

Progress Housing Limited

Progress Housing Supported Living Service

Inspection report

The Board Room, 15 Sea Lane
Ferring
Worthing
West Sussex
BN12 5DP

Tel: 01903709489

Date of inspection visit:
05 March 2020

Date of publication:
23 April 2020

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

Progress Housing Supported Living Service provides personal care and support to people living in their own homes. People who received a service had a learning disability and complex needs including communication impairments, physical health needs and complex behaviour. At the time of the inspection five people were receiving a service from one location.

People were tenants in a shared house in a residential street. Each person had tenancy agreements with the landlord. The property was over two floors and had been fully adapted to meet the needs of people who lived there. People had their own bedrooms and bathrooms and shared the communal areas and garden.

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. The property did not have signage that identified it as a place where people received care and support. Staff were discouraged from wearing anything that suggested they were care staff.

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

People were safeguarded from situations in which they may experience harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe. People received support from a skilled and consistent team of staff who knew them well. People told us they felt safe.

There was a visible person-centred culture which was truly imbedded within the ethos of the service. The manager and staff team were highly motivated and proud of the service they provided to people. There was a strong commitment to ensure the service was inclusive and people had the opportunity to develop new skills and community connections.

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 were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well.

The culture of the service was positive, and people and staff were complementary of the management and provider. Systems and process were in place to monitor the quality of the service being delivered. Staff told us it was a good place to work and the enthusiasm from the team impacted positively on the people using the service.

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.

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 29 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection schedule for new services.

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

Progress Housing Supported Living Service

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 undertaken by one inspector.

Service and service type

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

The service has a full time manager who is in the process of registering with CQC as the registered manager for the service. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with six members of staff including the manager, area manager, three care workers and an agency carer. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek feedback from four relatives and five health and social care professionals about their experience of the care provided.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and process protected people from the risk of abuse. Information about safeguarding processes were available to staff. Staff knew how to raise a concern.
- Staff had good knowledge of safeguarding and how to keep people safe. Staff had completed safeguarding training and had access to the safeguarding policy. Safeguarding was regularly discussed at staff supervision and team meetings.
- People and their relatives told us that the service provided was safe. One person said they would tell staff if they did not feel safe or if people were not being nice to them. Relatives told us that their loved ones were well cared for, safe and happy.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. People were supported by a flexible approach to risk management which enabled them to take positive risks. Comprehensive risk assessments were carried out to enable people to receive care safely and take part in activities of their choosing.
- Risk assessments had been regularly reviewed and provided clear guidelines on how risks could be reduced. One person who had been assessed as being at risk of social isolation participated in a comprehensive programme of community based activities. This provided the person with the opportunity to socialise and form new friendships.
- Staff were familiar with each person's risk management plan and worked together to ensure risks to people were mitigated. Management process were in place to identify and minimise risks. This included robust financial systems and audit to protect people from experiencing financial abuse.

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to support people safely. Staffing levels were determined by the level of care and support each person required. Our observations showed that staff responded quickly to people's requests for support and had time to sit and talk to people.
- People were supported by a consistent and familiar team of staff. People helped determine which staff would be employed to support them. Throughout the inspection people appeared happy and comfortable in the company of staff and staff knew people very well.

Using medicines safely

- People received their medicines safely. Medicines were stored in locked cabinets in people's bedrooms. Staff had received training in administration of medicines and only those staff who were assessed as competent were able to administer these.
- Systems and processes were in place to ensure the safe storage, administration and disposal of medicines. There was a clear and safe process for administering 'as and when required medicines' (PRN).
- There was a person centred approach to administering medicines. Medicines were administered discreetly to ensure that people's privacy was maintained. Whenever possible and in line with people's individual abilities people were encouraged to be involved in the management and administration of their own medicines.

