

Progress Adult Services Limited

Dixons Farm

Inspection report

Wigan Road
Preston
Lancashire
PR5 6AS

Tel: 01772626916
Website: www.progressschool.co.uk

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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

Dixons Farm is a residential care home providing personal care for up to six people living with a Learning disability or autistic spectrum disorder and younger adults in one adapted building. Six people were living at the service at the time of the inspection.

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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe living in the service, staff had received relevant training and records detailed the actions taken as a result of allegations. Risks were managed safely; relevant servicing and checks had been completed. Incidents and accidents were recorded and actions had been taken as a result, including lessons learned. Medicines were managed safely and no concerns in relation to infection control were noted.

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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. Relevant capacity assessments and best interests assessments had been undertaken. Evidence confirmed relevant professionals were involved in people's care and needs. A range of meals according to people's choice and needs were provided. The service had been designed to support people's individual needs. The registered manager told us of their ongoing refurbishment plans.

People received good care. We observed kind and caring interactions between staff and people. People were treated with dignity and respect and their choices were considered.

Care files contained information about how to support people's individual needs. A range of activities were provided to people according to their likes and choice. Technology was being used to good effect in the service. A system had been developed to ensure complaints were managed.

We received positive feedback about the management, the support they offered and the changes since the last inspection. All members of the staff team were open and transparent during the inspection. Audits and monitoring of the service was ongoing and team meetings were taking place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dixons Farm

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

One inspector undertook the inspection.

Service and service type

Dixons Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we checked the information we held about the service. This included feedback, concerns, information relating to investigations and notifications the service is required to send to us by law. We also asked for feedback from professionals who had experience of the service. We received feedback from two professionals who regularly visit the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and sought feedback from one relative. We also undertook observations in the public areas of the service. We spoke with eight staff members. These included, five care staff, the deputy manager, the operations director and the registered manager who took overall responsibility for the service. We looked at a number of records. These included, one care record, medication administration records, three staff files and training records. We also looked at records relating to the management of the service, including audits, meeting minutes and actions taken since the last inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to ensure people who use services and others were protected against the risks associated with unsafe or unsuitable premises. This was because of inadequate action in relation to fire risks. Action was not taken to analyse and assess incidents in a timely manner. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were assessed and managed. Lessons were learned.
- A range of environmental risk assessments had been completed and personal emergency evacuation plans were in place. Since the last inspection a new fire alarm system had been installed and relevant checks on fire safety equipment was being undertaken. Evidence of servicing was noted for example, electrical safety and portable appliance testing. We noted the action taken in relation to a water leak recently as a result of the inclement weather.
- Individual risk assessments had been completed which identified individual risks and how to manage these safely.
- Systems had been developed to record incidents and accidents. A tracker system had been developed which supported the service to monitor these and identify any themes or trends. Records included lessons learned to reduce any future risks.

Using medicines safely

At our last inspection we recommended the provider sought nationally recognised guidance to ensure medicines were managed safely in the service. The provider had made improvements.

- Medicines were managed safely.
- Staff had undertaken medicines training and competency checks had been completed.
- Medicines were stored and administered safely. We observed two staff undertaking administration of medicines to people. Where one person was supported to take their medicine with a food product staff took actions to ensure this was labelled correctly in the fridge to prevent infection risks. Records were completed in full once medicines were provided to people.
- Records provided staff with guidance about people's individual needs, including as required medicines, topical creams and homely remedies. Medicines audits were completed, which ensured any shortfalls in the management of medicines would be identified and acted upon by the management.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- One person told us they were, 'happy' and people appeared comfortable in the company of the staff team. Staff told us the actions they would take if they suspected abuse. One said, "People are safe here. [Any concerns] I would go to the management first; my next steps would be to go to the safeguarding team if nothing was done."
- Systems had been developed to record, investigate and act on any allegations of abuse.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient.
- Staff told us and records confirmed safe recruitment practices had been followed. Relevant checks had been completed including proof of identity, application forms and referencing from previous employers.
- Staff told us there were enough staff to undertake their role. They said, "There are enough staff on duty to look after people. [There are] a lot of new staff for the better." We saw sufficient staff on duty supporting people with their needs. A relative told us, "I know a lot of the staff with visiting regularly and it is nice to see the same faces for both myself and [name of person]. I now feel [name] is very safe again with enough staff to meet [names] needs."

