Pro Support Ltd

Pro Support

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Pro Support Ltd is a care and support provider for people with mental health problems or learning disabilities and those with a dual diagnosis. The company is registered with the Care Quality Commission (CQC) as a domiciliary care agency as it provides support to people living in their own homes.

We inspected Pro Support on 1 and 2 March 2017. We announced the inspection two days beforehand to make sure the registered manager would be available at the office and so that the people using the service would know we were coming.

At the last comprehensive inspection of Pro Support Ltd on 7 and 8 October 2015 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). We issued the provider with five requirements stating they must take action to address these breaches.

People using the service were either supported in one of four shared houses in the Gorton, Salford and Rochdale areas where they have their own tenancy or in their own homes. The registered manager of Pro Support Ltd is also the landlord to the four shared houses. At the time of the inspection the service was supporting 12 people with tenancies in the four shared houses.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

At the last inspection we found that fire safety checks were not carried out properly. At this inspection we found the registered manager had a clear overview for all four tenancies and we found required checks such as fire extinguishers and smoke alarms had been completed in a timely manner.

At the last inspection we found issues with the way medicines were managed for people receiving support with their medicines. At this inspection we found there were now clear protocols in place to tell staff when people could take 'as required' medicines safely and medicines administration records were completed correctly.

We found behavioural risk assessments had improved and now contained sufficient detail for staff to understand and manage people's behaviours that may challenge others.

There were a number of processes in place to monitor the quality and safety of the service. The systems in place to assess and monitor the quality of service provided were effective to ensure care provided was monitored, and that risks were managed safely.

People told us they felt safe at both of the houses we inspected. Staff could explain the different forms of

abuse people may be vulnerable to and said they would report any concerns to the registered manager.

The recruitment process the service used was robust. This helped to ensure only those applicants suitable for employment were offered work within the service.

The staff we spoke with had a good understanding of the Mental Health Act 1983 and Mental Capacity Act 2005 and were aware of which people receiving a service had restrictions in place. We also noted that care plans had been developed to ensure people under any restrictions were being assessed and supported in line with their care plan.

There were enough staff to support people according to their care packages and the service could be flexible when people had appointments or needed transport.

Staff told us they felt supported by the manager and that training opportunities were good.

We saw people had access to a range of healthcare services and there was an effective system in place to remind and support people to attend their healthcare appointments.

People were supported to shop for and cook healthy meals and were encouraged to cook for others in the house where they lived.

People and their relatives told us they thought the staff were caring and that they promoted people's dignity and privacy. We observed interactions between people and staff that were relaxed and friendly.

People were involved in planning and evaluating their care. We saw examples of when people had requested changes to their support and the service had made this happen.

People had access to and described using advocacy services. We saw that this was documented in people's care files.

People using the service and their relatives told us that if they had any concerns or complaints they would feel able to take these up with the registered manager.

People, their relatives and the support staff were in regular contact with the registered manager and operational manager and felt that they could get in touch at any time.

Incidents and accidents were recorded monitored and investigated. This demonstrated that the provider learned from such incidents and took action to minimise the risk of them happening again.

Team meetings were held regularly and staff were empowered to take ownership of the meeting content and use them as opportunities for professional development.

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.

People were protected from abuse and avoidable harm.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

People received care from staff who were trained to meet their individual needs. They had access to external healthcare professionals when more specialised advice was needed.

The home was compliant with both the Mental Health Act 1983 and Mental Capacity Act 2005 and staff understood this protective legislation and their duty of care. However, people under Community Treatment Orders were not always informed of their rights.

Staff involved other health care professionals and worked in collaboration with them to ensure the service was effective in meeting the health needs of the people using the service.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by committed staff who were compassionate and patient.

We saw information about advocacy services was displayed throughout the home and staff said they would refer people to

advocates if they needed it.

Is the service responsive?

Good

The service was responsive.

People were able to make complaints or comments about the care that they received. Complaints and compliments were logged and investigated appropriately, to help identify areas for improvement.

People received care and support that met their needs and took account of their wishes and preferences.

People were offered opportunities to take part in activities that interested them.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager to provide leadership and direction to the staff team.

There was a clear staffing structure and a good staff support network.

There were systems in place to monitor the quality of the service and to drive further improvements.