Preventing and controlling infection

- This inspection took place prior to government 'Stay at Home' advice of 23 March and social distancing restrictions relating to the recent global Coronavirus pandemic. Policies and practices in the service ensured people were protected by the prevention and control of infection.
- The provider had prepared people and staff for the Coronavirus pandemic. This included enhanced infection control procedures and the use of Personal Protective Equipment (PPE) in line with the advice from Public Health England (PHE). Staff were knowledgeable about the precautions required to protect and mitigate the risk of people contracting the virus. We observed good hygiene control measures being upheld.
- Staff who supported people with food preparation had received food and hygiene training. This help to ensure people would be protected from the risks of infections.
- Robust infection control processes were in place for people who had a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. PEG feeding tubes are a way of giving food, fluids and medicines directly into a person's stomach through a thin tube. Infection control methods were robust and mitigated the risk to the person of cross contamination and infection.

Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe. Accidents and incidents were recorded and regularly reviewed by the registered manager and provider. This ensured robust and prompt action was taken to mitigate a further occurrence and that lessons were learnt.
- The provider worked collaboratively with people, relatives and staff to continuously improve safety for people. This ensured issues were addressed promptly, and any changes made cascaded to the staff team to implement in a timely way.
- An outcome from a recent lessons learnt opportunity was a review and update of people's hospital passports and personal details. This ensured that medical professionals had full and accurate information relating to the person who required medical assistance.

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

- People's needs were met by a holistic approach to assessing, planning and delivering care and support. People had comprehensive assessments prior to receiving a service to ensure their needs could be met. A relative told us the pre-assessment processes had been effective in enabling staff to fully understand and plan for their loved ones needs prior to them receiving a service.
- Assessments were clear and gave details of people's needs and preferences. Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process. People had access to technology and equipment that met their assessed needs.
- A range of assessment tools were used to ensure people received care and support appropriate to their needs. This included the National Institute of Clinical Excellence (NICE) guidance on oral care and hygiene. People's oral health care needs were comprehensively assessed and reflected within their support plan. This ensured people's diverse needs were considered and promoted within their care.

Staff support: induction, training, skills and experience

- People received care and support from a staff team who were well trained and supported. Staff had the knowledge and skills to meet people's needs.
- Staff had access to regular training as well as bespoke training to meet people's specific needs. The culture of the service fostered the continuous development of staff skills, competence and knowledge to ensure all staff had the current skills and knowledge to carry out their role.
- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included detailed information from people living at the service about how they wanted to be supported.
- Staff received regular supervision and support. Staff told us that their supervision was constructive and provided opportunities for feedback on their performance as well as areas for personal development. One staff member told us they felt valued by the provider who had afforded them the opportunity to progress their career within the company.

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

- People were supported to receive a healthy and balanced diet. There was a strong emphasis on eating and drinking well. Staff were aware of people's individual needs and preferences and received specialist guidance to support people to eat and drink safely.
- People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). People's support plans identified what types of food they could eat and what

support they might need to eat and drink. Nutritional supplements were provided to people whose nutritional intake required a boost and this ensured they received the nutrients needed to maintain their health.

- People received detailed nutritional and dietary support to ensure their nutritional requirements were met. One person received food supplements and fluids through a PEG feeding tube as they were at high risk of choking. They told us they had worked with their SaLT to develop a safe way of tasting food without ingesting it. This enabled the person to experience flavours whilst mitigating their risk of choking.

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

- Records showed that people attended regular appointments with GP's and dentists and had access to other health and social care professionals when necessary. People received an annual health check which is best practice for people with a learning disability and or autism.

- There were clear systems in place to maintain continuity of care. Each person had a hospital passport. This helped to ensure other professionals would have the information they required if the person was admitted to hospital.

- Where people had complex health or communication needs, staff sought to improve their care, treatment and support by implementing best practice measures. Staff liaised effectively with other organisations and teams and referred people to health and social care professionals such as physiotherapist and SaLT where necessary.

- Records were kept about health appointments people had attended. Care plans and daily notes confirmed guidance provided by health care professionals was implemented. People were able to participate in activities and exercise designed to keep their minds stimulated and promote their wellbeing.

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

- People lived in supported living accommodation and each person had a tenancy agreement in place. People were supported to work with their landlord to achieve an environment that met their needs.

