

Progressive Support Ltd

# Progressive Support

## 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 14 December 2018.

Progressive Support is an organisation which provides support to people living in the community. At the time of our inspection, four people were in receipt of the regulated activity 'personal care.' There were other people using the service, however they were not in receipt of any regulated activity.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This is the registered providers first inspection since they moved locations.

There was not 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.

Additionally, we had not been sent a PIR from the registered provider when we requested one.

There were audits in place which checked service provision. We saw, in the most part, these audits were robust and had identified when improvement was needed. There were some issues discussed during our inspection regarding audits and their frequency and effectiveness. We have made a recommendation regarding this.

Everyone we spoke with said they felt safe receiving support from Progressive Support.

Medication was safely managed for people in their homes. Staff were only permitted to administer medication to people once they had been trained in the principles of medication administration and had completed a competency test.

Risk assessments were in place for each person and contained relevant and up to date information. Risk assessments contained information around what action the staff needed to take in order to keep people safe.

There were systems and processes in place to ensure that people were protected from potential harm and abuse. Staff we spoke with described the action they would take if they felt that abuse had occurred, and

this included reporting the abuse to their line manager, or whistleblowing to external organisations such as CQC, the Local Authority or the police.

People were supported to ensure regular maintenance took place for their homes.

Staff were recruited safely. Each staff member had two references in place in their files and there was evidence that a Disclosure and Barring Service (DBS) check had taken place.

Personal Protective Equipment (PPE) was available for all staff to use. Staff we spoke with confirmed there were gloves and aprons in people's homes and an additional stock of these were kept in the registered office for their use.

There was a log of incident and accidents which was kept securely at the registered office. Each time an incident or accident occurred the manager analysed the incident in detail from the information provided by staff which was recorded on the incident form.

There was enough staff employed by the service to cover the support hours people needed.

Staff confirmed they had regular supervision with their line manager. Records relating to staff training and supervision were however not always clear and consistent, even though they had taken place. We discussed this at the time with the manager. The manager informed us they would take action and update these records.

Capacity was appropriately assessed. Records clearly indicated where people had provided their consent to receive care and support from Progressive Support and in other instances decisions were appropriately made in the persons 'best interest' and in the least restrictive way as possible.

People confirmed they were supported with their nutrition and hydration needs by the staff. People were supported with meals of their choice and their staff helped them shop and plan these meals.

Health and social care professionals were communicated with when needed in order to help people with their medical needs.

Everyone we spoke with and our observations showed that people received support which was caring. People were treated with dignity and respect. Staff members whom we spoke with said they always tried to ensure people's independence was encouraged

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR).

Information recorded in the care plans we viewed was centred round people'. Support plans contained information how the person liked their care routine to be carried out and how they like to be communicated with.

Complaints were documented and responded to appropriately. We saw that all complaints had been resolved and there were none outstanding. The complaints policy had been made available to people in the service user guide, and everyone we spoke with said they knew how to complain.

Most information was available for people in alternative formats. We saw copies of some support plans and

policies which could be provided in different formats when requested to support people's understanding. Some had already been converted to involve people. The service was further developing their procedures in relation to this to enable them to offer even more accessible way of providing information to people.

Staff had completed training in end of life care.

We discussed lessons learnt with the manager, and where they felt they had strived to make improvements when things went wrong.

Staff we spoke with said they felt the manager was approachable and available to listen to them.

Staff said the culture of the service was personable and friendly and every staff member we spoke with said they enjoyed working at Progressive Support.

Team meetings took place every month. We saw minutes of the last few months and saw copies of these were shared with staff. Agenda items included medication, training, rotas and health and safety.

The service worked collaboratively with other services such as the Local Authority, learning disability nurses and district nurses.

There were policies in place for staff to follow. We discussed that some of the policies would benefit from having a review date on them as we were unsure when the policy was from. The manager has since actioned this.

## 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.

Risk assessments were in place and clearly reflected what was likely to cause the person harm and how this can be reduced.

Medication was administered safely by staff and stored in people's own homes.

Staff were recruited safely, after checks had been undertaken regarding their suitability to work with vulnerable people.

### Is the service effective?

Good ●

The service was Effective.

Training took place and was in date. Some of the mechanisms to record training courses attended were not always completed accurately.

People were supported with their medical needs and had health action plans in place to record important information about their medical needs.

