

Progression Care Limited

# Progression Care Limited

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

The service is a domiciliary care agency which provides personal care services to people living in their own home. There were 13 people using the service at the time of the inspection.

### People's experience of using this service and what we found

People told us they received good quality care from consistent staff at agreed times. The provider had systems in place to reduce any identified risks related to people's care and there were effective procedures in place to promote people's safety, manage people's medicines, respond to incidents and reduce the risks of people experiencing abuse or coming to avoidable harm. There were robust contingency plans in place to help ensure the service ran safely outside of office hours and in the event of an emergency.

The registered manager and senior staff were dedicated to their role. They promoted a clear vision and ethos, which reflected a positive, open service that provided personalised care. There were systems in place to monitor the quality of the service and plans in place to promote improvement. People told us they felt confident to approach staff and the registered manager and that their suggestions would be listened and responded to.

People's needs were fully assessed to help ensure appropriate packages of care were in place to meet their needs. This included assessments in relation to nutrition, hydration, medicines, and the use of care related equipment. The provider was pro-active in involving other stakeholders to promote positive outcomes for people in relation to their health, medical conditions and overall wellbeing. The provider sought valid consent to care to help ensure the expectations and outcomes of care were clear. There were appropriate processes in place to gain people's consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring and competent. Staff received appropriate training and ongoing support in their role. People told us they were treated with dignity and respect and staff promoted their choice and independence. People were involved in making decisions about their care and the provider considered people's equality and diversity when planning and reviewing care.

The provider was responsive to people's needs. They considered people's abilities and independence when planning and reviewing their care. The provider worked with people and other stakeholders to make changes to care when needed to help them remain as independent as possible in their own homes. There were appropriate systems in place to respond to complaints and concerns.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20 September 2021 and this is the first inspection.

#### Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Progression Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection so people could consent to take part in the inspection by giving us feedback by phone.

Inspection activity started on 1 February and ended on 9 February 2023. We visited the location's office on 3 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider

was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 12 people and relatives via telephone to gain feedback about their care. We spoke to 4 staff including, the registered manager, office staff and care staff. We reviewed records relating to people's care and the running of the service. These included care records for 5 people, 3 staff recruitment file, audits, policies, incidents reports, quality assurance records and care records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care from staff. Comments included, "[My relative] feels absolutely 100% safe", "No worries or concerns about the care at all", and, "What's been nice for both of us, is leaving them [my relative in staff's care], knowing [my relative] is safe. I'm fine with it all."
- There were policies and procedures in place to safeguard people against the risk of abuse or coming to avoidable harm. The registered manager had a good understanding of local safeguarding procedures and had reported, investigated and acted upon concerns raised to promote people's safety.

Assessing risk, safety monitoring and management

- Risk assessments were in place to identify how staff should work safely with people. These included assessments around people's medical conditions, care related equipment, management of finances and people's home environment. This helped to promote the safety of people and staff.
  - The provider had a business continuity plan, which detailed how the service would be run safely in the event of an emergency, such as, staffing shortages or extreme weather. Care needs were risk assessed to help ensure the most vulnerable people's care was prioritised in an emergency situation.
  - There was a 'non-entry' policy in place. This detailed procedures staff should follow if they were unable to contact people at planned care call times. This helped to ensure the provider could establish people's safety and whereabouts.
  - The provider had an 'out of hours' telephone service, which senior staff operated outside of office hours. This meant people, relatives and staff were able to contact the provider in the event of an emergency. Senior staff monitored staff had completed care calls and the registered manager reviewed summaries of people's daily care records to help ensure care was carried out as planned.. One relative told us, "They always answer [the out of hours service]."

Staffing and recruitment

- People and relatives told us they received consistent care, at the agreed time and staff stayed the planned duration of their care calls. Comments included, "They [staff] always turn up on time", "They [staff] are very good and punctual. They always come on time", and, "They [staff] always stay the full time and if I need something else, then stay extra [time]".
- The provider had achieved a high retention rate of staff. Many of the staff had worked for the provider since their registration with CQC. This helped to promote consistency and safety as staff had a good knowledge of people's needs.
- The registered manager made informed and responsible decisions about how and when to take on additional care packages. This included analysing staffing numbers, skills and locations of new referrals. This helped to ensure any new packages of care could be staffed safely.

- There were safe recruitment processes in place to help determine candidates' character, experience and conduct in previous employment. This helped the provider identify suitable staff. Disclosure and Barring Service (DBS) checks were in place, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.

