

Progress Adult Living Services LLP

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Inspection report

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Date of inspection visit: 13 May 2015
Date of publication: 16/07/2015

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 May 2015. We gave the provider 48 hours' notice as the location provides domiciliary care for young people and adults with learning disabilities. The registered manager is often out supporting staff; we needed to be sure that someone would be in. At the last inspection in January 2014 the service was meeting all of the requirements within the regulations that we looked at.

At the time of this inspection, the service was providing personal care for seven young people within their own homes and respite care for young adults. The service had 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

Summary of findings

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.

People were protected from abuse and harm by staff who had a good understanding and knew how to recognise and report any suspected abuse. The provider had good systems in place for reporting and investigating any safeguarding concerns. Each person had a risk assessment that detailed all of the potential risks associated with their conditions and care, with detailed guidance for staff to follow to minimise these risks and provide people with safe care.

There were enough staff to provide people with personalised care. The staff team had all been recruited using safe recruitment processes. We saw that everyone had current criminal records checks, details of their full employment history and had provided three references.

People's medicines were managed safely. We saw that people were supported to be as independent as possible to take their own medicines. Where support was required, all processes for recording and managing medicines safely were followed.

Staff were well trained and supported to carry out their roles effectively. We saw that all staff were up to date with their essential training, and had also been given additional training tailored to meet the needs of people they were caring for, such as additional training in epilepsy and managing behaviours that challenged the service. Staff had regular supervision with their line manager and annual review of their work to make sure they were properly supported and had the opportunity to discuss their work and training needs.

People were asked for their consent to care in line with the regulations outlined in the Mental Capacity Act 2005, which requires care staff to make sure that people are treated in accordance with their wishes and ensure their freedom is protected.

People's health and care needs were monitored and supported. People were provided with the food and drink they wanted, and were given choices over what they had

by care staff. This included supporting people with specialist dietary requirements including soft food diets. We saw that people's health was monitored and the provider had regular contact with other professionals involved in people's care.

Staff were caring and had good relationships with the people they supported. Staff used a range of communication methods including picture cards and Makaton to make sure that people understood what care was being provided and were involved in their care. Staff respected people's privacy and dignity when providing personal care, such as by making sure that doors were closed, people were covered up when being washed and talking to people about what they were doing while providing this support.

People's care was personalised to meet their individual needs. We saw that people's care files contained detailed information about their backgrounds, personal preferences and goals for their care as well as details of their care needs and tasks to be completed.

The provider had a complaints procedure and responded to complaints following this process. We discussed the complaint since the last inspection and saw this had been investigated and responded to fully and appropriate actions had been taken following this complaint. People and their relatives were encouraged to provide their feedback about the service to care staff and the registered manager.

People, their relatives and staff were involved in the service. Relatives told us they had made suggestions about providing new types of care and ways to improve support for people, and these suggestions had been encouraged and followed up by the managers of the service. Staff were involved in a consultation to develop care and were able to put forward their views and ideas for improvement.

The provider completed regular audits of the service to make sure it provided high quality care. We saw details of spot checks, care file audits and medicines audits that looked at how care was being provided and that people were receiving the standard of care they required.

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 were supported by staff who had a good understanding of protecting people from harm and knew how to recognise and report any suspected abuse. There were enough staff, who were all appropriate to support people using the service. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were well trained and had all the skills needed to support people. Staff received regular supervision and an annual review of their work. People's freedom was respected and the service operated in accordance with the requirements of the Mental Capacity Act 2005. People were given the food and drink they needed and were given the support they required to eat and drink.

Good



Is the service caring?

The service was caring.

Staff had good, caring relationships with people and knew them and their preferences well. Staff members respected people's privacy and supported them with dignity and compassion when providing personal care.

Good



Is the service responsive?

The service was responsive.

People had detailed care records which were tailored to their individual needs, and these were reviewed and updated regularly. The provider had a clear complaints procedure and complaints were dealt with in line with this policy and the timeframe set out within it.

Good



Is the service well-led?

The service was well led.