Preventing and controlling infection

- People were protected from the risks of infection.
- The service was tidy and infection control audits had been completed. Policies, guidance and training was available for staff to support good infection control practices.



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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people who use services and others were protected against the risks associated with documenting restrictive practice and the timely submission of deprivation of liberty applications to the assessing authority. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. 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.

- People were protected from unlawful restrictions and consent had been considered.
- Records we looked at confirmed DoLS applications had been submitted to the assessing authority and the progress of these had been followed up. Where these had been approved records confirmed the details of the assessments undertaken. Relevant individual mental capacity assessments and best interests decisions had been completed, this ensured people were not being deprived of their liberty unlawfully.
- Staff told us and we observed consent was sought before undertaking care or activity. The registered

manager told us they engaged people and relatives in decisions about their care.

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

- People's individual needs had been assessed and their choices were considered.
- Records confirmed people's individual needs had been assessed. Records included local authority assessments. This would ensure people's needs could be met at the service. A relative told us, "[Registered manager] and [Deputy manager] have only known [name of person] for a short while but are excellent how they know [name] needs so quickly.

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

- People were supported to access healthcare services, professionals and support.
- Care records contained information about people's medical history and records confirmed relevant professionals had been involved in the care and treatment for people.
- A range of guidance and information was available to staff to support people's needs. Assessment of people's oral health needs had been completed by the service. This demonstrated their commitment to implementing nationally recognised guidance.

Staff support: induction, training, skills and experience

- People were supported by a skilled and supported staff team.
- Staff told us they had received enough training to support them in their role. One said, "Training is available I am up to date no problems."
- Training certificates and the training matrix confirmed the training provided to staff. These included, fire safety, health and safety, basic life support and moving and handling. New staff to their post and staff files confirmed induction programmes were completed on commencement to their role.
- Staff told us they received supervision, records confirmed this.

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

- People were supported to eat and drink.
- Menu choices were on display including the meal planned for the day. Staff were observed preparing the meals. The kitchen was clean and tidy, and relevant food temperate and cleaning checks were in place.
- The food smelt nice and looked appetising. We observed people supported to eat their meals as required by staff. Where people required a specialist diet, this was provided to them. Records confirmed the meals people chose and ate. One person's record required updating in relation to the support they required with meals. The registered manager took immediate action to ensure these reflected the person's current need.

Adapting service, design, decoration to meet people's needs

- The service design and decoration supported people's individual needs.
- Communal facilities were accessible to all people, these had been nicely decorated. The registered manager told us about an ongoing refurbishment plan as well as future plans to develop sensory and activities rooms in the garden.
- We noted improvements in the environment since our last inspection. Bedrooms were of single occupancy and one person had access to their own lounge area, bathroom and bedroom.



Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we recommended the provider sought nationally recognised guidance to ensure people were enabled to express and be involved in expressing their wishes and needs. The provider had made improvements.

- People were involved in decision about their care.
- We observed staff supporting people to be involved in decisions and choices about their care. It was clear staff understood people's needs and how to ensure they communicated with them effectively. Records included information about the persons likes and individual choices.
- Information relating to advocacy services and how to access them was on display in the public areas. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended the provider sought nationally recognised guidance to ensure all staff had the knowledge and skills to maintain and promote people's privacy and dignity. The provider had made improvements.

- People's privacy, dignity and independence were respected.
- People told us the staff, 'helped them'. We observed staff supporting people to be independent in their day-to-day activities and care. People's individual needs was discussed quietly with them. The care file we looked at contained information about how to support the person to be independent.
- The service met their responsibilities in relation General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals. Most records were stored securely in the manager's office. However we saw some daily records

had been left out in a public area. We raised this with the staff team who took immediate action to ensure records were stored securely.

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

- People were well treated and supported and their diverse needs were considered.
- We observed staff supporting people's needs, with kindness, respecting their individual choices and diverse needs. One person told us they were, 'happy' with their care. A relative said, "I am very happy with the care that Dixons provide to my [relative]." Staff told us, "People get good care, I look at care files to get to know the individual." The care file we looked at contained information about the person's likes, dislikes, needs and choice.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Assessments of people's needs had been completed.
- Care files contained good information about how to support people's needs including short, medium and long term goals. Where some areas of the record required updating the registered manager took immediate action to ensure it reflected their current needs. A relative told us, "I am always kept informed of any changes in [name's] care or changes within the house. They always meet his needs."
- Daily record books had been completed which identified the daily care provided to people as well as the confirmation that the senior team had reviewed the care provided.

