

Choices Progression Ltd

Choices Progression - Head Office

Inspection report

Unit 2
Phoenix Park, Telford Way, Stephenson Industrial Estate
Coalville
LE67 3HB

Tel: 01530820006

Date of inspection visit:
24 July 2019

Date of publication:
21 August 2019

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

Choices Progression - Head Office provides personal care to people with learning disabilities in their own home or through supported living. At the time of our inspection two people were using the service, one through supported living and the other receiving personal care in their family home. The supported living property had a sleep-in room for staff providing overnight care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were safe in their homes and staff understood how to protect them from harm and abuse. Risks to individuals were assessed, monitored and reviewed, and there were enough staff to meet people's needs. The provider followed safe recruitment practices. People's medicines were managed safely when it was the provider's responsibility to do so. People chose what they wanted to eat and drink.

People and their relatives were central to planning their support. They were enabled to make choices about their care, including participating in activities they enjoyed. They 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. Staff were developing a good understanding of people's communication styles to assist them with this.

There were systems in place to monitor and assess the quality of care people received. The registered manager and provider showed a clear understanding about their responsibilities as registered persons.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 September 2018 and this is the first inspection.

Why we inspected

This was a planned full comprehensive inspection to ensure that the service was meeting the regulations of the Health and Social Care Act 2008 and CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Choices Progression - Head Office

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

The service was designed to provide personal care to people with learning disabilities. At the time of inspection this was through domiciliary care in one person's own home and through supported living for one other person. In supported living arrangements 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.

Notice of inspection

We gave the service 4 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the provider from their registration, including their statement of

purpose. We used this to assist us to plan our inspection.

During the inspection-

We spoke with the nominated individual, the registered manager and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We met one person who used the service and although they were not able to tell us their experience of the support they receive we did observe their interaction with the registered manager.

We looked at the care records for two people and records in relation to the management of the home such as quality assurance checks, staff training and recruitment records.

After the inspection –

We spoke with one relative by telephone.

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 for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- They had received training in safeguarding and one member of staff told us, "I have a small card with the important telephone numbers on it which I carry in my bag in case I need it."
- No safeguarding concerns had been raised to date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- When people needed support to move, the staff had received training to know how to support them safely and understood how to use mobility equipment.
- Some people could demonstrate their decisions or anxieties through their behaviour. This had been assessed and staff had clear guidance about how to approach these situations and what action they should take.
- Staff we spoke with knew about people's individual risks in detail. They described how they responded to certain behaviours, in line with the guidance they had been given.
- They completed reports when these incidents occurred and the registered manager reviewed them with the staff to consider whether they had followed the guidance or how the situation could have been managed differently. This reflected that the provider used situation to learn lessons.

Staffing and recruitment

- There were a small team of staff employed to work with each person to ensure consistency. Bank staff provided any additional cover and the registered manager told us they were recruiting to avoid using agency as they recognised the importance of familiar staff to both of the people.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely

- Medicines management and administration was shared with relatives of the two people who were supported; relatives for one person retained full responsibility for medicines and for the second person they continued to support the person with health appointments and ordering their medicines.
- When staff did administer medicines they kept clear records to evidence this.
- Staff we spoke with described their training in medicines management. One member of staff said, "I completed a workbook and then the registered manager did some observations to check my competency."
- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff

to know when this was needed.

Preventing and controlling infection

- Staff understood the importance of protective equipment in reducing the risks of cross - infection. They told us they had access to equipment for example, gloves and aprons whenever required.

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

- The service had been designed around the two people who were using it and their requirements. One relative told us, "We have worked together to plan the service and we are meeting and talking all the time to decide what is working well and tweaking the care plan as we go along."
- This was the first time each of the people had care away from their family and there was therefore a transition plan in place for both. This was to ensure they adapted to the new arrangements at a pace that suited them.
- At the time of our inspection relatives were continuing to support people with healthcare appointments. However, there were clear, detailed plans in place to describe the people's assessed needs and choices to staff. Staff we spoke with had a good understanding of any signs of distress or discomfort; for example, one staff member described the action and noise one person would make if they were in pain.
- Care plans described the clear outcomes for the people to make their own choices about how they lived their lives and developing their independence.
- People and relatives were satisfied with the care and support they received, and we saw staff provided care in line with best practice.

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 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 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 records to evidence capacity assessments and best interest's decision making when people did not have capacity to make decisions.
- Staff had a sound understanding of the MCA and how to enable people to make decisions.
- One application to the Court of Protection had been made in line with the MCA but had not yet been assessed.

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

- People were supported to eat and drink well and their choices were known by staff and followed.
- Staff we spoke with described how important one person's routines around food was to them and we had been detailed in their care plan.