#### Using medicines safely

- People were happy with the support they received from staff in managing their medicines. Comments included, "No concern about medication, there have been no errors."
- People's medicines care plans detailed their prescribed medicines, arrangements for ordering and storage, whether medicines were prescribed as time specific and people's preferred routines for administration. The provider worked with people to identify the level of support they required around their medicine's management. This helped to ensure it was clear who was responsible for managing people's medicines and how they wished to be supported.
- The provider had a medicines policy. This detailed the procedures staff were required to follow, which helped to ensure they administered people's medicines in line with best practice guidelines.
- There were appropriate care plans and risk assessments to help ensure people received their topical creams as prescribed. This included details of the location and frequency of application and assessments to reduce the fire risks associated with the use of emollient creams.
- The registered manager told us staff's medicine competency was checked throughout the year. This helped ensure staff followed safe practices when administering people's medicines.

#### Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely. The provider had a good supply of PPE available for staff to use during their care visits.
- Staff had received training in infection prevention and control. This helped to ensure they were following best practice in reducing the risks associated with the spread of infections.
- We were assured the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager investigated incidents, looking for causes and trends. Any learning from investigations into incidents was shared with staff through meetings, supervisions or phone calls. This helped to promote good practice and reduce the risk of reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were fully assessed before care commenced. Assessments included details of the support people required in areas such as their personal care or medicines management. One relative commented, "They [the provider] deliver what [my relative] needs. They are meeting her needs."
- Senior staff completed initial care visits after care commenced then introduced and worked alongside care staff to help ensure they were confident and competent in carrying out the care people required.
- The provider reviewed information from professionals to develop people's care plans and risk assessments. This helped to ensure people had the right support and appropriate care related equipment.
- The provider had developed policies and procedures in line with national guidance and best practice. There were systems in place to ensure updates in best practice guidance were incorporated into policies and changes were communicated to staff.

Staff support: induction, training, skills and experience

- People told us staff were competent in their role. Comments included, "I would say they [staff] have all the training they need."
- Staff received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received appropriate induction into their role. Prior to starting their first care calls, staff were given time to read the provider's policies. This helped to ensure they were familiar with their role and correct procedures to follow. New staff were assessed by senior staff before carrying out care calls without supervision. This helped the provider ensure staff had the knowledge and skills required. One relative said, "They [senior staff] bring them round first to meet her [my relative]."
- Staff received effective supervision and ongoing support in their role. Senior staff regularly met with staff to review their working performance, identify good practice and ongoing training needs. Some staff had obtained additional qualifications in health and social care, which helped to promote their knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff understood their preferences and respected their choices around meals and drinks. Comments included, "The staff help with meals, I just have to let them know what I want."
- People's nutrition and hydration needs were documented in their care plans. Care plans detailed the importance of monitoring the signs people were suffering from dehydration or malnutrition, including actions to take if staff had concerns.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were documented in their care plans. This included details of any ongoing support required from staff to manage these conditions.
- The provider made timely referrals to health and social care professionals when staff noticed concerns about people's health or wellbeing. These included referrals to doctors, mental health services, dermatologists and social workers. This helped to ensure people did not experience delays in receiving specialist input when their needs changed.
- In one example, staff noticed concerns around a person's wellbeing, which prompted them to make a referral to the doctor. This resulted in the person receiving a diagnosis of a neurological condition, the prescribing of related medicines and an increased level of care being commissioned. This early intervention helped to ensure the person received timely treatment and support in relation to their condition.
- The provider helped to ensure smooth transitions between services for people when their needs changed, and they required alternative care arrangements. This included transfers to other care providers.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- There were appropriate systems in place to gain consent from people to provide their care.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf or followed appropriate processes to make decisions in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received very positive feedback from people and relatives about staff. They told us that staff were kind, patient and caring. Comments included, "They [staff] are good and honest. They are like friends", "[Staff are] very helpful and cheerful. They will do anything for me", and, "They [staff] are delightful. Couldn't be any kinder."
- People told us that staff were respectful and did not rush them with their personal care. Comments included, "Staff are very kind and gentle with me when I'm not well", and, "They [staff] stay for as long as I want." The registered manager told us they encouraged staff to stay at care calls as long as they were required to ensure all planned care tasks were completed before leaving.
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care. In one example, the provider ensured a person was only supported with their personal care by female staff in light of the person's cultural beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices in their day to day support. For instance, they were consulted about the time and duration of their care visits and which staff they preferred. The registered manager told us they would look to change care staff if people felt they were not compatible.
- People were fully involved in planning and reviewing their care. Care plans were developed with people and their relatives, where appropriate and reflected people's wishes around their care and support. The registered manager met with people and their relatives on a regular basis to help understand their experience of receiving care services from staff.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful of their privacy and dignity during support with personal care. Comments included, "[Staff] Massively [treat me with dignity and respect]. They put a towel over my lap when washing me."
- The provider sensitively minimised the impact upon people of any changes to their care. This included informing people when changes to their allocated staff member were required and ensuring the replacement staff member was someone people were familiar and comfortable with. Senior staff were all familiar with people and would often complete care calls in the event last minute changes were required to cover staff absence.
- Staff promoted people's independence by encouraging them to carry out aspects of their personal care routines with as minimal support from staff as possible. Care plans were clear when there were aspects of people's care they didn't require help with. This mitigated the risk staff would de-skill people through

providing a greater level of care than was required.