- The decoration and adaptations made to the environment supported people's individual needs and promoted independence. The property was fully accessible and included bespoke adaptations such as kitchen worktops and appliances that were instantly height adjustable to accommodate people who used a wheelchair.

- People's bedrooms were decorated to their own tastes and included personalised items and possessions. Communal areas were homely and reflected the ages, personalities and personal interests of everyone who lived there.

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 and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.
- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people.
- Processes were in place, and records confirmed that applications to the Court of Protection (CoP) had been made appropriately. This ensured people's care was in their best interests and any restriction placed upon their liberty were the least restrictive option.

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

- People were cared for with kindness, respect and compassion by a consistent team of staff who knew them well. Staff were compassionate and caring and shared a passion for ensuring people were happy and content with their lives. There were positive relationships between people and staff; interactions were warm, friendly and pleasant.
- Staff respected people's individuality and supported each person in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. Care plans reflected people's abilities and what they were able to do for themselves, for example choosing items they wished to purchase. This ensured people's independence was maintained.
- People and their relatives told us that staff knew them very well and they were treated and respected as individuals. A relative told us people were supported by a team of staff who were committed to ensuring everyone lived a full and fulfilling life. They described staff as treating their loved one with respect and kindness and ensured they were happy and healthy.

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

- Staff supported people to be involved in decisions about their care and influence decisions about the running of the service. This included the recruitment of staff, the environment, meals, activities and social opportunities.
- One person told us they were fully involved in the recruitment of staff which included attending a recruitment fair and writing and asking their own questions at interview. Staff told us that following the interview they sought the person's views about the suitability of the candidate to work at the service. One staff member said " [name] views and choice are respected as their word is the most important when deciding who they want supporting them."
- People were central to discussions about how they wanted to receive their care and support. Staff had a very good understanding of people's communication needs; this knowledge was used to support people to make choices and decisions. One person without verbal speech used email to review and amend their support plan. This was a demonstration of how a person's unique communication methods enabled them to make choices and decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity was respected. People were supported to have choice and control over their lives. People's personal information was held securely and only shared where this was in their best interests.

- Staff upheld and promoted people's privacy and dignity. Throughout the inspection we observed staff knocking on doors and asking permission before entering people's rooms. Staff were very discreet when asking people if they needed assistance and were very respectful of the service being people's home rather than a place of work.
- Staff actively promoted people to be as independent as possible within their own capabilities. One person was able to use their head to engage a computer generated voice to operate technology within their bedroom. This enabled the person to independently operate the lights, television and radio in their bedroom.

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 experienced personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care and support plans were created which were bespoke and person centred. Information was detailed, up to date and provided clear guidance for staff. Preferences and choices were clearly documented in people's care records.
- People were supported by staff who knew them well. Staff worked with people to find ways to provide support to meet their unique support needs. For example, one person with complex health needs had their own car and additional staff support to ensure they were able to participate in community activities which they enjoyed.
- Staff had an excellent understanding of people's needs; they used this to support people to achieve their goals and realise their wishes. Each person's goals for the month were clearly visible on individual display boards in their rooms. This included accessing social activities, areas of interest, holidays, sports and education.

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.

- The provider complied with the Accessible Information Standard. Information was routinely provided to people in a way they could read or understand. Staff used a wide range of person centred accessible information to promote effective communication. Examples of information available in easy read included guidance on Coronavirus, Safeguarding, recipes, keeping safe on social media and end of life planning.
- People had complex communication needs and staff had developed individual ways to promote effective communication. People were encouraged to use a range of communication means to express themselves which were clearly identified within individual care plans. During the inspection we observed people communicating effectively with staff using a variety of communication methods including, technology, pictorial references and body language.
- One person used technology to communicate by using their head to operate a switch attached to their wheelchair. This spelt out words and phrases which were transferred to computer generated verbal speech. The person was able to communicate effectively, including discussions around their care needs and preferences as well as operating other voice controlled technology.

