Sapphire Care Services Limited

Progress House

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 12 April 2018 and was unannounced.

Progress 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 service can accommodate up to five people in one house.

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.

At the last comprehensive inspection in April 2016, the service was rated Good. At this inspection we found the service remained Good.

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

The service had a registered manager in post at the time of our inspection. 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 registered at three locations; a general manager was also in post to manage this location.

People continued to feel safe. People we spoke with all said they felt safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

Staffing levels were maintained to ensure that people's care and support needs continued to be met safely and there were safe recruitment processes in place.

People continued to receive their medicines in a safe manner and received good healthcare support. People received a nutritious and balanced diet and their dietary needs and choices were met.

The service was well maintained and clean. Infection control was adhered to by staff.

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.

There were good systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

There was a strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff.

We observed people had good relationships with the staff, people we spoke with told us the staff were caring and kind. Staff respected people's privacy and dignity and promoted their independence. People were also supported in decisions regarding their end of life wishes.
There was a varied and appropriate activity programme and people had regular access to the community.

The service had an open and inclusive culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

We saw that the registered provider and manager continued to effectively monitor and audit the quality and safety of the service and that people who used the service and their relatives were involved in the development of the home and were able to contribute ideas.

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 has improved to Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good**

Progress House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. This inspection took place on 12 April 2018 and was unannounced. The membership of the inspection team was one adult social care inspector. At the time of our inspection there were 5 people using the service, although one person was in hospital at the time of our visit.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 spoke with four people who used the service, and two health care professionals. We spent time in communal areas observing interactions between staff and people they supported. We also spoke with the registered manager, and three support workers.

We looked at documentation relating to people who used the service, staff and the management of the service. This included two people's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust.

Good

Is the service safe?

Our findings

People who used the service continued to feel safe with the support they were receiving. We asked people if they felt safe and everyone we spoke with said they felt safe. One person said, "The staff are good, they make me feel safe."

We saw that the systems, processes and practices in the service continued to safeguard people from abuse. People we spoke with told us they felt confident to raise any concerns that they might have about their safety. One person told us, "I will tell staff and speak with [named the registered manager]."

All staff we spoke with understood the importance of safeguarding adult procedures. They knew how to recognise and report abuse and were aware of the correct procedures to follow. The registered provider had a policy in place to protect people from abuse. Staff had completed safeguarding of vulnerable adults.

Risk assessments had been completed to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly. The assessments were very good, clear and evidenced involvement of the person who used the service, their relatives and advocates.

We saw risk assessments had been developed where people displayed behaviour that challenged. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way saw that referrals were made for professional assessment in a timely way. Healthcare professionals told us there were a very good staff team, they told us the staff understood people's needs and managed risks very well.

Environmental risk assessments had also been completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had received health and safety training including participating in regular fire drills and fire training. People who used the service were also involved in fire drills to ensure they were aware of what to do in the case of an emergency.

We found there were sufficient staff to meet people's needs. Staff we spoke with said there was adequate staff on duty. Some people were contracted to receive a number of one to one hours. We saw that these were facilitated to ensure people were safe. People we spoke with told us they were always able to go out when they wanted and there were staff around at all times. We also observed that staff worked well together as a team and people's needs were met in a timely way. Health care professionals we spoke with told us that the service maintained high levels of well trained staff, and that this was a contributory factor to ensuing people's needs were met and that they were kept safe.

The registered provider continued to follow safe recruitment system. The registered manager told us pre-employment checks were obtained prior to staff commencing employment. These included two references,

and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and their competency assessed. Medicines were stored securely in locked cabinets. Arrangements were in place for medicines that required cool storage. Temperatures of the medicine cupboard and fridge were monitored and recorded and were within safe levels.

Staff were able to explain how they supported people appropriately to take their medication that was prescribed as and when required. For example pain relief and staff were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary. We saw the evaluation of all incidents was very robust and thorough. The registered manager used an incident reporting checklist to ensure a robust analysis that could identify any themes or triggers that could be managed and prevent further incidents.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. There was a champion identified in infection control whose role was to ensure best practice guidance was available and followed by staff ensuring staff knowledge was up to date. Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. Areas of the home we saw were clean and well maintained.

Good

Is the service effective?

Our findings

People received care that was effective. All people we spoke with were very positive about living at the service. One person said, "I really like living here." They added, "I like the staff, they are good."