Pro 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 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 inspection took place on 1 and 2 March 2017 and was announced. We told the registered manager we were coming so that they would be available to meet us at the main office and could arrange for us to visit the people the service supported in their own tenancies. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included asking the Local Authority and Healthwatch Manchester for information. Both the Local Authority and Healthwatch Manchester had no information about the service.

On the first day of the inspection we looked at records kept at the main office which is the registered address for the service and on the second day we visited two of the shared houses.

During the two days of inspection we spoke with six people who used the service, five members of the support staff, the registered manager and the operational manager.

In the shared houses we visited we looked around the buildings including in the kitchen, bathrooms and in communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Three people using the service we spoke with said they felt safe. Comments included, "I am happy here, the staff keep me safe," "Yes it is a safe building, and the staff are always around if you need them" and "This is the best place I have ever lived, the staff and managers keep me safe."

The people living in the four houses had their own tenancies and so were responsible for fire safety in their own rooms. As the registered manager was also the landlord for the tenancies, they must ensure that support staff receive fire safety training and the correct fire safety checks are made at the houses. We checked the training records and saw that all support staff had received fire safety training and the support staff we spoke with confirmed this.

At the last inspection we saw that fire extinguishers were available in the kitchen of two shared properties when we visited. However, when we checked the expiry dates of both extinguishers we saw that they had expired in March 2015. At this inspection we found these checks had been carried out and the expiry date had not expired. We noted the registered manager had set up a health and safety file for all four properties that recorded fire extinguisher checks, smoke alarms, fire drills, and fire risk assessments. This showed the service was carrying out appropriate checks to ensure the service was safe with regards to their fire safety.

At the last inspection medicines were not being managed properly or safely. At this inspection we found the service had implemented a number of changes that had improved the medication administering systems.

We looked at the medicine folder in both houses we inspected. Each person who self-medicated had an individualised medicine care plan which clearly and concisely set out what support the person needed with medicines ordering and what staff should do if people ran out of their medicines, went away or did not take their medicines. In each person's section of the medicine file there was information for staff on what the medicines were, why people were taking them and possible side effects they might have. There were also booking in sheets where staff recorded medicines when they were delivered, although this was optional for people who self-medicated. This meant that staff knew how to meet the needs of individuals' who self-medicated.

We looked at records for people using the service who were supported to take their medicines. Staff told us that when medicines were due, they would unlock the person's cupboard, hand the person the medicines they needed to take and record whether or not the person took the medicines by signing a Medicine Administration Record (MAR). We found that MARs had been completed correctly.

We noted a number of people were restricted by provisions under the Mental Health Act 1983 (amended in 2007) (MHA), such as Community Treatment Orders (CTO). CTOs enable people to live under supervision in the community. We found the staff followed people's CTOs conditions at all times. For example, we noted on occasions the registered manager contacted the person's Community Psychiatric Nurse (CPN) whenever they refused their medication. This meant the service was supporting the person correctly with the conditions of their CTO.

We noted there were no arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The registered manager confirmed the service doesn't support anyone with controlled drugs, but if they needed to do this they would review their medication policy and comply with the Misuse of Drugs Act 1971.

People using the service had varied mental and physical health histories and needs. At the last inspection we saw that behavioural risk assessments were in place, but they were not detailed or clearly laid out. At this inspection we looked at four people's care files to see how risks were assessed and managed. We found risk assessments contained a wide range of information that captured the person's behaviours, triggers and what actions were required to minimise behaviours and support people safely. The registered manager told us the service had a positive risk-taking approach, in that people were supported to take risks if they could be mitigated or the benefits were justifiable. This showed that the service was mindful of the risks of providing care and treatment but also supported people to take risks if they could be managed appropriately and benefitted the people.

At the last inspection we found that support staff had not received training in breakaway and de-escalation by looking at training records. Breakaway training teaches staff how to get away if a person is attempting to restrain them and de-escalation training teaches staff how to calm people down when they get angry or upset. Lack of breakaway and de-escalation training meant that staff might not be able to manage behaviour that may challenge others. At this inspection we found 12 of the 14 staff had completed this training. This meant that the majority of regular support workers had now received training on how to deal with people who might become physically aggressive.

Personal emergency evacuation plans (PEEP) provided information about what action should be taken in the event of emergencies to prioritise the safety of the people living at the service.