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 access activities that were meaningful to them and provided social interaction. Staff were proactive in providing opportunities to enhance people's lives each person had a comprehensive timetable of activities. One person told us they enjoyed going to music concerts and had recently been ice-skating where they were able to take their wheelchair onto the ice, others had visited museums of interest in London. During the inspection we observed people experiencing a sensory session and one person went to the local swimming pool. Staff told us they observed an increase in positive engagement and well-being in people when they participated in activities they enjoyed.
- People were actively encouraged and supported to maintain relationships with friends and family. One person told us how they were able to meet up regularly with a friend who was very special to them. Some people regularly spent time at their family home, visitors were encouraged, and people were able remain in contact outside of these times through telephone, social media and video messaging.
- People's ideas and aspirations were acted on and staff supported to achieve them. For example, one person was using assistive technology to write their autobiography. The same person was also being actively supported to seek employment. They told us they wished to work with children and had completed a CV to send to local employers.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which each person had been given a copy of. This was available in an accessible format. Where complaints had been raised, they were appropriately investigated and responded to and used as opportunities to reflect on practice and identify improvements.
- Relatives told us they knew how to make a complaint and felt confident that they would be listened to. One person told us they were an advocate for other people living in the service and was able to raise concerns on their behalf.

End of life care and support

- At the time of our inspection there was no one at the service currently receiving end of life care.
- There was a person centred approach to planning for the future. People were supported by family members and advocates where appropriate, and people's thoughts and wishes were captured within their support plan.

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

- Personalised care was central to the service's philosophy and staff demonstrated they understood this by telling us how they met people's care and support needs. There was a strong emphasis on meeting people's individual needs and ensuring people's preferences were known, recorded and met. Staff were fully aware of their responsibility to provide good quality, person centred care.
- The manager had a good oversight of the service and understood the needs of people they supported. People were at the centre of everything the service did; the manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. One person told us " Staff talk to me. It's a good place to live."
- The manager created a culture which developed staff's understanding of their role and responsibilities, which essentially supported them to provide good and effective care. One staff member told us they received lots of support from the manager and described the team as 'strong' as a result of this. They said "the manager is amazing, so supportive and empowering. We can talk to her about anything, it's a great service to work in."

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 manager promoted transparency and honesty. The manager was open and honest throughout the inspection process and had a good understanding of their duty of candour. They openly shared information with people and their relatives when things had gone wrong and were transparent with any learning from this.
- The manager had an open door policy. Staff confirmed they always felt able to speak to any of the management team. We observed a pleasant and friendly atmosphere among people, the staff and managers.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. The manager and provider had oversight and knowledge of the day to day management of the

service. The manager provided strong leadership and staff understood their roles and responsibilities. A relative told us the service was managed very well and said, "I would definitely recommend it to others."

- There was a robust governance framework in place and processes to drive quality. Quality assurance checks were undertaken regularly using provider led systems. These included checks on people's medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and action was taken to address these.
- The staff team worked effectively together and were truly focused on meeting the needs of people. Care records and our observations of the care and support provided demonstrated this. The manager ensured staff had a clear understanding of their roles, responsibilities and contributions to ensuring a truly person centred service. Staff told us they received regular and constructive 1-1 supervision sessions and appraisal which included open and honest feedback which led to improvements in care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People had opportunities to be involved in and influence the running of the service. One person told us they took part in house meetings and would advocate on behalf of other people on matters that directly impacted on people living at the service. An example of this is meeting prospective new tenants and ascertaining their suitability to share their home with them.
- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs
- People were active in the local community and participated in local events where they had opportunities to form community connections. People accessed community facilities on a daily basis including shops, medical facilities and leisure activities. Staff respected people's individuality diversity and cultural needs and continually sought new experiences and opportunities to enhance people's lives.
- There was a positive workplace culture. Regular staff meetings took place. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas. Relatives told us that their loved ones were respected and listened too and treated as equal partners in their care. Relatives and others involved in the service were provided with the opportunity to provide feedback on the service being provided.
- The manager and staff worked in partnership with other professionals and community groups. They attended provider forums and registered manager network groups. Information was shared through team meetings and where new ways of working had been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes.