

Progressive Support Ltd

Progressive Support

Inspection report

Sefton House,
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Runcorn,
Cheshire.
WA7 1NG
Tel: 0151 495 2713
Website:

Date of inspection visit: 20 and 23 November 2015
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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 

Overall summary

We carried out this inspection on 20 and 23 November 2015. The provider was given 48 hours' notice of the inspection because staff accompany people who use the service on shopping trips and outings and we therefore needed to be sure that someone was available to assist with our inspection. This location was last inspected in July 2013 when it was found to be compliant with all the regulations which apply to a service of this type.

There was a registered manager in post. 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.

Progressive Support is a domiciliary care service that provides care and support to people in their own homes. The service currently supports 3 people. This includes people with mental health needs and learning disabilities. The care and support is currently provided by

Summary of findings

two support staff each day and one sleep in overnight staff within the supported living property. A supportive living service is one where people live in their own home and receive care and support in order to promote their independence. People have a tenancy agreement with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate people can choose to change their care provider without losing their home.

Throughout the inspection we consulted people who used the service and where appropriate, their representatives. We also spoke with staff from the service and obtained the views of a number of health and social care professionals who had contact with the service. Feedback was positive and people said they had no concerns about the care they received or the staff who provided it. People told us that staff were caring and treated people with dignity and respect. They told us that the service provided was excellent. They said they had complete trust in the staff and felt safe when they were around.

Staff were confident about any action to take if they had any safeguarding concerns and were confident the registered manager would follow up any concerns they might have.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise risk the risk. They were designed to keep people and staff safe whilst allowing people to develop and maintain their independence.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. Efforts were made to match staff with people by identifying any shared interest, hobbies and compatibility.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. The registered manager spoke highly of the staff team describing them as committed and enthusiastic in their approach to their work.

Support staff provided a calm atmosphere and focused on ensuring people were treated kindly and were able to enjoy their lives, in privacy and with dignity.

Care plans offered person centred care and ensured the person was fully involved in setting goals and monitoring and reviewing achievements. The care plans clearly guided staff in how to support people well at various times of the day and in different situations. This allowed a consistent approach from staff when they were supporting people in their own homes.

The registered manager was visible and promoted a positive culture with a focus on people's overall wellbeing. There were quality assurance systems in place and audits were used to inform ongoing improvements in the service.

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.

There were enough staff who were appropriately recruited and trained to keep people safe.

People had their prescribed medicines administered safely.

Good



Is the service effective?

The service was effective.

Staff had been provided with the appropriate training to effectively meet the needs of the people who used the service and were supported by a system of induction and supervision.

People were provided with nutritious food and drink to maintain a balanced diet and had access to appropriate services in relation to their health and wellbeing.

Good



Is the service caring?

The service was caring.

Staff had high expectations for people and had formed positive relationships with them.

People were treated with dignity and their privacy was respected.

Staff provided people with information and explanations in respect of their care and support and assisted them to maximise their independence.

Good



Is the service responsive?

The service was responsive.

Support plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

Support plans were regularly monitored, reviewed and updated to ensure all current needs were addressed.

There was a complaints policy in place, to which people had access.

Good



Is the service well-led?

The service was well-led.

The registered manager was visible and promoted a positive culture.

There was an effective quality assurance system in place which was used to monitor the quality of the service being provided and people's views were welcomed.

Good



Progressive Support

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 checked 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 20 and 23 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We also needed to gain permission to meet with some of the people who used the service.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We invited the local authority to provide us with any information they held about the service.

On the first day of our inspection we focused on speaking with people who used the service, speaking with staff and we observed how people were supported. Some people had complex needs but we were able to gain their views and perceptions of the service. All three people were happy to talk with us.

We spoke with the three people who used the service, two support workers and one person's relative.

On the second day of our inspection we spoke with the registered manager and her deputy, the registered provider and a relative of a person who used the service.

We looked at the three people's care records. We also looked at records relating to the management of the service, staff recruitment and training records, medication charts, staffing rotas and information which related to health and safety, quality monitoring audits and records of complaints.

We contacted stakeholders including four health and social care professionals and direct payments staff.

Is the service safe?

