

Progress Care and Education Limited

The Spinney

Inspection report

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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?	Requires Improvement	

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. The last inspection was carried out on 17 December 2013. All areas reviewed met current standards.

The Spinney provides accommodation and personal care for up to three people with learning disabilities, particularly Autism Spectrum Disorder. At the time of the inspection three people were accommodated in the home. The home is a detached property with a garden at the rear of the property. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

A person spoken with told us they felt well cared for and safe at The Spinney. We saw that staff treated people with

Summary of findings

respect and were mindful of their rights to privacy and dignity. All relatives spoken with were complimentary about the service. One relative said, "It's like winning the lottery finding The Spinney – it's that good". Another relative commented, "It's fantastic, I can't praise it high enough. My son is very happy and settled".

The home had appropriate policies and procedures in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The registered manager understood when an application needed to be made to the local authority and confirmed that staff were using no form of restraint at the time of the inspection.

Each person had an individual care plan which included risk assessments. These told the staff about the risks for each person and how to manage and minimise the risks to help keep people safe. The plans and risk assessments were reviewed at regular intervals to make sure staff had up to date information about people's needs. People were supported to pursue a variety of activities both

inside and outside the home in line with their preferences and interests. Staff working at The Spinney understood people's needs and we saw care was delivered with kindness and sensitivity.

Staff were appropriately trained and all new staff received a thorough induction, which included shadowing experienced staff. Staff were fully aware of their roles and responsibilities and we found all staff to be well motivated.

There was a lack of effective systems in place to assess and monitor the quality of the service. We found there had been no overall checks of the service by a representative of the provider for several months and there was no programme of audits or development plan. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. Staff spoken with knew how to keep people safe. They could identify the signs of abuse and knew how to respond if they witnessed or suspected any abusive practice. The service only employed staff with the appropriate skills, knowledge and qualifications required. Risks to people's care were managed without restricting their activities. People received one to one staff support during the day and staffing levels were flexible depending on people's needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Whilst no applications had been made to the local authority, the registered manager had access to appropriate documentation and was aware of how to make an application. The registered manager confirmed staff were using no form of restraint at the time of the inspection.

Good



Is the service effective?

The service was effective. People received care from staff who had completed relevant training for their role. Staff were well supported by the management team and were given regular opportunities to discuss their work and the operation of the home.

People were provided with a varied and wholesome diet, which took account of their preferences. At lunchtime, we saw staff sat with people and ate the same meal. This made it a pleasant social occasion.

People were provided with support to attend medical appointments and staff were knowledgeable about people's healthcare needs.

Good



Is the service caring?

The service was caring. During our visit we noted positive and kind interactions between the staff and people who lived in the home. People could choose where they wished to spend their time in the home and their rights to privacy and dignity were respected.

Staff spoken with demonstrated a good understanding of people's needs and were aware of their personal preferences and histories. People were supported to maintain relationships with their family and there were no restrictions placed on visitors to the home.

Good



Is the service responsive?

The service was responsive. Staff responded promptly to people's needs and were respectful of their wishes. Each person had an individual care plan which

Good



Summary of findings

was reviewed at regular intervals. Wherever possible people were involved in the care planning process. People had access to variety of activities both inside and outside the home and were supported to maintain strong links with their families.

There was a policy and procedure in place for managing and dealing with complaints. However, the service had not received any complaints since it was registered in April 2013.

Is the service well-led?

The service was not consistently well led as there were was a lack of systems used to assess and monitor the quality of the service. We found there was no schedule of audits or development plan for the home. This meant it was unclear what improvements were necessary in order to develop the service.

Staff were well motivated and were aware of the arrangements in place to manage the home. All professional staff and relatives spoken with were complimentary about the management of the service.

Requires Improvement



The Spinney

Detailed findings

Background to this inspection

We visited The Spinney on 11 August 2014. We spent time talking to a person living in the home, three members of staff, the deputy house manager, the registered manager and three relatives over the telephone. We looked round the home. We also spent time looking at a sample of records which included three people's care records, two staff member's recruitment files, staff training and supervision records and a sample of policies and procedures. During the visit we observed daily life in the home and interactions between the staff and people living in the home. Following the inspection we spoke with the nominated individual over the telephone.

