

Debra Susan Boughen

Prospect House Care Home

Inspection report

Gate Helmsley
York
North Yorkshire
YO41 1JS

Tel: 01759373607

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Prospect House Care Home is a residential care home providing accommodation and personal care to older people, some of whom may be living with dementia. The service accommodates up to 13 people in one adapted building. At the time of our inspection there were 12 people using the service.

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

People felt safe and were cared for by staff who knew them well. Although some areas of people's care plans would benefit from more detail to ensure all care needs were recorded, people were not affected by this and received good care.

Staff supported people to take their medicines as prescribed. The service was well supported by the local GP service to ensure people had access to appointments and that medication was regularly reviewed.

Management were regularly onsite, and people found them to be approachable. Concerns were acted upon quickly and staff felt well supported in their roles.

Systems were in place to review the safety and quality of the service. Some audits needed expanding to ensure oversight of all areas of care, however the manager worked quickly to update this during the inspection.

Positive feedback was received from people and their relatives about the standard of care. One person told us, "I'm definitely happy here, I can talk to anyone and this gives me a sense of security." One relative said, "We have no concerns, the care is fantastic, [person's name] is very well looked after."

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 4 December 2019).

At our last inspection, we recommended the provider review staffing levels and their deployment within the service. At this inspection, we found the provider had acted on the recommendation and improvements had been made.

Why we inspected

We undertook this focused inspection to review the previous rating. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prospect House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Prospect House Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector 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.

Service and service type

Prospect House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Prospect House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The provider is an individual 'registered person'. They are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. As the provider is an individual, they are not required to have a registered manager to oversee the delivery of regulated activities at this location.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the provider and the manager during the inspection. We also spoke with 5 staff members, 5 people who lived at the service and 4 relatives. We reviewed a range of records. This included 3 peoples care records and multiple medication records. We looked at 2 staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service. We looked at policies and procedures and quality assurance records. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider reviewed their staffing levels and the deployment of staff. The provider had made improvements.

- Staff had been recruited safely to the service.
- There were enough staff to meet people's needs. Staffing numbers and deployment was overseen by the managers who used a dependency tool to help decide the staffing levels needed.
- Staff had the appropriate training to be able to provide safe care. Competency checks were in place to review practice and regular supervisions were recorded to help support staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe. One person said, "Oh yes I'm safe here, the staff are all kind and very caring people, it's like being in a hotel."
- Risks to people had been assessed and managed.
- Care plans were in place to help guide staff on how to provide safe care. Some areas of the care plans would benefit from more detail; however, staff knew people well, providing care in line with their needs and preferences.
- The provider made sure maintenance and environmental checks were completed, which helped ensure the service was safe.
- The service managed incidents affecting people's safety. Staff recognised incidents and reported them appropriately and these were investigated by the senior management team.
- Lessons had been learnt when things went wrong with managers taking action to improve and amend their practice when needed.

Using medicines safely

- People received their medicines safely and as prescribed.
- 'When required' and topical medicines had been administered as prescribed. Although this had not always been recorded, in line with best practice guidance. It was quickly rectified by the manager and new documentation was introduced.
- The service was supported by the local GP service who regularly reviewed the medication needs of the people.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse.
- Staff were knowledgeable about the signs of abuse and knew how to report a concern.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service supported visits for people in line with current guidance. Visitors were not restricted and safety was promoted while on site, for example, PPE was provided if needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a people of their liberty.
- Staff were trained in the principles of the MCA and appropriate policies were in place to help guide staff.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles and worked together to ensure regulatory requirements were met.
- Risks had been managed and quality in the service was reviewed. Some audits needed expanding to ensure all areas of care had been monitored. The manager developed their oversight systems during the inspection to address this.
- Lessons had been learnt from when things went wrong. Learning was discussed in team meetings ensuring staff awareness and improved practice.
- A system was in place to record and review accidents and incidents. Some records needed more detail to ensure all actions and learning were clear.

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

- Staff promoted a positive culture within the service, they worked hard to provide person-centred care, which achieved good outcomes for people.
- The management team led by example. They were visible in the service, providing support to staff.
- Staff felt supported in their roles and found the manager to be approachable, they were confident in their ability to act if concerns were raised.

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 provider understood the duty of candour requirements and their legal responsibility to be open and honest if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people and their relatives to collect feedback about the service. People were asked their opinions and staff acted on this.
- Staff had regular meetings to discuss the day to day running of the service. This gave staff the opportunity to raise concerns and feel included in the management of the service.
- There was an equality and diversity policy in place to promote equality with clear guidance on how to raise a concern if needed.

- The service worked well with external agencies. They took on board advice from other professionals, such as, occupational therapists and the GP service to review and improve care.