Our findings

People told us they liked living in their home and being supported by staff of progressive support service. We observed people to be comfortable and at ease in their surroundings. One person told us they felt safe when staff were around and said “These staff are lovely to me. They make sure I am OK and that all the things work properly. If anything breaks they get it fixed”. A family member told us that they felt happy in the knowledge that their relative was safe.

The service had an environment where risks were minimised and individuals were safe. Staff and managers strived to develop positive relationships with the people they supported and maintain a calm atmosphere where risks were minimised.

Staff had an understanding of the issues around safeguarding individuals from abuse and neglect. They had received training in safeguarding both children and vulnerable adults. Although our records did not show any safeguarding reporting in the last year the registered manager showed us the processes the service had in place to report any incidents should they occur. Staff told us that they would report any safeguarding concerns to the registered manager and that she was responsible for any external reporting. They told us that they understood what whistleblowing was and who to speak to externally if they felt that the individuals they cared for were not safe.

Risks to people had been assessed and risk assessments had been developed which provided staff with detailed guidance on how best to manage and minimise risk. The assessments were personalised and were based on a detailed knowledge of people’s needs. Where risks had been identified staff had put measures in place to manage that risk. We saw a risk assessment around managing complex behaviours to safeguard a person who used the service. We observed staff using guidance from risk assessments to support people to be safe.

Appropriate plans were in place to deal with emergencies and staff told us that they carried out fire drills weekly so that people knew what to do in the event of a fire. The registered manager told us that weekly checks were also

undertaken which included manual handling equipment, call bells and medication audits. We saw records of these checks which were undertaken and signed for by the individual staff member who had undertaken the checks.

The service had sufficient staff to meet people’s needs. We saw staff records and also observed that people received consistent care from an established staff team. The registered manager told us that staffing levels had been assessed according to people’s needs. Where people’s support needs changed staffing levels were increased so that there were sufficient staff to meet needs safely. Family members and staff confirmed that staffing was of an acceptable level and that when needs changed the registered manager spoke with the relevant placing authority for additional support funding if this was required. A health care professional told us that they felt staffing levels were adequate to provide support to the current people who used the service.

The service completed a recruitment and selection process before employing staff to make sure they had the right skills and experience. We looked at four staff recruitment files and found that all appropriate checks had been undertaken before staff were employed. Staff spoken with confirmed that they had attended an interview and that all the relevant checks had been obtained, including appropriate references and Disclosure and Barring (DBS) checks to make sure that they were suitable to work with people who used the service. However the files were not well organised and it was difficult to find a DBS check and a second reference on one file and a DBS check on another. The documentation was eventually found however after discussion with the registered manager she advised that she would implement a front sheet on each file which would identify when all the required documents had been requested, when they had been received and where they were stored. We were provided with a copy of this document before the inspection ended.

People received their prescribed medicines safely from appropriately trained staff member. We saw records detailing medication training and staff told us that they only administered medicines after they had received this training. People’s medicines profiles included a current list of their prescribed medicines and guidelines for their use.

Is the service safe?

Medicines were stored, administered and disposed of in line with the current guidance and regulations. We saw that regular medicines audits were carried out daily by staff of the service and monthly by the registered manager.

The home presented as being clean, safe and well maintained. The garden and driveway were well maintained. Environmental risk assessments were in place and had been reviewed in October 2015.

Is the service effective?

Our findings

People told us that staff understood them and assisted them to do things for themselves. Comments included “I have developed my skills since I have been here. Where I was before I just sat around and could do nothing for myself. I am doing more things for myself now and feel better for it”.

Staff were trained and supported to provide consistent care to the people who used the service. Staff told us they had received lots of training and the training matrix showed that training was an on- going process of the service. New members of staff completed an induction process which covered policies and procedures basic training and shadowing an experienced member of staff to gain knowledge and understanding of the role. Staff told us that they got signed off to work on their own only after the registered manager had assessed them as competent and they themselves felt able to do the job. Staff told us that they were provide with full information about the person or people they would support prior to meeting them. They said that this enabled them to have a good overview of the people’s needs such as communication, medical issues which may require some specialised support.