- The provider ensured people's private information was only shared in line with their instructions and wishes. There were appropriate policies and procedures around information sharing and storage of care records. This helped to promote people's privacy and confidentiality

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans focussed on promoting their abilities and independence. Care plans detailed how people presented on a good day and on a bad day. This helped staff to identify the correct level of support needed depending on the situation and how people were feeling. One person told us, "If it wasn't for them [staff] I don't know how I'd cope. They are helping to keep me independent [in my own home]."
- Care plans contained details of people's medical backgrounds, life histories and personal care routines. Staff were given time to review people's care plans before their first visit to help ensure they were familiar with their needs. Senior staff supported staff during initial care visits to help ensure people and staff were comfortable and safe.
- Staff were responsive and took appropriate actions when they were concerned about people's health or wellbeing. One relative told us how staff noticed a swelling on their family members legs which prompted a referral to the doctor. They told us "Staff notice things, they don't ignore concerns and always let us know." Another person told us, "Staff discuss with me all the time, they notice things that I wouldn't even notice, they then change a certain way of doing the care to suit my needs."
- Senior staff reviewed people's care plans at regular intervals or when people's needs changed. For example, they were able to organise timely changes to people's care to ensure they could attend medical appointments.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs and documented them in their care plans. The provider had systems in place to provide information in adapted formats to meet people's communication needs if required. This included adjustments for people who were visually impaired or preferred to communicate through written correspondence.

Improving care quality in response to complaints or concerns

- People and relatives told us that they would be happy to raise any complaints or concerns to the registered manager. Comments included, "I know who to speak too if I had any problems", and, "They [senior staff] are charming, very good, very approachable and friendly."

- The provider had a complaints policy in place which detailed how complaints and concerns would be investigated and addressed. The provider had received very few complaints since opening the service, but any concerns raised had been handled appropriately in line with the provider's policy.

#### End of life care and support

- Nobody at the service was receiving end of life care at the time of our inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they received good quality care and they were happy with the service provided. Comments included, "I have total confidence in them", "It's brilliant, well run. The organisation is absolutely brilliant", and, "I am more than happy with everything."
- The registered manager promoted a positive ethos at the service. They had a clear set of visions and values which they wished their staff to embody. They told us they wanted staff to feel valued and rewarded for the work they did. The registered manager and senior staff ensured they were visible and approachable to people, relatives and staff. One relative told us, "I communicate a lot with the [registered] manager. They are always willing to listen and understand."
- The provider had received many compliments from people and relatives, thanking them for the quality of care and personalised service they received. Positive feedback was shared with staff to reinforce good practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour. There were policies in place to help ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Senior staff completed regular audits of care plans, care and medicines records to help ensure documentation was completed accurately. Any issues identified in audits were reflected upon and addressed with staff as necessary. This helped the provider identify good practice and areas where staff needed additional support.
- There was a clear management structure. The registered manager [who was also the provider] oversaw the running of the service and was supported by a team of senior staff. Senior staff had a good understanding of their roles and responsibilities, which were clear and defined. This helped to ensure the service was effectively managed.
- The registered manager had submitted appropriate statutory notifications to CQC about significant incidents at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had effective systems in place to gain people's feedback about care. One person told us, "We have good communication with the [registered] manager and all the office staff." Senior staff made regular visits and phone calls to people to check they were happy with their care and implement any changes suggested.
- The registered manager periodically sent questionnaires to people to gain their feedback about care. The responses received had been very positive around the quality of care and consistency of staffing.
- Staff attended regular team meetings where the registered manager shared positive feedback to reinforce good practice and encourage learning. The provider also shared updates with staff through phone calls, memo's and supervision. This helped to ensure staff had a shared understanding of good quality care.

Continuous learning and improving care

- The registered manager had continuously assessed where changes could be made to improve the quality and safety of the service. At the time of inspection, they were in the process of implementing an electronic care planning system. They told us this would enable them to improve the monitoring of care calls, care and medicines administration records.

Working in partnership with others

- The provider worked in partnership with professionals connected to people's care to ensure they received appropriate input and support. This included contacting professionals for their input when people's needs changed.