End of life care and support

- People's end of life care and support was considered.
- Records had been developed which could be completed to support people's end of life care needs if required. The management told us of their plans to support people who used the service with difficult conversations about end of life.
- Policies and guidance were available to support staff in delivering end of life to people if required.

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 supported.
- People's individual communication needs were considered by all members of the staff team. Staff were observed engaging people in a manner which they understood and enabled them to make their own decisions. These included the use of sign language and visual photo cards. Photo cards had a range of

information to support people in their daily activities, including routines, activities, and food and drink.

- Information and guidance was on display in the service. These had been developed with the use of the written word as well as pictorial. People's individual records included detailed information about how to communicate with the person effectively.

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 were supported to avoid social isolation where relevant.
- Good information was available which confirmed a range of activities were provided to people. We observed activities of people's choosing taking place both in the service and out in the local community. Where people did not wish to take part in activities we observed these were respected by the staff team.
- Individual activity programmes had been developed for all people according to their interests and choice. These were reviewed by the service including; targets, goals and future aspirations. Activities included, out in the community, DVD, meals, drawing and colouring, contact with family, crafts and photographs. A relative told us, "[Name] is now doing very well again and enjoying daily activities."
- Technology was being used in the service. WIFI was available for people to access and we saw people making use of electronic hand held devices. The registered manager told us about, and we saw a new online safe system where photographs can be shared with family. People's progress, including goal settings in the short, medium and long term was included. The registered manager told us they had received positive feedback about the online system from families.

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to.
- A system had been developed to ensure complaints were acted upon. No complaints had been recorded. Policies and guidance were available for staff to follow to deal with a complaint.
- A range of positive feedback had been received. The registered manager had developed a log of these which confirmed who the feedback was shared with.



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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- A person centred, and open culture, which supported good outcomes for people had been developed.
- Certificates of the providers registration as well as the ratings from the last inspection were on display along with guidance and information to support the delivery of care to people.
- All members of the staff team were very supportive of the inspection. Information we requested was provided promptly. Following our inspection the registered manager provided further information promptly which confirmed the actions taken by them.

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 service acted when things went wrong and understood their responsibilities.
- A range of audits had been completed, including senior audits by the senior team and quality team. Areas included, quality improvement, financial, environmental, health and safety, records, night visit checks and observations in the service. Records included the date these were completed, the findings and the actions taken as a result.

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

- The registered manager and the staff team were clear about their roles and responsibilities.
- Staff were very positive about the management team and the changes they had made. Comments included, "There has been a big change overall in the year for the better, it runs a lot better. [Registered] Manager is good and very fair; they have an open door policy, I like them. They are around and I can approach them."
- The registered manager told us they operated an open door policy and were visible in the service. Staff we

spoke with confirmed this. We observed the registered manager and deputy manager were visible in the public areas of the service. It was clear they understood people's needs.

- A relative was complimentary about the registered manager and the staff team. They said, "I am supported and listened to at all times by the management and the staff. Having [registered manager] and [deputy manager] there is the best thing that has happened at Dixons in a long time. They are very good with getting everything done and I feel happy my [name] has them, and all the lovely staff."

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

- People and staff were engaged and involved.
- Regular team meetings were taking place, staff told us daily 'flash' meetings were held where information was shared with the team. Topics covered included, risk register, environment, service user's needs, staff jobs list, handover and working with professionals.
- The regional director told us that the provider planned to obtain feedback from people and relatives this year. Following the inspection the registered manager provided a copy of a planned audit for people and relatives to be undertaken in the interim.

Continuous learning and improving care

- Continuous learning and improving care was considered.
- A range of policies, procedures and guidance was on display and available for staff to follow to support safe delivery of care.

Working in partnership with others

- The service worked in partnership with others.
- We received feedback from professionals which confirmed partnership working had been established. Records we looked at confirmed relevant professionals were involved in people's care and needs. People who used the service were supported by staff to access the local community as they wished.