People were support to eat a diet of their choice and in accordance with assessed needs.

### Is the service caring?

Good ●

The service was Caring.

People said that staff cared about them and we observed kind and caring interactions.

Staff described how they provided respectful and dignified care and support.

There was some accessible information which ensured people were involved in their support plans.

### Is the service responsive?

Good ●

The service was Responsive.

Information in support plans was tailored around peoples needs, and people received support which met their individual needs.

Complaints were responded to and investigated in line with the registered provider's complaints procedure.

End of life care was discussed with people and taken into consideration within their support plans.

### **Is the service well-led?**

The service was not always Well Led.

There was not a registered manager in post and a PIR had not been submitted.

Some improvement was needed to the auditing systems in place. We have made a recommendation about this.

Staff said the manager was approachable and they knew who they were.

**Requires Improvement** 

# 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 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 14 December 2018. The inspection was carried out by an adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before our inspection visit, we reviewed the information we held about Progressive Support. This included looking at the notifications we had received from the provider about any incidents that may have impacted on the health, safety and welfare of people who used the service. We also looked at the Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We had not received a PIR on this occasion, despite requesting one. Additionally, we approached local stakeholders for feedback about the service. We used this information to help us populate our 'planning tool' which determines how the inspection should be carried out.

During our inspection we spoke with two people who used the service, one relative, the manager, office manager, registered provider and three staff. We also visited one person at their home and spent time talking to them.

# Is the service safe?

## Our findings

Everyone we spoke with said they felt safe receiving support from Progressive Support. Comments included, "I feel really safe", "It's the staff that make me feel safe" and "I know they are always there if I need something."

Medication was safely managed for people in their homes. Staff were only permitted to administer medication to people once they had been trained in the principles of medication administration and had completed a competency test. We visited one person in their home and they gave us permission to look at their medication. We spoke to the member of staff on duty and they discussed the process for storing, administering and disposing of the person's medication. We also saw that each person had a medication risk assessment in place which indicated the level of support each person required with taking their medication.

Risk assessments were in place for each person and contained relevant and up to date information. Risk assessments also contained information around what action the staff needed to do in order to keep people safe. For example, we saw that one person was at risk of not eating when they became depressed or anxious. One of the actions included completing the menu for the person at the end of each shift so their intake could be monitored. There was a risk assessment around keeping a person safe when out in the community and when spending money. One of the actions was to record when the person spends money and to keep an accurate record of their receipts.

There were risk assessments which took into account people's clinical needs. For example, we saw that the staff had information to follow if the person become unwell with an illness which they often suffered with. The risk assessment included what signs and symptoms staff needed to be aware of and when they needed to escalate the concerns to other medical professionals. We spoke to staff who told us that they were involved in updating risk assessments and felt the information contained in the support plans around risk was a good reflection of the person they were supporting.

There were systems and processes in place to ensure that people were protected from potential harm and abuse. Staff we spoke with described the action they would take if they felt that abuse had occurred, and this included reporting the abuse to their line manager, or whistleblowing to external organisations such as the Care Quality Commission, the Local Authority or the police. The training matrix confirmed that staff had attended training in safeguarding. There was also information made available to people in a format that they understood, which explained abuse and who to contact if abuse occurred.

People were supported to ensure regular maintenance took place on their homes. Items such as fire alarms and fire extinguishers were serviced regularly. Where people required maintenance checks for their moving and handling equipment this was arranged.

Staff were recruited safely. Each staff member had two references in place in their files and there was evidence that a Disclosure and Barring Service (DBS) check had taken place. A DBS check is a check which is



undertaken by new employers to help them make safer recruitment decisions. In addition, there were interview notes and proof of identification for each staff member.

Personal Protective Equipment (PPE) was available for all staff to use. Staff we spoke with confirmed there were gloves and aprons in people's homes and an additional stock of these were kept in the registered office for their use.

There was a log of incident and accidents which were kept securely at the registered office. Each time an incident or accident occurred the manager analysed the incident in detail from the information provided by staff which was recorded on the incident form. Following this, recommendations were made by the manager to reduce the risk of the incident occurring in the future. For one person, we saw that an increase in their incidents had led to a medication review and subsequently a change was needed in their dosage.

There was enough staff employed by the service to cover the support hours people needed. Rotas showed that each person using the service had their own staff team who worked with that person. Rotas were creatively completed to ensure individual support hours were allocated so people had regular one-to-one time with staff.