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effectively the care of the person. Health and social care professionals' feedback was extremely positive. One said, "They go the extra mile to ensure people's needs are met and that they are happy."

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. One staff member said, "I feel well supported." All staff we spoke with said they were confident to speak with their line managers about any issues they might have.

People were cared for by staff who had received training to meet people's needs. Staff told us the training was very good and they attended regular training and records we saw confirmed this. This also included specific training, for example, autism and epilepsy to ensure staff understood people's conditions and could meet their needs safely and effectively.

We saw that people continued to be offered a nutritious and balanced diet, which met their individual needs and preferences. We observed people choosing and helping to prepare their lunch and evening meal. One person helped prepare all the evening meal with the support worker, they were enjoying the process and told us, "I do this every week and I choose what I want to eat." An advocate we spoke with told us, "the food always looks very good, and the person I support always tells me it is good."

We saw each person preferred something different and wanted to eat at differing times this was facilitated by staff. All the people we spoke with confirmed they could choose what they wanted to eat and the food we saw that was available was varied and plentiful.

Staff worked together as a team and with external health care professionals to ensure people received consistent, co-ordinated person centred care and support. We saw from records in care files staff regularly contacted professionals for advice and guidance. Professionals we spoke with also told us staff were responsive to people's needs. One professional we spoke with said, "Staff are very supportive, calm and understand people."

The adaptation and design of the service met people's needs. The service was a converted domestic style house in a community. There were separate areas for people to relax and a small enclosed garden. There was a communal bathroom and kitchen. The accommodation met the needs of the people who used the service. Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Rooms we saw were individualised and contained items of

importance from their lives. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications for DoLS had been made for people who required this. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered. One health care professional told us, "The staff empower people to make decisions and choices and support them in the decisions made."

Good

Is the service caring?

Our findings

Our observations showed staff were kind and caring and understood people very well. People who used the service confirmed the staff treated them very well and were considerate and kind.

On person said, "The staff are lovely."

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities. The registered manager told us that staffing numbers were configured to allow people to participate in activities in the community, and we saw that staff accompanied people to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet people's preferences and also there were high levels of engagement with people throughout the day.

From conversations we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, we saw care workers sitting outside people's rooms when the person wanted some privacy while still maintaining their safety. Staff also knocked on doors before they entered and they asked people before supporting them.

We looked at two people's care plans. The plan detailed what was important to that person including their preferences, choices and goals. People told us they were involved in their care plans if they wished. One person sat with us while we looked at their care plan it was evident they were aware of what it contained and they had also sat with the staff to add in their choices and decisions. The person we spoke with said, "I go through my plan with staff and then if I am happy I sign the plan." We saw they had signed all the plans in the file.

Care records also contained the information staff needed about people's significant relationships including maintaining contact with family and friends. Staff told us about the arrangements made for people to keep in touch with their relatives and friends to ensure they maintained those links.

Staff were aware of people's preferences and daily routines. Staff addressed people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home. One person showed us their bedroom. They were evidently proud of their bedroom, which had been recently redecorated and they had chosen the colours and furnishings. The bedrooms were personalised with photographs and objects of interest.

All staff we spoke with were passionate about providing high quality care. They all knew the people well who

they supported. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team. This improved the quality of life for people they supported.

The registered manager was also passionate and this was reflected in how the staff team performed. They led by example and promoted the positive, inclusive ethos of the home. They explained to us that they though if the staff team were positive and supported people appropriately, this had a positive effect on the people they supported and meant they were happy and achieved a positive state of well-being.

Outstanding ☆

Is the service responsive?

Our findings

People who used the service received care that was personalised. People were involved in making decisions about their care and support. We saw evidence of this in care files.

People we spoke with told us they were involved in their care planning. One person told us they were involved in their care planning and had a key worker who regularly went through their plan to ensure it was relevant. The staff demonstrated a good awareness of how people with complex learning disabilities could present with behaviour that challenged and could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests.

People's plans included a personal history, individual preferences and people's interests and aspirations. They had been devised and reviewed in consultation with people. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people positively, inclusively and in line with their care plans.

Healthcare professionals we spoke told us staff were responsive to people's needs. One told us, "Staff are knowledgeable and understand people's needs. The person I see is always happy and staff know and understand them."