People, their relatives and staff were involved in the development of the service, with people and their relatives feeling valued and involved in the care. The provider completed regular audits to make sure the service provided high quality care and action was taken to make improvements to the care people received.

Good



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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 13 May 2015 and was done by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service for children and young adults and the registered manager is often out supportive staff during the day; we needed to be sure that someone would be in.

Before the inspection we reviewed the information that we held about the service. This included statutory notifications that the service is required to send to us. These provider is required to send us reports of any incidents including allegations of abuse or neglect. We also spoke to the local authority safeguarding team about the service. This information was used to plan our inspection.

During the inspection we spoke with three families of people who used the service, as people using the service were unable to talk to us about their care. We also spoke with three care staff, the service co-ordinator and the registered manager. We looked at a range of records, including three people's care files and risk assessments, four staff files and recruitment records, staff training records. Information about the management of the service and quality assurance audits.

Is the service safe?

Our findings

Family members of people using the service all told us they thought the service was safe and that their relatives were protected from harm. One family member told us, “Yes [person] is safe. They know him well and understand his signs and how to communicate with him.”

Staff members had a good understanding of protecting people from harm and knew the different types of abuse, signs to look out for. All of the staff members we spoke with told us about the procedure for reporting any concerns and were confident in reporting any suspected abuse. The provider had a whistleblowing policy in place. Staff could tell us about this and knew who to contact if they wanted to raise any concerns.

We discussed the safeguarding process with the registered manager, who told us about examples of safeguarding cases and the processes they completed. We saw details of incidents that had been reported to and investigated by the local authority and saw that all appropriate processes had been completed correctly and people were kept safe from abuse and harm.

We saw there was a clear process for identifying risks to people and there were risk assessments and guidance for staff in place to manage these risks. We saw three people's records that were tailored to each individual. We saw they considered the different health and support needs that people had and developed support plans to respond to these. There were clear plans for staff to follow when supporting people. This included details about how to support people safely in relation to their health and behaviours. We spoke with staff who could all tell us about the risk assessments for people they supported and gave us details of how they updated them when people's needs

and behaviours changed. One member of staff told us in detail about one person's support needs, and what they did to make sure they kept this person safe when they were caring for them.

Relatives told us that there were enough staff to support people safely and they had regular carers to support their relatives. We discussed the staffing levels with the registered manager and service co-ordinator, who told us about their process for identifying the numbers of staff required and how people were matched to their care worker. We looked at the staffing rotas and staffing levels and saw that people were supported by the correct number of staff for the time they needed.

The service followed a safe recruitment procedure, so that all care workers were safe to support people. This included a two stage interview process which involved people using the service to make sure that new staff could relate to and support people properly. All staff had up to date criminal records checks, had provided three references and had all the appropriate identity checks. We looked at staff files to check these details and saw that they all contained all the correct information, including details of people's full employment histories, with details of any gaps in people's employment.

Family members told us that staff were skilled with supporting medicines and they were happy that their relatives' medicines were managed safely. We spoke with staff who told us about the procedures for managing people's medicines safely, including recording medicines that had been taken or refused. Only staff who had completed the medicines training and passed the assessment of their abilities were allowed to support people with their medicines.

Is the service effective?

Our findings

Relatives of people using the service told us they thought the service and staff were good. One relative told us, “The staff are excellent. [Person’s name] is very challenging and they cope remarkably well.” Another relative told us, “She [care worker] is nice, friendly and very good with [person’s name].”

People were cared for by staff who were well trained and supported to provide good care. Staff told us they had received all of their essential training, and also had been on other training courses to help them provide care for the people they were working with. One staff member told us, “I’ve been on training for challenging behaviour. I wasn’t allowed to work with people with challenging behaviours until I had done this training.” This staff member told us about the different methods to help people to become calm when they were supporting people whose behaviour challenged the service. The registered manager told us, “If we get a referral with different needs we make sure staff are trained fully before starting the care package.”

The registered manager told us about the induction process for staff. This included essential training, shadowing other staff and supervision to make sure that new staff felt confident in supporting people before beginning their full rota of shifts. Staff had regular supervision with their line manager to make sure they felt confident in working with people and could discuss any issues they had. One member of staff told us, “I have regular supervision. It’s useful, and I can also pop into the office to discuss anything as well.”

The service sought people’s consent for care and gave people choices about their care and support. We discussed with the registered manager how the service gave people control over their care and supported them to make decisions wherever possible in accordance with the Mental Capacity Act 2005 (MCA). The MCA is a legal requirement to make sure that people are looked after in accordance with their wishes and that they are not deprived of their liberty

unlawfully. People’s relatives told us that staff gave their relative choices about what they wanted and made sure they were in control of their own care as much as possible. We spoke with staff who told us how they involved people in their care and supported them to make decisions about their care wherever possible. This included using different ways of staff communicating with people, including pictures, holding up choices and nodding to make sure people could express their views and make their own choices.

Relatives told us that people were supported to have a healthy diet and had enough to eat and drink where they required this support. One relative told us that the carer knew what their relative liked, but still gave them a choice about what they had, and they prepared the food the person wanted. Staff members told us about the different requirements people had, such as requiring soft food only, and also about their individual preferences and types of food that people liked. One staff member told us how they would always offer two choices, and then repeat the choice back to make sure they received the meal they wanted. We saw in people’s care records details of their preferences and specific requirements for their food, with clear guidance for staff about what support was required and if any additional equipment was needed to support the person to eat.

Relatives told us that their relative’s health was monitored and actions taken if there was a change in their condition. They told us that the service worked with other health and care professionals to make sure people received the care they needed. We saw details of other services that people used, and examples of how information was communicated between services so that each had the most up to date information about the person’s health and care needs. We saw another example where someone’s needs had changed, and this had been discussed with the person’s relative and their doctor, and their care records and risk assessment had been updated to reflect this change in needs. We saw in people’s care records that they were referred to other services when they needed them.

Is the service caring?

Our findings

Relatives of people using the service told us the staff were caring. One relative told us, “The staff are caring yes. They ask [person’s name] what they want and give them time to answer in their own way. The choices are led by [person’s name] and they knows what they want.”

People were treated with kindness and compassion by the staff supporting them. We discussed with one member of staff how they delivered personal care. They told us, “I always take my time, I never rush them. I always give them the time they need.” We discussed how they made sure they provided the care the person wanted and gave them choices about their care, such as asking what they wanted to wear and how they wanted to be washed that day. Staff told us how they used different communications methods to help people to understand what care they were receiving and to give them the opportunity to make their own decisions and help them to be as independent as possible. One staff member told us about how they used picture cards and held up different choices so that people could understand what was happening and could make their own decisions as many of the people were not able to speak.

One relative told us, “She’s [staff] great with them. Very caring.” People had regular carer workers to support them

and they had good caring relationships with the people using the service and their families. Staff had good relationships with relatives of people using the service. One staff member told us, “I have a good rapport with [person’s] parents. They always have lots of information and we’re encouraged to talk to the parents to find out what’s the latest changes and preferences of their child.” Staff members told us about the people they supported and knew about them, what they liked and disliked and details of their health and care needs. We saw this was also clearly documented in people’s care plans, which were updated as people’s tastes and preferences changed.

One family member told us, “We’ve been using the service for years. We’ve always been really happy with the care they provide.” Staff respected people’s privacy and maintained their dignity while providing support and personal care. Staff members told us how they made sure that when providing personal care it was done away from other people, with doors closed and people were supported with care to maintain privacy. Staff told us how they would keep people covered when carrying out personal care and helped them to do as much for themselves as they could. They told us how they would talk to people while providing personal care, telling them what they were doing, making sure they felt comfortable and had a safe environment.

Is the service responsive?

Our findings

One relative told us, “Over the years they’ve sat down with us, asked questions about him – his likes, habits, health, behaviour, how we deal with challenging episodes. They sit and talk through things and we have regular meetings.”

