

Progress Care and Education Limited

The Spinney

Inspection report

The Spinney
Gough Lane, Bamber Bridge
Preston
Lancashire
PR5 6AQ

Tel: 01772629131

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Spinney provides accommodation and personal care for up to three adults who have a learning disability and/or autism. There was one person living in the home when we inspected.

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:

People were safe and protected from abuse and avoidable harm. There were enough staff to support people. New staff were checked to ensure they were suitable to work in the home. People received their medicines safely and as their doctors had prescribed. The provider responded appropriately to incidents that challenged the service to ensure people were safe.

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 staff were trained and skilled to provide people's care. They understood their responsibilities under the Mental Capacity Act 2005 and people's rights were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff supported people to prepare their own snacks and drinks and to make healthy eating choices. People's needs were assessed and appropriate services were included in planning and providing their care to ensure they maintained good health.

People were treated with kindness and respect. The staff spoke to and about people in a respectful way. The staff knew the person living in the home well and gave them prompt support if they were anxious. The staff included the person in decisions about their care and asked for their views.

The person living in the home received person-centred care that was planned and provided to meet their needs. They were supported to see their relatives as they wished and engaged in a range of activities they enjoyed. The provider had a procedure for responding to complaints about the service.

The registered manager was very experienced and aware of their responsibilities. He and the staff were

committed to providing people with a high-quality service which met their needs and provided good outcomes. The provider had arranged additional support for the staff and management team in response to challenges the service had faced. The provider had informed us of incidents in the home and met their responsibilities under the duty of candour.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Rating at last inspection: The last rating for this service was good (published 3 March 2017).

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?

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 ●

The Spinney

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Spinney 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 Spinney provides accommodation and personal care for up to three people in one building.

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:

We gave the service 24 hours' notice of the inspection site visit because people are often out and we needed to be sure people would be available to speak with us.

What we did before the inspection

We reviewed the information we held about the home, including feedback we had received from the local authority and notifications of significant incidents the registered manager had sent to us.

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.

During the inspection

The person using the service was not able to tell us their views. We observed how staff interacted with them and looked at their care and medication records. We spoke with two staff, the registered manager and the provider's Quality Improvement Lead. We looked at one staff recruitment file, staff training records, audits and other records related to the management of the service. We also looked at records about incidents which had happened in the home before our inspection and the actions the provider had taken in response.

After the inspection

We spoke with two relatives of the person who lived in the home and contacted three care staff to gather their views.

Is the service safe?

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The staff protected people from abuse. They were trained in how to identify and report abuse and how to protect people from harm. The person living in the home was confident and comfortable with the staff on duty.
- The provider had informed us of incidents where people were at risk of harm. One person who had lived in the home had experienced behaviour that could place other people and staff at risk. The provider had taken action to manage the risk and had sought support from appropriate professionals who supported the individual.

Assessing risk, safety monitoring and management

- The registered manager and staff identified and managed risks to people's safety. The staff used risk assessments positively to support the person who lived in the home to access the community and to engage in a range of activities.
- The staff knew how to protect people from harm. They gave the person guidance about how to stay safe in the home.

Staffing and recruitment

- There were enough staff to support people. The provider had increased staffing levels in response to incidents in the home. They assessed staffing levels to ensure there were enough staff to support people.
- The provider carried out thorough checks before new staff were employed to ensure they were suitable to work in the home.

Using medicines safely

- The staff handled medicines safely and people received their medicines as their doctors had prescribed. The staff were trained in how to administer medicines safely. They ensured medicines were stored securely to prevent them from being misused. The staff kept clear records of the medicines they had given to people.
- The registered manager and senior staff carried out checks on the medicines held in the home and the records staff had completed. This helped to check people had received their medicines as their doctors had prescribed.
- The person living in the home regularly stayed with relatives. One relative told us there had been an occasion when a required medicine was not provided promptly. The registered manager had improved the systems for ensuring people had their medicines available when they were away from the home.

Preventing and controlling infection

- People were protected from the risk of infection. The staff had completed training in infection control and handling food safely. We saw the staff followed safe procedures to protect people from infection.
- The home was clean and free from odours.

Learning lessons when things go wrong

- The provider had analysed incidents to ensure lessons were learnt and people were safe in the home. Where appropriate, they had shared information about incidents with other agencies to help identify if any further action needed to be taken to ensure the safety of the service provided.

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.

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 outcomes were consistently good.

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

- The registered manager assessed people's needs and staff worked with appropriate agencies to ensure people received effective, timely care. The staff reviewed people's needs assessments regularly to assess if the support remained appropriate and provided positive outcomes for people.
- Where people had complex needs appropriate specialist services had been included in assessing and planning their care.
- The registered manager sought advice from appropriate services and agencies where the home was not able to provide the support a person required.

Staff support: induction, training, skills and experience

- The staff were skilled and competent to provide people's care. One relative told us the staff were "very good".
- Another relative said the staff who worked regularly in the home were skilled. They said the needs of one individual had impacted on the care provided because they needed the regular staff to support them. Other people who lived in the home had been supported by different staff who did not always know them well. They said this had impacted on the standard of support provided before our inspection. The relative told us their family member was again being supported by staff they knew. They told us, "I'm sure it [the service provided] will improve now."
- The staff told us they had completed a range of training, including training to meet people's complex needs. One staff member told us the staff had asked for training to support one person's needs and, although this had been provided, it would have been helpful if it had been delivered earlier. The staff told us things had improved in the home since the individual had been supported to move to another service.