The inspection was carried out by an inspector.

Before the inspection, we contacted a number of professional staff involved in the service. These included two representatives from social services and an Educational Psychologist. We also contacted Healthwatch. We received positive feedback about the service. We also reviewed all the information we hold about this service.

Prior to the visit the registered manager completed a provider information return. This provided us with information and numerical data about operation the home. We used this information as part of the pre-inspection process.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

A person who used the service told us they felt safe and secure in the home and had no worries or concerns. We saw throughout the visit staff were sensitive and considerate to people's needs and there was a warm friendly atmosphere in the home. We noted staff used a computer tablet to encourage a person to make choices and explain activities. This approach promoted a sense of security and reduced the person's levels of anxiety. All relatives spoken with expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. One relative said, "I have no concerns whatsoever, everything is absolutely spot on. It really is a wonderful place and my [family member] is very happy".

We discussed safeguarding procedures with four members of staff and the registered manager. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults within the last year.

Safeguarding issues were introduced at the start of employment and existing staff completed refresher training on annual basis. Staff also had access to detailed internal policies and procedures and information leaflets published by the local authority. The registered manager confirmed there had been no allegations or incidents which required a safeguarding referral in the last 12 months. Prior to the inspection, we contacted social services and received positive feedback about the service. A person's social worker told us, "He receives excellent care and the staff are fully aware of his needs and are vigilant and caring towards him".

We saw policies about whistle blowing (reporting poor practice) from abuse were available and accessible to all members of staff. All staff spoken with were aware of the whistle blowing procedures and knew who to contact if they had any concerns about the operation of the service. There had been no whistle blowing concerns since the home was established.

The registered manager and staff team had received training in the principles associated with the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS). (The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty for their own safety). Whilst staff understanding of the MCA 2005 was limited, they were aware of the importance of involving people in making decisions. The registered manager had information available on the MCA 2005 and DoLS and was aware of how to make an application to the local authority.

Risks to people's health and welfare had been assessed and were being reviewed at the time of the inspection. Management plans had been drawn up for any area of risk identified. People's safety outside the home had been carefully considered and staff explained that places in the community were not visited until they had been risk assessed. People participated in their preferred activities and staff managed risk in a positive way. For instance a member of staff with physical fitness qualifications had prepared a safe programme to facilitate a person's visits to a local gym. The person told us they enjoyed this activity.

All staff had been trained in positive handling techniques and staff spoken with told us restraint had been used in the past as a last resort to prevent a person injuring themselves or others, for instance holding a person's hand. The last recorded use of restraint was in May 2014. The registered manager explained the least restrictive form of restraint had been always used and a debriefing session had been held with the staff team after the use of a restraint. During the debriefing, staff analysed the incident to determine if the situation could have been handled better and to see if different de-escalation techniques could be used to inform future practice. A relative told us, "They do everything they can to avoid restraint. They are very caring and fully understand my [family member's] needs". We observed people were contented and settled throughout our time in the home.

The staff employed by the service had completed a thorough recruitment process to ensure they had the specialist skills, qualifications and knowledge required to provide the care and support for people using the service. Before staff applied for a post they were invited to attend a presentation about the service. This approach ensured potential applicants were fully aware of what the job entailed as well as the hours of work and expected

Is the service safe?

conduct. We checked two staff members' records and noted the recruitment process included the completion of an application form detailing a full employment history, a formal interview, written references and the completion of a disclosure and barring check to confirm the staff members' suitability to work with vulnerable adults.

People were provided with one to one staffing during the waking day. The rota was completed 12 weeks in advance

and all staff were rotated on day and night shifts. The registered manager informed us the staffing levels were flexible and could be increased to respond to people's needs. For instance additional staff were available to allow people to spend time with their families. Managers employed by the company were on call outside office hours and weekends. This meant staff were able to have access to them for advice and assistance as necessary.

Is the service effective?

