

Sapphire Care Services Limited

Progress House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 15 March 2016. The home was previously inspected in August 2014, and at the time was meeting all regulations assessed during the inspection.

Progress House is a care home for adults with learning disabilities. It is situated in Kilnhurst close to local amenities and good bus services into Rotherham. The service can accommodate up to five people.

The home 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. The registered manager had responsibility for three services and there was also a general manager at Progress House who also had management responsibilities to ensure the service was managed well.

Care and support was planned and delivered in a way that ensured people were safe. The individual plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk, while encouraging people to be as independent as possible.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People were supported to eat and drink sufficiently to maintain a balanced diet and snacks were available in-between meals. People we spoke with who used the service told us they liked the food and could choose what they wanted and when they wanted to eat. People were supported to maintain good health, have access to healthcare services and received on-going healthcare support.

The environment was well maintained and the standard of cleanliness was good. However, there are environmental improvements required to ensure there are adequate toilets and bathing facilities available for people who used the service.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. We saw the staff training record for the service. This showed that staff were provided with appropriate training to help them meet people's needs.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this and said they could speak to the managers for further advice.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

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 harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

There were appropriate arrangements in place to manage people's medicines.

Is the service effective?

Good 

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way. Training was arranged to meet people's specific needs and some staff were 'champions' in particular areas such as dignity and infection control.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Meals were designed to ensure people received nutritious food which promoted good health and reflected their specific needs and preferences and people were supported to have access to appropriate healthcare services.

The environment was well maintained, however, there was only one communal bathroom and toilet which did not always meet people needs.

Is the service caring?

Good 

The service was caring.

People told us staff were caring and kind.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were passionate and enthusiastic about ensuring the care they provided was personalised and individualised. staff were very respectful of people's privacy and dignity.

People were supported to express their views and were actively involved as much as they were able in making decisions about all aspects of their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of activities on offer at the home. These were enjoyed by people. People were also encouraged to pursue their own hobbies or interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

Quality monitoring and audits took place to ensure policies and procedures were being followed.

The company sent out satisfaction surveys to people, their relatives and health care professionals for them to comment on their experience of the service provided.

Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

Progress House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 15 March 2016 and was unannounced. The inspection was undertaken by an adult social care inspector. At the time of our inspection five people were living at the service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service including the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to the Care Quality Commission by the registered manager. We spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with four people who used the service.

During our inspection we spoke with three support staff and the general manager. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People we spoke with all told us they felt very safe living at Progress House. One person said, "Yes I am very very safe here." Another person said, "The staff are great and make me feel safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Where concerns had been raised the registered manager and general manager had notified the relevant authorities and taken action to ensure people were safe.

The staff we spoke with were also aware of the whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately.

We looked at two people's care files these showed the actions taken to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly. The plans were person centred and evidenced involvement of the person who used the service where they were able, their relatives and advocates.

We saw risk assessments had been developed where people displayed behaviour that may challenge. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way saw that referrals were made for professional assessment in a timely way.

We were told that people were free to move around the home and we saw this during our visit. We saw staff assisted people to go out on outings or for walks some people who used the service also went out on their own. There were procedures in place to ensure this was safe and emergency procedures were in place to be instigated if an issue arose.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs and some people had some hours each week where they received one to one support to meet their personal care needs or accessing the community. Staff we spoke with told us they felt there was enough staff on duty. People we spoke with told us they were always able to go out on activities and there were always staff available to be able to facilitate this.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures. However, the room thermometer used was not a

minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The general manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures. We saw records were kept for medicines received and administered. We also saw disposal of medicines followed correct procedures.

Staff were able to explain how they supported people appropriately to take their medication. For example staff explained when it was necessary to administer pain relief they were aware of signs to show when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Where any issues had arisen as to applicant's suitability to care for vulnerable people there was evidence that the risks had been considered and appropriate safeguards had been put in place to ensure people's safety.

Is the service effective?

Our findings

People we spoke with told us the staff were every good and they liked living at Progress House. One person said, "I am very happy." Another told us, "Staff are very supportive, they trust me and help me."

The general manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff were also aware of the legal requirements and how this applied in practice. The general manager was aware of the new guidance and had already reviewed people who used the service. Applications had been submitted and one person had a DoLS in place and all the appropriate requirements were followed.

We saw evidence that decisions were made following best practice guidance where a person who used the service lacked capacity to make a certain decision. We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. We saw records in people's files that showed best interest meetings had taken place and that decisions made on people's behalf, were made in accordance with the principles of the MCA.

We saw everyone had choices of when they wanted to eat, what they wanted to eat and where they wanted to eat. There was a main meal cooked in the evening taking into account people's preferences, but again people had the choice of something different if they wanted. We saw a good variety of food and healthy snacks were available including fruit. People were also encouraged to assist with cooking to their abilities. We saw the evening meal, which was enjoyed by everyone. One person said, "I really like the food and there is always a choice." Another person said, "I usually cook my own tea but sometimes eat with everyone else, it is my choice."

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice obtained if required.

People's care records showed that their day to day health needs were being met. People had good access to healthcare services such as dentist, optical services and GP's. People's care plans also provided evidence of effective joint working with community healthcare professionals.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included managing challenging behaviour, infection control, safeguarding of vulnerable

adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. We saw training records that confirmed staff had attended training. We also saw records that staff had received regular supervision and all staff told us they felt supported by the registered and general manager.

Staff we spoke with were very positive and passionate about ensuring they had the appropriate training to be able to meet people needs. One member of staff said, "I had a very good induction, I completed the care certificate and really enjoyed it." Another member of staff told us, "I am always learning." Another said, "We are well supported."

We identified during the inspection and from talking with people that the premises did not always meet the needs of people who used the service. We found there was only one communal bathroom which also contained the only communal toilet. There were five bedrooms; one had a full en-suite with wash hand basin, toilet and shower. Two rooms had a toilet and wash hand basin, two rooms only had a wash hand basin. This meant there was only one bath for the use of four people and one toilet for the use of two people, staff and visitors. People who used the service told us when they wanted a bath they had to check if anyone needed the toilet before and did not feel they had time to relax in the bath as while they did there was no toilet for available if it was required.

The general manager and staff told us they had raised this with the provider but at the time of our visit nothing had been planned to improve this for people. The general manger told us it had got worse since the fifth person had moved in as the room they occupied had been previously used as the staff sleep room and bathroom. However now the office was used as the sleep room and did not have an en-suite.

This was having an impact on people who used the service as they were restricted when they could use the bath. We discussed this with the provider who has confirmed in writing they will review the arrangements and would provide a separate toilet so the bathroom could be used as required and would not restrict access to a toilet.

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff and the management team. People told us staff were kind and caring. One person said, "The staff are all lovely, we all get on." Another person said, "The staff respect me and are kind." We saw completed questionnaires by relatives' which were all very positive. One had written, 'The staff are so supportive and caring'.

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together.

It was clear that people were supported to maintain their family relationships and friendships. For instance, people's plans included information about their family and friends and who was important to them.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked people if it was alright to assist them. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

All staff we spoke with were passionate about providing high quality care. They all knew the people well who they supported. Staff told us they were listened to and valued by the registered and general manager and felt that they worked together as a good team. This improved the quality of life for people they supported. One staff member told us, "We work together well as a team, which then means the people who live here are happy."

We found that care plans showed the degree of involvement that each person had with reviewing their care needs, and this reflected the help of their relatives. The care files were very person centred and individualised.

At the time of the inspection people who lived at Progress House were young and healthy. The general manager told us they had not directly considered end of life care but were looking at appointing an end of life champion. This was so that they could support people if they became ill or had an illness that was life shortening. They also told us it meant they could also support people who used the service if a close friend or relative was ill or died.

Is the service responsive?

Our findings

We found from talking with staff they were knowledgeable about people's needs and how to best meet people's needs. People we spoke with told us the staff understood them and helped them. One person said, "Staff support me to become independent, I am learning to cook and keep my room clean."

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. The plans were person centred and detailed people's choices and decisions.

The plans had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives. People's support plans we looked at contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities outside the home to ensure they were part of the local community. Staff supported people in maintaining relationships with their friends and family members and people told us that their visitors were made welcome. There was a very good range of activities and we saw that staff actively encouraged and supported people to engage, which helped to make sure they were able to maintain their hobbies and interests. People accessed the community on a regular basis continuing with hobbies. For example one person regularly went horse riding, which they enjoyed.

One person we spoke with told us, "I go out a lot I have been to the pictures today." Another comment was, "I am going on holiday I am really excited as I am going on an aeroplane again." Staff told us all the people they supported had a holiday organised for this year, they had all chosen where they wanted to go and for how long. Staff had supported people to make the arrangements and book their holidays.

The staff demonstrated a good awareness of how people they supported could present with behaviour that challenged and could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests.

The general manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We asked people if they would tell staff if they had a worry and they said they would. We had no concerns raised by anyone during our inspection. One person said, "If I have any concerns I talk to staff." They named staff they would talk with and were confident they would be listened to and any issues resolved.

We spoke with the local authority contracts officer who visits the service they told us they felt the service was very responsive to people's needs. They also told us they had achieved the excellent award following their visit this is the highest level they could achieve.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2015. There was also a general manager who had day to day oversight of the service.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level. Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them.

Staff had told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The managers are both approachable and have an open door policy." Another staff member said, "We are well supported and we all work as a good team."

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered and the general manager. The reports included any actions required and these were checked each month to determine progress.

The general manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety, medication and care plans. The registered and operations managers also carried out monthly audits. We saw a variety of audits and it was clear any actions were identified and addressed. However the lack of bathing facilities had been identified and requests had been made to review the environment but there was no evidence at the time of our visit that the provider was addressing this.

We had written confirmation from the provider after our visit to confirm this was being looked at and were reviewing the existing bathroom to determine if it could be divided to provide a separate toilet and add a shower. We have also received an email from the operations director who has confirmed the bathroom will be altered to provide an additional toilet and shower.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There was also a key worker meeting each month involving the people who used the service. This ensured people had opportunity to raise any issues or concerns or just to be able to talk with their key worker communicating any choices or requests.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive. The surveys were sent to people who used the service, relatives, health care professionals and staff. The returned questionnaires we saw all contained positive comments. One comment was, 'staff have the time for everyone' and 'it is a really clean and inviting home'.

We also saw there were meetings for people who used the service. The minutes of the last meetings were

available for all people to see. The minutes were available in an easy to read format for people who used the service to understand. The service also had a 'Your voice' representative. There were representatives in each service and they met regularly to ensure people's views were considered to continually monitor the quality of the service provision.

We found that recorded accidents and incidents were monitored by the registered and general manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

From our observations at inspection, it was evident that the vision and values had been embedded into the way the home was managed and put people at the heart of the service. The provider was also developing a positive behaviour support programme, it is a research based approach to working with individuals who present with challenging behaviours. They are aiming to be able to use the least restrictive practices and to learn from best.