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

- The staff gave the person who lived in the home a choice of meals and drinks they enjoyed. They knew how the individual expressed their choices and supported them to enjoy meals in the local community.
- The staff supported the individual to make their own drinks and snacks. The staff understood the importance of supporting people to make healthy choices about their meals and drinks.

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

- The home provided accommodation that was suitable to meet people's needs. People were provided with their own bedrooms and there was enough shared space for people to use. The property was domestic in character and in keeping with neighbouring properties. The service had been developed in line with the

principles of best practice.

Supporting people to live healthier lives, access healthcare services and support

- The staff worked with other services to ensure people were supported to maintain good health. People were supported by a range of local and specialist health services. People received the support they required to arrange and attend healthcare appointments.

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. 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.

- The registered manager and staff in the home had a good understanding of the MCA and how to respect people's rights. The staff gave the individual using the service the time and support they needed to make choices about their daily lives. The staff knew how the person expressed their decisions and respected the choices they made.
- Where people needed restrictions on their liberty, to ensure their safety, the provider had applied to the local authority for appropriate authorisation under DoLS.

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.

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

- The staff treated the individual using the service with kindness and respect. The individual looked to the staff for reassurance when they felt anxious. All the staff we spoke with said people were "always" treated in a caring way. One staff member said, "The staff team display excellent caring values". A relative we spoke with said the staff always acted in a kind way.
- The staff knew the individual who was using the service well. They identified if the person felt anxious and gave them reassurance promptly.

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

- People were supported to make choices about their care and the decisions they made were respected.
- The staff knew how the person using the service communicated and gave them information to make choices about their care. They gave the individual the time and support they needed to make and express their choices.
- The registered manager had links to local advocacy services he could contact if a person living in the home required independent support to express their views.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. They spoke to and about people with respect.
- The staff gave the person who lived in the home encouragement and time to carry out tasks themselves. This helped to promote the individual's independence.
- One relative and one staff member said the challenges the staff had faced supporting a person who had complex needs had impacted on the person who still lived in the home. They told us the staff who regularly worked in the home had needed to support the person who had more complex needs, and other staff had been assigned to work with the person who still lived there. They told us this had led to the individual losing confidence and some skills. However, the staff told us the person was being supported by their regular staff again and regaining their skills and confidence.

Is the service responsive?

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 meet people's needs, preferences, interests and give them choice and control

- The person who lived in the home had a detailed care plan to guide staff on how to provide their support. The staff told us they had the information they needed to support the individual. We saw the staff knew the person well and provided support as detailed in their care plan.
- The care plan gave information for the staff about the person's preferences and how they wanted to be supported.
- The staff gave the individual choices about how they spent their time and respected the decisions they made.

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 registered manager had identified how the person who lived in the home needed information to be provided. The person's communication preferences and needs were detailed in their care records. The staff gave the individual information in the way they preferred and gave them the support they needed to understand information.

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

- The staff supported the person who lived in the home to follow a range of activities they enjoyed. They identified activities they thought the individual may enjoy in the home and community. The staff planned how the person would need to be supported to follow the activity.
- One relative told us the challenges the service had experienced supporting one individual had led to the person still living in the home being unable to follow one activity they enjoyed. They told us they were confident the person would again be supported to follow the activity as the issues the service had experienced had been resolved.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints or concerns about the service. We looked at how the provider had responded to complaints made about the service. We saw complaints received had been investigated and a response given to the person who had raised the concern.
- The registered manager used complaints received to identify how the service could be improved.

End of life care and support

- There was no one using the service who required care at the end of their life. The registered manager had links to appropriate services he would contact if a person required support as they reached the end of their life.

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.

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

- The staff provided the person who lived in the home with good care and placed them at the centre of the service. We saw the individual enjoyed spending time with the staff. The staff were committed to providing person-centred care that took account of people's preferences and promoted good outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 and staff were aware of their roles and responsibilities and were committed to providing people with a high-quality service.
- The provider had ensured we were informed of incidents that had challenged the service and of the actions they had taken to try to resolve the issues and maintain the quality of the service. They had been open with us and the families of people who used the service. The provider had met their responsibilities under the duty of candour.

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

- People who used the service, their families and staff were asked for their views about the home. One relative of the person who used the service told us the staff communicated with them well and asked if they were happy with the care provided. We saw the staff knew how the person communicated and asked if they were happy with the meals and activities provided.
- The service had experienced a number of challenges. The provider had arranged meetings with the staff team to discuss the events which had happened and to give them the opportunity to express their views. The staff told us, although at times it had been challenging working in the home, they had noticed things were now improving.
- The provider had systems to learn from incidents to improve the service.

Working in partnership with others

- The staff worked with other appropriate services to ensure people received care that met their needs. The home provided support to people who may have complex needs. The staff took advice from specialist services to ensure people received appropriate support to meet their needs.
- The advice given by specialist services that supported the individual living in the home had been included

in their care plan to provide guidance for the staff team.