The service employed 14 support workers to support 12 people in four houses. Four people lived in one house, three people lived in a second house, three lived in a third house and two people lived in a fourth house. Each of the four houses had staff that only worked at that house and there were other staff that worked across all of the houses according to need. Each house had a least two support workers during the day and one overnight. The two smaller houses had at least one support worker day and night, with two when activities were planned or people had appointments.

The registered manager told us the staffing system worked well as it allowed the service to be flexible. One person said, "I know all the staff who support me, they are always introduced when you meet them at first."

People we spoke with thought they received the support they needed. One person said, "If I need to go out with staff for any appointments they are always very supportive." Another person said, "Yes we have enough staff, they haven't let me down once."

All the people we spoke with told us that extra staff would come in if they needed help to get to appointments or wanted a support worker to come with them to see other healthcare professionals.

Staff we spoke with thought there were enough support workers to meet the needs identified in people's care packages. One support worker said, "If we are ever short for appointments the managers will step in, we never have any issues," another said, "The staffing levels are just right, it works well. The people we support wouldn't appreciate too many staff in the houses."

By speaking with people using the service, staff and the registered manager and by looking at staff rotas, we

found there were enough staff to provide the support people were funded for and that the service was sufficiently flexible to meet people's needs if extra support was required.

We looked at the recruitment procedures in place to ensure only staff suitable to work in the caring profession were employed. When we checked the records for three members of staff we saw that all three had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. There was a record of each support worker's job application, job interview including a full employment history, copies of their photographic identification, a medical fitness assessment and two written references were obtained before the staff started work. This demonstrated that the recruitment process was robust and protected people using the service.

We checked training records which showed that all support staff had received safeguarding training. Staff we spoke with confirmed they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Support workers could explain the forms of abuse that the people using the service might be vulnerable to. All the support workers we spoke with told us they would report any safeguarding concerns to the registered manager or operational manager. One said, "The managers are always available if we have concerns about the people we are supporting, incident forms are always available for us to log our concerns and the manager will come to the houses straight away."

The people living in the four houses the service supported were responsible for cleaning their own rooms and there was a rota system whereby people took turns to clean the communal areas. The registered manager told us that staff helped people to keep the houses clean by demonstrating cleaning skills and by prompting. A support worker told us that people were expected to clean up after themselves in communal areas but if mess was left, the staff would tidy up. On the day of our inspection we looked in bathrooms, the kitchen and other communal areas in two of the four houses and found them to be clean, tidy and odour-free. However, we found one person's flat was in a poor condition, the registered manager confirmed the service has attempted to engage with this person but they have refused on several occasions. The service was collaboratively working with this person's social worker to find a way forward.

Requires Improvement

Is the service effective?

Our findings

People spoke positively about the support they received. People told us, "The staff are great at reminding me to see my CPN," "If I am feeling unwell the staff always makes sure the doctor is aware" and "They know me well here."

Evidence seen in people's care records showed people saw medical professionals when needed. We saw staff had arranged appointments for people to see opticians, dentists and chiropodists. Care plans contained information about people's health so that staff could provide appropriate support.

We looked at the training staff undertook. Staff said the quality and amount of training they received was very good. Records showed that staff had attended mandatory courses on moving and handling, safeguarding adults and children, fire safety, first aid, medicines administration, food hygiene and infection control. A large number of staff had a National Vocational Qualification (NVQ) at level 2 and 3 in health and social care and four staff were currently studying for an equivalent qualification. Three staff members told us that they could request additional training if they wanted it. This showed us that staff were trained appropriately to meet the needs of the people they supported.

The service was signed up to the Care Certificate for employees joining the service who were new to adult social care. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care.

At the last inspection we found the service had not yet started providing appraisals for staff as it was still relatively new and most support workers had not worked at the service for more than 12 months. At this inspection we noted staff had been receiving individual supervision sessions with the registered manager or senior member of staff on a regular basis.

Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. Staff also confirmed they received an annual appraisal, which is an opportunity to review their performance and to discuss any areas of training and development.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which can apply to supported living arrangements in some circumstances by application to the Court of Protection. DoLS protect the rights of people who are unable to make decisions for themselves. The people using the service all had capacity to make their own decisions and none were subject to DoLS.

As previously mentioned in this report, some of the people using the service were restricted by provisions

under the Mental Health Act 1983 (amended in 2007) (MHA), such as Community Treatment Orders (CTO). We found the service ensured staff were fully aware of the conditions of each person's CTO. In one person's care plan it stated they were under a CTO, but it wasn't clear when this would expire. After discussion with the registered manager he confirmed this CTO had expired and the care plan had not been updated to reflect this. The manager confirmed this section of the care would be updated immediately and informed us the staff were aware the CTO was no longer in place. We will review this at our next inspection.

During this inspection we viewed two care plans CTO documentation, to check it had been reviewed for accuracy and completeness. People who were under a CTO clearly had it documented in their care plan. However, we could not find evidence that people under a CTO were informed of their rights when restricted by a CTO. The registered manager confirmed discussions with people did take place, but had not been recorded. The manager confirmed a new section will be added to the care plan to ensure people under CTOs will be informed of their rights when restricted. We will review this at our next inspection.

Furthermore, discussions with staff confirmed they understood the principles of the MHA and were clear about which people living at in the supported tenancies that had a CTO in place.

The people using the service were responsible for shopping and cooking their own food. Some people were supported to do this by the support workers who also provided advice on aspects such as healthy eating. One person told us, "The staff will always encourage me to buy healthy food." During the inspection we viewed the food contents stored in the fridges of the two supported tenancies we visited, we found all food had been stored safely and within its expiry date.

People we spoke with said that they had access to a range of healthcare professionals, including social workers, GPs and specialist diabetic nurses. In the care files we looked at we saw people had visited GPs, opticians, specialist nurses and the various mental health professionals who were involved in their care. This showed us that the service made provisions to help the people it supported to meet their own holistic health needs.

Good

Is the service caring?

Our findings

We asked people using the service what they thought about the staff. One person told us, "The staff are cool here, they listen to you", another person said, "The staff are more like friends than staff. I am very settled in my own flat."

A keyworker system had been established at the home ensuring people had regular one-to-one sessions with a named staff member. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. During one-to-one sessions people were asked how they were or if they had any issues or problems and the conversation was documented. A member of support staff told us that if people raised issues that required a change in their care plan, then this would happen.

During the inspection we observed staff supporting people at various times of the day and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

During our visit to one property, on the second day of our inspection, we observed staff interacting with people and from conversations, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people. This was confirmed by the relative we spoke to who also felt the staff knew their family member well.

We asked people if they thought their privacy and dignity was promoted by support staff. Two people said they thought that their privacy was promoted. One person said, "The staff here are great, they always knock on my door and never tell me what to do." Another person said, "The staff know me very well, I like to keep myself to myself and they respect that." All of the entries written by support staff were done so using respectful language. This showed us that staff respected people and promoted their privacy and dignity.

We spoke to people about their involvement in planning their own care and support. Two people we spoke with said that they had been involved in their care planning and had seen and signed their support plans. They said that their keyworker asked for feedback on the support they received during regular one-to-one meetings and made any necessary changes to their plans. We checked four people's care files and saw that people had signed their care plans. This showed us that support workers made sure people were in agreement before support was provided.

People using the service were provided with information on advocacy services on admission and helped to access advocates at MIND and at the Citizen's Advice Bureau. Advocacy services help people to access information, to make decisions and to speak out about issues that matter
to them. Support workers we spoke with described how to refer people to an advocate and what advocates could do for people. We saw referrals to and correspondence from advocacy services in people's care files.

Helping people to access advocates meant that the service was promoting their rights and independence.

Good

Is the service responsive?

Our findings

At the last inspection we found that people's care plans were not easy to navigate and did not follow a standardised format. We also saw many documents that were either not signed by the staff member writing them, or not dated, or both; for example support plans, risk assessments and individual's progress reports.

At this inspection, we found improvements had been made to the service's care planning process. We saw that people's needs were assessed before they moved in. Care plans had been regularly reviewed and updated to demonstrate any changes to people's care.

For example, we found people's care plans were easier to navigate and contained sections on managing a tenancy, domestic skills, self-care, physical health, use of time, family and relationships, maintenance of mental and emotional health and managing finances. We found that the needs of the people were now clearly described, along with the methods of support that was required and regular evaluations of the support were made.

We found people with physical health care needs, for example diabetes, now had a robust care plan in place by the service. This meant that the needs of the people using the service and the ways in which support should be provided and evaluated were now clearly documented.

During the inspection we found the service was also looking to introduce individualised positive behaviour support plans as an added guide for staff to follow. The current care plan had a section on people's behaviours, along with a risk management plan for staff to follow.