Staff were supported to develop the skills needed to provide a personalised service to people with complex and varied needs. Staff said they received supervision sessions very two to three months, plus as a small staff team there were frequent opportunities for on-going discussion and informal support. Records showed that new members of staff received more regular supervision until they became more competent. There were staff meetings where they could discuss on-going staffing matters and share information regarding the care and support provided. We saw records of these meetings and of staff supervision. We also saw that regular supervision and competency checks were undertaken by the registered manager to ensure that staff maintained a high standard of care delivery.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can

only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). Although DoLS procedures do not apply to supported living the service had systems and procedures in place to make referrals to the court of protection should they feel that a person was deprived of their liberty via their care plan.

Staff spoken with had a good understanding about deprivation of liberty to include the involvement of the court of protection if required. They told us they had received training in the MCA. They also told us that whilst the people who used the service required some support to make decisions they all had been assessed as having the capacity to consent to their care and support.

People were supported to have a balanced nutritious diet. Staff recorded peoples weights, and where risks to people’s nutrition had been identified staff had referred them to dieticians. People told us they chose what they wanted to eat and discussed it in their regular meetings. Food and people’s preferences was on the agenda at every meeting. Staff told us that they encouraged people to eat as healthily as possible but ultimately it was the person’s choice. We observed that staff provided freshly cooked meals which were prepared in line with people’s choices. People were offered a choice of drinks wherever they requested them. One person told us “The food is nice - in fact it’s brilliant”.

People were supported to maintain good health. Care records demonstrated that on-going health needs were met and people were supported to access healthcare professionals and specialists according to their specific needs. For example speech and language specialists and occupational therapists worked closely with the service. Records showed that staff recognised when people were unwell and sought professional advice. People were supported to attend health care appointments such as their GP, optician, chiropodist and mental health services. Some people had epilepsy. We saw that there were clear and comprehensive care plans informing staff of how to care for people when they experienced a seizure and staff had received training in epilepsy. Family members and staff confirmed that when a person’s health needs deteriorated the service was proactive in ensuring they received appropriate care. Relatives confirmed that they were fully involved and communicated with about the changing

Is the service effective?

needs of their relatives. Healthcare professionals told us that they worked with the service and were able to give staff guidance and support as how to manage certain situations such as behavioural management and speech and language issues. Staff told us that more training had been offered but due to funding issues they were unable to access this training but were hopeful it could be accessed at a later date.

Everyone had a health passport on their file, which could be taken with them if they were admitted to hospital. This included essential information about the person's health and care needs and also information on what was important to the person and their likes and dislikes.

Is the service caring?

Our findings

People told us that they liked living in their property and were well cared for by nice kind people. Comments included “I like it here. I was in another place before this but this is much better. The staff are good and look after me well. They are my friends” and “They [staff] are good to me and I like being here”, “Staff are my friends, they help me put my jamas [pyjamas] on and help me to shower. They talk to me nicely and treat me well” and “I choose my own food, staff are kind and treat me with respect, I pick my own clothes, its cool here as sound as a pound”.

The service had a calm atmosphere during our visit. The three people who lived in the home said they liked being there and we observed positive interactions throughout. A family member told us that their relative was very happy with the staff and services provided. However they said that one person who lived in the home was unpredictable and would sometimes kick off and this would upset the other two people who lived there. We discussed this with the registered manager who advised that they had a behavioural management strategy in place for this person and the current placement was a temporary measure until an alternative had been found. However all three people living in the home told us they were at ease with each other and got on OK.

Staff spoke kindly and with compassion about the people at the service. We saw team meeting records in which staff discussed the need to support a person through a difficult time. Staff made people feel special for example celebrating birthdays, highlighting their abilities and strengths and encouraging family involvement.

People were supported appropriately and sensitively to express their views. One staff member said “We all know the people very well which helps when communication is limited with them”. Staff were very knowledgeable about people’s needs and responded in a caring way to both verbal and non-verbal communication. Staff told us that they had received training in effective communication

which they found to be very useful. People were supported through a variety of methods to be actively involved in developing their care plans. We saw that staff consulted with family member’s and observed people over a period of time so that care records and decisions were based on a detailed and personalised knowledge of an individual’s needs and views.