Staff support: induction, training, skills and experience

- Staff received training and support to do their job well. This was a combination of on-line training and some face to face. The registered manager told us, "We have access to a training co-ordinator who does some smaller sessions at the end of staff meetings. This works well because we can use the specific needs of the people we support to inform the training; for example, in MCA."
- One relative we spoke with said, "Staff do have training and we also work with them to help them to understand people's choices." Staff confirmed the support of relatives in getting to know people and in particular understanding their communication which had been beneficial.
- There was a thorough induction for new staff and they completed the care certificate. The care certificate is a national set of standards to ensure all care staff receive a through induction.
- The staff had opportunities to discuss their wellbeing, performance and their personal development during regular supervision sessions. One member of staff told us, "It is an opportunity to discuss our personal achievements and we also set something to work on for the next supervision."

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 as 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

- People had caring, kind supportive relationships with the staff who supported them.
- One person told us, "The staff are all caring and all of them want to get it right."
- People's care plans and records written by staff, used respectful language and gave a good overview of how people were supported.
- People's diverse needs were respected, and care plans identified their cultural and spiritual needs.

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

- People's care plans recorded the support they needed to make decisions.
- Staff and a relative described to us how important it was to understand the people they supported communication styles to enable them to make their own choices. Sometimes this meant understanding a behaviour as a way of saying what they wanted; for example, that the person was choosing not to do something. At other times objects were used to assist them such as showing a bag to one person to ask if they wanted to go out.

Respecting and promoting people's privacy, dignity and independence

- Staff had a strong understanding of the importance of dignity and privacy for people. One member of staff said, "We are all here to deliver high quality truly person-centred care which is all about the people we support."
- The service was designed to enable two people to develop their independence. It was being delivered in partnership with families to ensure a slow transition in order to reduce the stress for the people involved.

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 as 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 were supported by staff who knew them well and understood their preferences. Some staff had previously worked with them in their day service and others were new. They all received very detailed guidance through care plans in how to support people in their homes.
- Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- Staff told us they had systems in place to share what support people required. One member of staff said, "We have a handover every day to find out about people's needs and we also complete communication books, so people receive consistent support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and it was clear how information should be shared with them. For example, one person could respond to simple questions with signs and some speech and another person used gesture and facial expressions.
- Person centred plans were completed with people using pictures and symbols. These explored what made a good day for people and who was important to them in their circle of support.
- Other information was also developed in an accessible format; for example, information about complaints and safeguarding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had busy, varied lives with lots of activities based around their interests. When we met with one person we talked about their evening out at the cinema and the meal they enjoyed, and they smiled and nodded to communicate to us they had enjoyed it.
- Staff understood the type of activities people enjoyed well; for example, they knew to avoid noisy, crowded environments for one person.
- One relative we spoke with told us they were working with the staff team to pursue some relaxing activities in the home. They said when the support first started staff were keen to think of things to do every day but that after a busy time in day services their relative was often tired and preferred a more relaxed evening.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, although no complaints had been received.
- The registered manager told us they were proactive in encouraging feedback to resolve any concerns as soon as they were raised. For example, they held a team meeting to talk about alternative home-based activities, on the days the person was tired.

End of life care and support

- People being supported by the service did not require end of life care. The registered manager and nominated individual understood the importance of assessing all aspects of the people's lives, but this had not been discussed at this transition stage of service development.

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

- The registered manager and nominated individual had close relationships with the people using the service and their families based on many years of providing a day service to them. They were developing this next stage in the people's lives in partnership with their relatives to develop their independence.
- The primary focus for the start of the service had been a carefully managed transition for people. Staff and the managers told us they were really pleased with the reaction of the people they supported so far. The registered manager said, "We anticipated the transition being more difficult but [Name] seems to have settled really well and is enjoying themselves."
- One relative we spoke with said, "I cannot fault them. They have been fantastic, and always happy to listen to us and constantly adapting to get things right for everyone."
- Staff told us they felt listened to and supported as well. One member of staff said, "Coming to work here was the best thing I have done. The managers are great and are always on hand to guide and support us."

Continuous learning and improving care; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and nominated individual had worked closely with partner agencies and families to develop and set the service up. The registered manager said, "We had to put back starting a few times because of different obstacles, but we wanted to get it right from the beginning. Those staff who were already employed before the service started were able to spend time in the day service getting to know the people they would be supporting so in some ways it worked well."
- Policies and procedures had been adapted and reviewed to ensure they were fit for purpose and aligned to the statutory regulations.
- As the service was small and new, checks of paperwork and care standards were regularly completed. The registered manager said, "As we grow we will establish roles and systems for monitoring and quality improvement. For now though we want to check we have everything we need in place and it is working well. It will be a good base to grow from."

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 demonstrated an understanding of the requirements to notify us of certain incidents under their registration; however, there had been no situations which required this to date.

- They also understood duty of candour and told us the service was built on principles of open communication and learning from any mistakes.