A small number of people who were living at the service because of their mental health needs, had their care coordinated under the Care Programme Approach (CPA). This approach ensures a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw written evidence that CPA meetings took place with all relevant health and social care professional in attendance. We saw outcomes of CPA meetings had been translated into current care planning records.

People we spoke with said they thought they had enough to do. One person described how they watched TV, played pool and took part in the regular pool competitions, played darts and board games, went to the cinema and had been to the races. Another person said they had been attending groups such as MIND and Princess trust. One person said, "I have plenty of things going on to keep me busy," another said, "The staff are always encouraging me to do more, I like that because I can be lazy sometimes. At the moment they are helping me enrol at college."

There was a complaints policy and procedure in place. People told us they had no worries or concerns, but knew who to contact if they had and were confident that the registered manager or a manager at the service would listen to them. People using the service told us they would feel able to raise any concerns or complaints with the registered manager or other members of staff.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people what the atmosphere was like in the house they lived in. One person said, "I love my flat, I also get on with [person's name], we have a lot in common." Another person commented, "I am very happy, I get to mix with the other people when we have pool tournaments."

We saw that the registered manager was visible in both of the houses we inspected. We noted the registered manager's manner was informal and approachable when they interacted with people and observed them chatting in a relaxed and familiar way.

The registered and operational managers engaged positively in the inspection process and we observed staff referring to them by their first names. Staff we spoke with confirmed both managers were friendly, approachable and supportive. Comments from staff included, "If I ever had any issues I can pick the phone up and it is sorted within minutes," "The managers are great, they care about the people" and "This is the best job I have ever had, and that's partly down to the management here."

At our last inspection, we found that the service was not consistently monitored and managed because there were not robust systems in place to ensure people were receiving care as assessed and planned.

The service undertook a series of monthly checks on various aspects of the service. For example, support staff completed monthly audits of the following areas: care planning, activities, meetings, medication, and health and safety. We noted that that many of the health and safety checks we saw, were ticked checklists to show that the checks had been completed. They did not show if any issues had been found and actions had been taken. We discussed this with the registered manager who explained that if they did find any issues, this would be recorded and what actions had been taken. At the time of this inspection, no issues had been found. This showed the manager understood the importance of keeping a record of the checks which were being completed and any actions taken. The registered manager completed his own quality assurance checks every six months at all four properties. The registered manager's checks were similar to the ones the support workers completed.

The service held residents' meetings for the people that used the service with the staff. People we spoke with told us that the managers attended these meetings. In the larger house that we inspected, we saw that meetings were held monthly and the service kept minutes from these meetings. Aspects discussed included activities and any equipment that might be needed. Holding residents' meetings is one way of seeking the opinions of the people using the service in order to identify areas for improvement.

People told us that they had the phone numbers of the registered manager and the operational manager

and could ring them at any time. Support staff said that they could ring the registered manager or operational manager with any problems or queries any time of the day or night. On the first day of our inspection at the office we noted that the phones of both the registered manager and operational manager rang frequently and they spoke with support staff, people using the service and other health care professionals. This showed us that both managers were accessible to the people using the service and to their staff and that the culture of the service was open.

People using the service received a survey about the service from the registered manager annually. Results had been compiled by the registered manager into a report which showed overall satisfaction in all aspects of support provided. We found the responses to the most recent survey carried out in August 2016 were low, with only two surveys returned. The registered manager confirmed he was looking at different approaches the service can take in an attempt to gain feedback from people receiving the service. We will review this at our next inspection.

We looked at the minutes of staff meetings which were held every six to eight weeks. Meetings included discussion of relevant good practice, service policies and procedures and any incidents that had happened recently. Support staff we spoke with said that they could raise concerns or discuss any issues at the team meetings. Meetings were held at different times and on different days so that as many of the staff as possible could come and staff took turns to chair the meetings and take minutes. This meant that staff were encouraged to take ownership of their team meetings and to use them as an opportunity for professional development.

Incidents and accidents were recorded monitored and investigated. This demonstrated that the provider learned from such incidents and took action to minimise the risk of them happening again.

The registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. We saw the registered manager informed CQC via a statutory notification of all notifiable incidents within a timely manner.

It is a requirement of the regulations that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'requires improvement' from our last inspection was clearly on display on the foyer to the service and also on their website. This showed the service was ensuring people using the service or considering using the service, had access to the most recent report.