

Progress Adult Living Services Ltd

The Hub

Inspection report

Progress House
127 Millfields Road
Wolverhampton
West Midlands
WV4 6JG

Date of inspection visit:
20 February 2020

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Ratings

Overall rating for this service	Good ●
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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 Hub is a domiciliary care agency that provides personal care and support to people living in their own homes. It provides a service to children and younger adults with a physical and/or learning disability.

Not everyone using The Hub received a regulated activity. CQC only inspects the service received by people provided with 'personal care': for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 18 people were receiving the regulated activity of personal care.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures 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's experience of using this service and what we found

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do to if they suspected wrong doing.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

When required, people received safe support with their medicines by staff members who had been trained and assessed as competent. Staff members followed effective infection prevention and control procedures when supporting people.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

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.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. People were supported to refer themselves to additional healthcare services, and staff supported them if required.

People received help and support from a kind and compassionate staff team with whom they had

developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care.

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 01/04/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our published inspection methodology.

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.

The Hub

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 and one assistant inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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 48 hours' notice of the inspection visit because it is a domiciliary care provider and the provider is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 18 February 2020 and ended on 20 February 2020. We visited the office location on 20 February 2020 to see people, the provider and staff; and to review care records, policies and procedures.

What we did before the inspection

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

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. In total we spoke with six staff members including four carers, hub manager and the registered manager. We also spoke with two health and social care professionals.

We reviewed a range of records. This included four people's care records and records of medicines administration. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks and we confirmed the safe recruitment of staff members.

Is the service safe?

Our findings

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

This key question has been rated as 'Good.'

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and when receiving support from The Hub.
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's local community, mobility and home environment.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe.
- The physical environment where people lived was assessed by staff members to ensure it was safe for people to receive support. When improvements were needed staff members advised people on how to safely make changes.

Staffing and recruitment

- People were supported by staff who arrived when expected and stayed throughout the time agreed. People were supported by regular staff members and knew who would be attending to support them.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- Not everyone receiving support from The Hub had support with their medicines. However, those that did were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these

guidelines.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the provider for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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 key question has been rated as '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

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).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

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

- People's physical and social needs had been holistically assessed in line with recognised best practice. People told us they were fully involved in the assessment of their needs and wants. These assessments included, but were not limited to, mobility, oral health and nutrition.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team. One staff member told us, "I know if I ever need any support I can go straight to [staff member's name]."
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, moving and handling, basic food hygiene, health and safety.
- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

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

- Not everyone required support with eating and drinking. When they did they were supported to identify what they wanted to eat and, when able, they were involved in the preparation of their food. When it was needed the provider monitored people's food and drink intake and any weight gain or loss.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. Staff members were aware of any recommendations following specialist assessments and supported people consistently to maintain their well-being.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people.

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

- People were supported to refer themselves to additional healthcare professionals including GP's, dentists and chiropodists when it was needed.
- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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 key question has been rated as 'Good.'

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with care by a helpful, considerate and friendly staff team. One person described the support they received. They explained how they were supported by staff who were kind and respectful and who supported them just as they wanted. One relative told us it was clear their family member adored those who supported them.
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.

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

- People said they were supported to make decisions about their care and support.
- People told us they were involved in the development of their support plans which directed how staff supported them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. All those we spoke with told us staff members always respected their privacy when completing personal care with them including encouraging them to do it themselves.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to develop their independence. We saw people had developed goals which they were supported to achieve. This included personal goals for living independently and the life skills which would assist them.

Is the service responsive?

Our findings

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

This key question has been rated as 'Good.'

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. Staff members knew those they supported well. This was not just limited to their health and care needs but also their personal likes, dislikes and interests.
- When it was appropriate relatives were kept informed about changes to people's health and needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

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 had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, one person was supported with pictures to aid their communication and understanding.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Where The Hub was responsible people told us they were supported to engage in activities within their local community. We saw people were supported to access local areas of interest, education and vocational experiences.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so. People consistently told us they felt the management team was approachable and they felt confident if they ever needed to raise a complaint they were confident it would be addressed appropriately.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Although, at the time of this inspection, The Hub was not supporting anyone who was at the end of life they had processes and procedures in place to capture what was important to the person as they approached this stage 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

This key question has been rated as 'Good.'

This meant people's needs were met through good organisation and delivery.

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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider and management team had effective quality monitoring systems. They used these systems to check they were providing a good service to people. For example, the provider completed regular checks with people to ensure they were living in a safe environment and were receiving the right type of support to meet their needs.

Continuous learning and improving care

- The management team told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular interactions with health care professionals and attendance at regional and national conferences and training events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they had a positive relationship with the management team staff who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members told us about the providers staff recognition scheme where they received awards for good practice. Additionally, they were nominated for an annual award which recognised and rewarded best practice.
- The provider completed regular spot checks with people. This was when a senior staff member arrived unannounced to work alongside staff to ensure they provided a good standard of support. This was a supportive process where staff members received positive comments on their work alongside any recommendations on how things could be done differently.

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 Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things

go wrong with care and treatment.

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion. We saw the latest results from a satisfaction survey. Where points had been highlighted we saw the provider acted to engage the people and make any changes to improve their experience of care.
- As part of the providers spot checks with staff people were asked for their opinions on the support they received.
- Staff members told us they found the management team supportive and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, district nurse teams, child and adult social care professionals.