People had care records that were detailed and personalised to their individual needs. We spoke with staff who were able to tell us in detail about people’s care records and support needs. One staff member told us, “I go through the care plans and do what that says, and talk to the child and their parents about what they want and need.” Another member of staff told us, “I do what they want, looking out for their needs. I always check the care plans to see if there are any changes and if there are any new behaviours to manage.”

People’s needs were assessed as part of the referral process. The registered manager told us about the assessment process, which involved people using the service, their families and other professionals involved in their care, to make sure that all people’s needs were identified and that all risks were identified. We saw different amounts of detail and different sections included, depending on the needs of the person. The care records had pen pictures, giving details about the person, including information about their health, care needs, preferences, hobbies, behaviour and family life. Care records were regularly reviewed and updated to meet people’s changing needs.

Relatives told us that people were supported to take part in activities both in their homes and in their local communities. We discussed with staff and relatives about the support people had to go into the community to attend

other services, day care, school and college and other activity groups they wanted to go to. Relatives told us they were happy with the support provided and it helped to maintain people’s independence.

Staff were supported to understand the importance of person-centred care. We discussed this with staff and the registered manager, who told us how care records were reviewed every three months, and involved the person, family members and care workers, and was also discussed during supervision and appraisals.

People’s relatives told us the service was responsive to people’s needs and that they had regular involvement in the development of people’s care plans and could give feedback about the service. We saw a care record review form that had been completed with the care co-ordinator and a relative. This review showed the person was happy with the care provided and wanted to extend the hours of support they received, which we saw had happened. The provider had a complaints procedure in place. People and their families were made aware of the complaints procedure. We saw the details of the complaint that had been submitted since our last inspection. We discussed this complaint with the registered manager who gave us all of the details of the complaint, how it had been investigated and referrals made to the local authority safeguarding team. We saw that complaints were responded to within the time period specified within the complaints policy.

The registered manager encouraged people and relatives to give feedback about the service. We were given details of feedback that had been given by relatives about the service and changes made following this feedback. We spoke with one parent who told us about feedback they had given, requesting a change in the support provided. They told us that this change had happened quickly and they were happy with the new support provided.

Is the service well-led?

Our findings

One relative told us, “They always get back to me quickly. They do a good job and provide a good service.” The service had an open culture that encouraged staff and relatives to give their ideas and suggestions to develop the service. One relative told us about how the provider had developed the service to extend the support available for their relative and they were very pleased with the response to their suggestions. They told us, “We felt very supported by Progress. They were very enterprising and open to what we had to say and created a provision to meet [person’s] needs.” One staff member told us, “There’s a lot of openness in the company. They are open to suggestions and ideas, especially if it’s about supporting people.” We discussed the development of the service with the registered manager, who gave us details of the five year plan for the service and the service targets for quality and care provided. We saw this was broken down to staff at all levels, so every member of staff could see the impact of their work on the growth and delivery of the service.

The registered manager told us about a recent away day involving all staff, giving them the opportunity to discuss the service and put forward their ideas for developing the service. This event looked at what was good, what could be improved for staff and how to improve the service. The registered manager gave us details of what actions were going to be taken following this event. This enabled staff to

discuss their work and suggest changes to improve the care that people received. Staff members told us they found this good and liked having the opportunity to give their views on the service.

Relatives of people using the service told us they were happy with the service they received. One relative told us, “They are very caring and compassionate. I feel they’ve been very open to what we say and we were very much listened to. They are very professional – the risk assessments, care plans, communications books – it’s all excellent.” There was clear leadership and management from the registered manager and senior staff, who provided care workers with the support and guidance they needed to provide safe care for people using the service. Staff members told us they understood their roles and what they were accountable for.

One relative told us, “They always get back to me quickly. They do a good job and provide a good service.” The provider completed regular audits of the service to make sure people received high quality care. The audits were completed by care co-ordinators and the registered manager who completed the overall service audits. These included audits of care files, medicines and staffing. We saw the care record audits were completed regularly and identified changes to be made. We saw examples where people’s risk assessments had been updated as a result of the findings? and changes were made to the care people received based on feedback from relatives. We saw that all the appropriate information was detailed in all of the care plans that we looked at.