## Is the service effective?

### Our findings

Records relating to staff training and supervision were not always clear and consistent. For example, we were provided with a training matrix which listed all of the staff training, however, most of the courses were not in date. We checked for further evidence of staff training and saw that staff files contained up to date training certificates they were however not recorded on the matrix. At the time of the inspection we raised this with the manager who agreed that the training matrix required updating to reflect this. We have since received an up to date copy of the training matrix which reflects the training courses undertaken. Our conversation with staff and our observations of staff providing direct support to people evidenced staff were suitably trained. We observed staff using some of the training techniques which we had seen documented in people's care plans, specifically around how people liked to communicate and the language used.

New starters were inducted in line with the principles of the Care Certificate. The Care Certificate is a set of standards which staff who are new to health and social care can expect to cover within their first 12 weeks of employment. This process is then signed off by a more senior member of staff when completed.

Staff confirmed they had regular supervision with their line manager. There was no formal supervision schedule in place, however we did see some dates recorded in staff files of when supervisions had taken place in the last few weeks. We saw the remaining supervisions had been scheduled in to occur in early January 2019.

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 receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

During this inspection we found that people's capacity was appropriately assessed. Records clearly indicated where people had provided their consent to receive care and support at Progressive Support. In other instances decisions were appropriately made in the persons 'best interest' and in the least restrictive way as possible.

There was no one subject to a DoLS at the time of our inspection. We spoke at length to the manager about the DoLS process and checked their understanding of when other legal bodies, such as the Court of

Protection would become involved if someone receiving care in their home was subject to restrictions.

People confirmed they were supported with their nutrition and hydration needs by the staff. People were supported with meals of their choice and their staff helped them shop and plan these meals. One person told us that they often went out for lunch or tea with staff. We saw some people had specific dietary plans they needed to adhere to, and there was consideration given to this when staff helped people plan meals and the weekly shop.

Health and social care professionals were communicated with when needed in order to help people with their medical needs. People confirmed and records showed that staff would call the GP or district nurse on their behalf when needed. Each person had a health action plan in place which contained 'snapshot' detail about the person, such as what medication they were taking and how to communicate with them. This meant if someone was admitted to hospital, this document would accompany them and as it contained the relevant information needed to support this person appropriately.

# Is the service caring?

## Our findings

Everyone we spoke with and our observations showed that people received support which was caring. Comments included, "The staff are just ace." One person who was non-verbal, nodded and smiled when we asked them if they liked the staff, which we, saw from looking at their communication records, meant 'yes.'

We observed one person being supported in their own home. The staff member communicated respectfully and appropriately with the person, and encouraged them take ownership of showing us around their home, and making conversation. The person became talkative and was observed to take pride in their home and the accomplishments they had achieved whilst being supported by the staff team.

People were treated with dignity and respect. Staff members whom we spoke with said they always tried to ensure people's independence was encouraged. One staff member explained how they supported people to do as much for themselves as possible, such as during person care, cooking or cleaning. Support plans viewed reflected this and were respectfully written with reference to maintaining the person's independence and equal rights. For example, one support plan stated, "Make sure (person) has the fluffy duster in their hand so they can dust around their own home."

We saw that no one was accessing advocacy information at the time of our inspection, however there was information provided to people if they felt they required the support of an advocate. We raised at the time that this information would benefit from being provided in alternative formats, such as easy read, or pictorial. The manager agreed and said this was something they were in the process of doing for each of the people who used the service.

People were encouraged to become involved in their support plans and reviews. The manager had already started to produce some support plans in alternative formats to support people's understanding and encourage their involvement.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in locked offices and confidential information was not unnecessarily shared with others. People had information in their homes. Where possible, a specific space had been allocated within the person's home which was used to securely store their documentation.

People and relatives were provided with a 'Service User Guide' from the outset. The guide contained essential information about the quality and safety of care people could expect to receive at Progressive Support. This meant that people and relatives could familiarise themselves with information in relation to privacy, dignity, independence, safety, choice, quality of care, healthcare, lifestyle, concerns and complaints, the environment and staffing levels. At the time of the inspection we raised with the manager that some of this information would benefit from being updated, as the name of the manager was not correct. This has since been updated and emailed to us.

# Is the service responsive?

## Our findings

People said that they received care and support which was personalised. Comments included, "I get to live my own life, I am very happy."