Care records and discussions with staff and families demonstrated that the registered manager and staff actively advocated for people who used the service, for example making sure they received fair access to health services in respect of behavioural management issues. We saw records that showed family members also provided advocacy support when required. The registered manager told us that no one had been referred for advocacy support outside the service but they were aware of the options should this be required.

People’s privacy and dignity was respected. People were referred to by their chosen names and staff knocked on doors before entering rooms. Staff communicated with people when providing care and we saw that they spoke directly to people when providing support, such as helping someone in a wheelchair. Staff were aware of the need to maintain confidentiality when sharing private information and only did so with appropriate people. Everyone had a plan of care which was kept securely. People’s confidential information was respected and only available to people who were required to see it. People had signed their own care plans to show they been involved in their own planning meetings and agreed to their plan of care.

Everyone had their own private bedroom. One person liked to spend time in their room as they preferred their own company. This choice was respected although the staff member told us and we saw records that confirmed that staff encouraged this person to socialise on occasions in the communal areas and to enjoy outings within the community. However when the person showed signs of wanting their own company again, staff respected this and they returned to their room.

Is the service responsive?

Our findings

People received personalised care and support and staff used a variety of ways to respond to individual needs. Where someone needed support with behavioural management staff had been trained to manage certain situations. For example one person's care record identified their use of inappropriate invasion of people's space. Staff were observed interacting with this person and we saw that they used the guidance which was written on the care record to manage the situation in a calm and responsive manner.

Our discussions with staff and family members confirmed that they felt able to raise any concerns over the services provided. One relative told us that they had been able to discuss an issue in respect of care and support when their relatives support needs changed.

Care plans were extremely thorough and covered all aspects of an individual's life and reflected people's needs and choices. Staff used a variety of methods if required such as pictorial materials to make plans more accessible. Care records provided staff with detailed guidance on how to effectively communicate with people. Where individuals had specific needs, these were reflected in the care plans, for example the 'about me' form. Plans included risk assessments, speech and language input and detailed planning relating to needs that arose from behavioural management.

Staff told us that the service was committed to a person centred philosophy of service delivery in which staff promoted rights, facilitated meaningful activities and recognised and built upon abilities preferences and aspirations of the service users. Staff were trained in person centred care planning and were able to make sure care delivery was provided to encompass the mental and physical health needs of the people who used the service. Staff recorded all interventions and activities on a daily basis. This information was used to monitor and review care delivery for all the people living in the home. Our observations of staff practice confirmed it was very person centred.

The people we spoke with told us they were asked for their agreement and consent in all aspects of daily life and were happy that they were given choices. They said staff always discussed things with them and made sure they were

happy with the support they were given. Staff told us that they involved the people who used the service in daily meetings. They said that these were meetings which empowered people and enabled them to have choice and make their plans for the day. People were also encouraged to increase their independence by taking an active part in the day to day running of the house such as going for food shopping. People were supported to go on holidays and one person told us that they had just come back from a holiday abroad and had enjoyed it very much.

We saw evidence in care records that people who used the service were supported to undertake activities of their choice. Activities included attendance at a local art and craft club, shopping trips, concerts and discos'.

Care and support needs were reviewed monthly and updated as required. Annual reviews were held and involved families, social workers or health workers and any other professionals who may be involved with people's care. Staff told us that they had received training from a nurse who specialised in epilepsy to ensure they understood the processes to carry out in the event of the person having a seizure. Where necessary psychologists were brought in to provide specialist advice and guidance on how best to manage complex behaviours. We saw detailed guidance in a care plan on how to support a person so that triggers which may cause distress were minimised.

When people's needs deteriorated, their needs were identified promptly and communicated to professionals and family.

The service promoted open and on-going discussion with people and their family members who were encouraged to speak on behalf of their relatives. Concerns were responded to and dealt with in a personalised and effective manner. There was a complaints procedure in place and an easy read copy of which was provided in the service user handbook. The registered manager told us she received very few formal complaints as communication with families tended to be on-going and that she responded personally to any concerns which were raised. One member of staff said "This is such a small service so it makes it easier for people to talk to us and get an immediate response. However people know about the complaints process if they want to use it".

Is the service well-led?

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