This stated review 3 monthly but there was little evidence of reviews being carried out other than a signature. There was nothing recorded to reflect any changes which had taken place.

We did speak with people and their relatives and ask if they were involved in discussions regarding peoples care. Comments included "The staff did talk to us about care, especially when her health declined, they were very responsive." We saw that people were where possible involved in discussions regarding their care and that staff or relatives signed their agreement to the care plan.

We recommend that care plans are reviewed and updated so that they can demonstrate the way in which people should be cared for.

Although care records contained only basic information, all of the people we spoke with said that care was person centred.

Prospect House had an activities co-ordinator who visited the home once a week. The Parish Sister also visited weekly spending time with everyone, having lunch and once a month provided communion. We spoke with one visitor who said "They have an activities lady who does crafty things; they (the staff) really encourage friends and families

to visit." We spoke to people who told us; "On Monday we do a quiz, on Tuesday the hairdresser visits, on Wednesday we do painting, Thursday I have a friend who visits. I also have visits from my daughter and enjoy reading and knitting." Another person said "I enjoy painting and do this with an artist who visits me. I make my own Christmas cards which I sell and the proceeds go to the home."

We spoke with a staff member who said "people are able to bake here. We get on well with families. Socially there is chess, dominos, jigsaw, singing, art, crafts and nails.

The registered provider gave examples of responding to people. They told us that they responded to requests for TV or radio in people's rooms. They said they had responded to menu requests and had arranged for new carpets to be fitted where the colours had been requested by people living at the home. They also told us that people had requested a section of washable flooring which they had arranged to have fitted.

All of the visitors we spoke with said that they were able to visit the service at any time. They told us they were made to feel welcome. One visitor said "I could call and face time" (video call). Another said "I usually visit once a week. The staff are lovely they keep me up to date. I still ring most days for an update. It's never a problem."

People and relatives we spoke with said that they had no concerns or complaints about the service. One person said "No issues or concerns." "I could raise any issues." Although formal relatives meetings were held all of the relatives we spoke with confirmed that they would raise any issues with management as they had them.

We saw that there was a complaints procedure. The registered provider told us that they had not received any complaints during the last nine years. They showed us a suggestion book which was displayed at the door and suggestions and comments forms which were also available. Comments from relatives included "I would have raised a concern via my sister if necessary" "I could raise any issues, the home are responsive. I am impressed at the care she receives. It's the personal attention and level of detail that people receive." "I have no concerns. I could raise if I did have. There are no improvements at all here which could improve Mums quality of life." Other comments included; "If I wasn't happy I would tell someone. I can talk to the carers they are very good."

Is the service well-led?

Our findings

The home had a registered manager who was also the provider and a deputy manager who was responsible for the day to day running of the service. All of the people we spoke with as part of our inspection spoke positively of the managers and staff. The registered manager and deputy manager both worked shifts so that they knew and understood the needs of people living at the service.

Comments included; “There are no improvements that could be done to improve Mums quality of life.” People told us that they could express their views and raise issues with management. One person said “Staff X was so supportive. The management are approachable. They are all very involved. I could ask questions anytime. I was given a survey last year. The only suggestion I can think of is an update, for example a newsletter.” Other comments included; “We attend relatives meetings” and “The management are all approachable.”

We were told that resident’s meetings took place monthly where topics such as food and menus were discussed. A relative said “Relatives meetings are attended by my sister.” The deputy manager told us that quality surveys were due to be sent out as they were last sent in November 2014. We saw that a detailed summary of findings and actions had been produced following the last survey results. Examples included; ‘Not charging relatives for a cup of tea or coffee’, the deputy manager had responded by stating that ‘A donation to the residents fund was not mandatory and people were able to have a drink without charge. Another example included; ‘A quiet room for visitors to see their relatives.’ This was implemented and included drink making facilities.

We saw that management meetings were held each month and minutes of these meetings were recorded. Staff meetings also took place on a three monthly basis.

We asked about the culture at the home. The registered provider said that they visited regularly so that any issues could be discussed. They told us that any issues affecting morale were dealt with straight away.

Staff told us that all members of the management team were approachable. Comments included;

“People are well looked after here and the support is good. I have attended three staff meetings in the last eighteen months. We discuss things verbally. I could raise any issues, no problem. Morale is good.” Also “I enjoy working here. We get good support from everyone. I have attended one staff meeting but I can talk to anyone at any time. Home is run for the benefit of people. They are consulted on everything. The management are second to none.”

We were told that daily handovers took place and that people’s views were sought. We saw that policies and procedures were available and these were signed for by staff when read. This supported them in carrying out their roles.

We saw that notifications were submitted to the Care Quality Commission as required. These are forms which enable the registered manager to tell us about certain events, changes or incidents.

Staff told us that they were clear of their responsibilities and knew what was expected of them. The ethos of the service focused very much on providing people with person centred care. One staff member said “It’s a positive culture, everything here is good. We involve people, we seek their views.”

Although the registered provider had a number of informal systems in place to gain feedback and monitor the quality of care provided, we discussed the benefit of a more formal auditing system. This would enable them to demonstrate what areas of service provision had been reviewed and to record any action taken in response. Some of the documentation at the service would also benefit from review which the registered provider agreed to look at. This would include reviewing and updating care records so that they reflected the person centred care which was being delivered.