Information recorded in the care plans we viewed was person centred. Person centred means care was focused around the needs of the person themselves and not the organisation. Support plans contained information about how the person liked their care routine to be carried out and how they like to be communicated with. For example, there was a support plan around communication, which stated 'If the person says this, it means this, the staff should react in this way.' There was a descriptive table of actions, sounds and body language the person used to communicate which staff would have to be familiar with in order to support the person appropriately. We observed one person being supported by their staff member who demonstrated that they knew how to communicate with this person and meet their needs, especially when explaining to them their tea was hot, or asking what activity they wanted to do.

There was also a one-page profile in place for each person which contained a summary of what was mostly important to them and information that staff needed to know. For example, for one person, their one-page profile stated, "I like noisy environments, such as the pub or the bowling alley." I can make my own choices when things are explained to me. I am upbeat and happy." Additionally, there was information which stated that staff "Are to ensure the person always has power on their mobile phone so they can speak to their family using facetime."

Complaints were documented and responded to appropriately. There had been one complaint since our last inspection. The manager had a process in place to audit complaints and documented any learning from people's complaints. We saw that complaints had been resolved and there were none outstanding. The complaints policy had been made available to people in the Service User Guide, and everyone we spoke with said they knew how to complain.

The complaints policy contained details of how to lodge a formal complaint, and how to escalate complaints further if the complainant felt they had not been appropriately responded to, including contact details for the Local Authority and the Local Government Ombudsman (LGO).

Most information was available for people in alternative formats. We saw other copies of support plans and policies which could be provided in different formats when requested to support people's understanding. The service was further developing their procedures in relation to this to enable them to offer even more accessible ways of providing information to people. We discussed some of these ideas with the manager.

The staff had completed training in end of life care; people's advanced decisions and wishes were respected and people had the opportunity to express their end of life preferences and desires.

## Is the service well-led?

### Our findings

There was a manager in post at the time of our inspection. However, they had not yet registered with the care quality commission. Additionally, we had not been sent a PIR from the registered provider when we requested one. We request a PIR to enable us to see what the service is currently doing well and any changes they plan to make.

There were audits in place which checked service provision. Audits took place in each of the three supported living services to check people were getting safe and consistent care. Medication audits were also completed as well as spot checks on staff. We saw, in the most part, these audits were robust and had identified when improvement was needed. The frequency of these audits however differed. One of the supported living services was last audited in May 2018, this was scheduled every month. For another supported living service, the audit was completed in December 2018, however the one before was completed in June 2018. The audit was incomplete and there were some issues, for example, health and safety checks identified in December 2018 which had not been actioned planned or followed up. We checked that action had been taken and it had, however, there was no formal process to record this.

We recommend that the registered provider addresses and improves their process to quality assurance to ensure it is robust and consistent.

A form to gather people's views and opinions of the service had last been sent out in June 2018, a small number of responses were received. The previous registered manager had analysed the response and had sent a further letter to people who responded informing them of the results. We saw that over 90% of people were satisfied with the care and support they were receiving from Progressive Support.

We discussed lessons learnt with the manager, and where they felt they had strived to make improvements And identified when things could be done in a more safe effective manner. The manager stated that they felt the staff did not always report as much as they should, so therefore had gone to great lengths to ensure that staff knew how accessible the management team were, and to enforce an open-door policy. We saw evidence of this being discussed in team meetings. Additionally, staff we spoke with said they felt the manager was approachable and available to listen to them.

Staff said the culture of the service was personable and friendly and every staff member we spoke with said they enjoyed working at Progressive Support. The people and family members we spoke with said they would recommend the service to others looking for a support provider.

Team meetings took place every month. We saw minutes of the last few months and saw copies of these were shared with staff. Agenda items included medication, training, rotas and health and safety.

The service worked collaboratively with other services such as the Local Authority, learning disability nurses and district nurses. This helped to ensure that people had good care and advice and good practice was circulated within the staff teams and documented in support plans for discussion at reviews.

As this was the registered provider's first inspection since they moved locations, there was no requirement to display the ratings. The manager understood their regulatory requirements in relation to this, and other notifications they were required to send us by law.

There were policies in place for staff to follow. We discussed that some of the policies would benefit from having a review date on them as we were unsure when last reviewed to ensure it was accurate and in accordance with current legislation and 'best practice'. The manager has since actioned this.