We saw that people's care plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership. Staff had gone above and beyond to ensure people were treated equally. For example one person wanted a job, the staff were unable to find a suitable job or an employee who would employ the person either voluntary or in paid employment. Staff had carefully considered how they could support the person in achieving this that would also benefit others living at the home and set up a disco/fun evening. This was organised in a local venue one evening a week and other people from other homes were invited. The person at progress House was given a job of organising the event, collecting money on the door and selling snacks and drinks. The event had been so popular they had sourced a larger venue. The person told us they had a new job and were very excited. They said, "I have a job, I love it." The registered manger told us the general manager had set this up in their own time, because they wanted the person to feel valued and their wishes met.

We found all people who used the service were supported to pursue activities that they enjoyed, that were meaningful to them and promoted their wellbeing. People were supported to maintain their hobbies and interests. Activities people took part in were socially and culturally relevant and were appropriate. Activities included horse riding, shopping, trips out in the company vehicle and meals out. All people we spoke with told us they activities were good and they enjoyed them. One person wished to access the community on

their own, staff facilitated this ensuring risks were carefully considered and assessed and this ensured the persons safety, wishes and independence was promoted.

We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives. Some people used technology to help them plan their day and time, for example, tablets (portable computer) and mobile phones. From our observations it was evident staff understood people's communication needs and used different approaches to ensure the people they supported were understood and had their wishes and choices met. For example one person had no verbal communication but staff were able to understand what they required by their body language and signs they made. We observed this person was very happy and relaxed with staff and communicated effectively.

Staff encouraged people to develop relationships with those they lived with and people who lived in local care homes in the organisation. For example, staff supported people to choose their preferred way of celebrating their birthday and other special occasions. In addition people were encouraged to attend social gatherings arranged locally for people with learning disabilities and autism. Staff supported people to speak with relatives on the phone and were accommodating to relatives who could visit at any time.

The registered manger and the general manager were working to introduce end of life care plans. We saw two were completed. They had used the Helen Sanderson Associates, 'living well and planning for the end of life.' The two people who had completed this had wanted the information documented as they had no close family. We saw the people had been involved and had clearly documented their wishes, choices and decisions. The plans covered all aspect of their lives including a decision making agreement, hopes and fears and if any changes in life are required who will support this and what the changes could be. We spoke to one person about their care plan and they told us they had sat with the registered manager and documented their wishes, they said, "I enjoyed doing it, I said what I wanted."

We saw there was a clear and an easy read complaints procedure available for people who used the service, their relatives and friends. Records of complaints were clearly recorded and the investigation and actions taken were documented to ensure any issues raised were dealt with satisfactorily and people were listened to. People we spoke with told us if they had any concerns they would raise them with staff. People were also encouraged to speak up and regular meeting were held for people who lived at Progress House and the registered manager told us their voice was important to ensure they were at the centre of any improvements and the people drove improvements by what they wanted.

Staff told us they were confident that any concerns raised would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

The registered manager continued to demonstrate clear leadership throughout the home and staff were aware of their role and responsibilities and when to take something to the next tier of management. Staff we spoke with felt they worked very well as a team.

We found the management team instilled their passion, knowledge and enthusiasm of the service into the ethos of the home. From talking with staff, it was evident that the registered manager and the general manager were committed to providing care that was tailored to the needs of the individuals who used the service.

Systems were in place for the provider to communicate openly with and gather feedback from people, relatives and staff. Staff held regular meetings with people both individually and in groups to plan their meals and activities and other important events in their lives such as birthdays or contact with their family. The provider arranged social events through the year to encourage relatives and neighbours to be involved in and support the service. The provider also sent questionnaires to families and professionals to gather their feedback each year.

The quality assurance system continued to ensure that the management team had a good overview of how the service was operating and that the service was of good quality. Audits completed by the registered manager, general manager and the regional manager were completed regularly and had identified areas for improvement. An action plan was in place and was continually review to ensure any identified improvements were made and sustained.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. Staff told us that they had regular staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service.

The provider worked openly with key organisations. The registered manager updated people's social workers regarding any incidents and any significant developments relating to their care. The provider also worked closely with healthcare professionals involved in people's care and we received positive feedback from a healthcare professional about the service in general.

From looking at the accident and incident reports, we found the registered managers were reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.