Our findings

A person who used the service told us the staff were “very good” and “nice”. Relatives spoken with said the staff were well trained and good at their job. One relative commented, “They are very well trained and are absolutely wonderful people”. Staff members spoken with were knowledgeable about people’s needs and spoke positively about their personalities and attributes. One member of staff told us, “I love working here, the three young people are great and it is very rewarding work”.

There were established systems in place to ensure all staff received regular training, which included fire safety, first aid, food hygiene, safeguarding and the Mental Capacity Act, medication and infection control. Staff also completed specialist training on autism, epilepsy and positive handling techniques. Checks were in place to ensure staff completed all the training courses in a timely manner. This ensured staff had the right competencies, skills and knowledge to meet the needs of people who lived in the home. Staff spoken with confirmed the training provided was relevant and beneficial to their role. During our visit we observed staff were efficient and worked well as a team.

New staff undertook induction training, which took account of recognised standards and was relevant to their workplace and role. New employees completed a structured two week induction programme to ensure they understood the organisation’s policies and procedures and expected conduct of staff members. They also completed mandatory training and shadowed experienced staff to allow them to learn and develop their role. New recruits were allocated a mentor in the home who supported the person through the induction programme. One newly recruited member of staff told us, “They really look after you and the training is very thorough”. New staff completed a probationary period during which their work performance was reviewed at regular intervals. The new member of staff told us that following their induction training they felt confident and well prepared to take up their role in the home.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This meant staff were provided with

the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff told us they could add agenda items to the meetings, discuss any pertinent issues relating to people’s care and the operation of the home. Staff attended handover meetings at the start and end of every shift. This ensured staff were kept well informed about the care of the people who lived in the home.

A person living in the home told us they liked the food provided. One relative told us, “The meals look very nice. They have really expanded [my relative’s] diet since he moved to The Spinney”. We found the food looked appetising on the day of our visit and we noted staff and people living in the home sat together to eat the same meal. This helped to make meal times a pleasurable social occasion. Staff told us there was always plenty of food and it was of a good quality. There was a four week menu which was based on people’s choices and preferences. Where necessary, staff prepared alternate meals from the main menu to take account of any fluctuating preferences. People who lived in the home were involved in the shopping and buying of the food and wherever possible the preparation. The deputy house manager was aware of the importance of a healthy diet and this was reflected in the home’s menu.

Each person had a medical file, which contained information which could be used if people required hospital treatment. This included personal details professional healthcare staff needed to know about the person and what was important to them. We noted records had been maintained of healthcare appointments and people were always provided with support to attend any medical visits. Staff spoken with were knowledgeable about people’s healthcare conditions. There were risk assessments in place for managing epilepsy.

People were able to personalise their bedrooms with their own belongings. All areas were clean and well maintained. People also had access to a garden at the rear of the property.

Is the service caring?

Our findings

One person spoken with confirmed the staff were caring and kind. All three relatives spoken with expressed satisfaction with the service. One relative said, "I find the staff very caring and they are interested in my son's welfare"; another relative commented, "They are all lovely and friendly".

We observed staff responding to people with kindness and respect throughout the visit. All staff spoken with described a sensitive approach to their role and concern for people's well-being. Staff told us they enjoyed their work because everyone cared about the people living in the home. One member of staff told us, "Everyone is focussed on the young people we support. They are always our top priority". Another member of staff said, "The service is very centred on the young people". All the staff and the registered manager confirmed they would be happy for their relative to receive care in the home.

The staff knew people well, including their personal histories, preferences, likes and dislikes. They had formed good relationships and staff understood the way people communicated. For instance one person used pictorial symbols to inform staff of his wishes. This helped the staff meet people's individual needs. Throughout our visit, there was a calm and settled atmosphere in the home, which helped people with their anxiety and aided their levels of concentration.

Wherever possible, people were involved in the planning and review of their care. Relatives also participated in their family member's reviews. One relative said they attended a review of their son's care every six months and staff kept them fully informed of his progress and any concerns. We looked at all three care plans and noted they included information about how people preferred their care and

support to be delivered. The plans clearly reflected people's rights to privacy, dignity and independence. The staff spoken with were aware of the philosophy of care and were able to give us examples of how they maintained people's dignity and privacy. We saw that staff attended to people's needs in a discreet way, which maintained their dignity.

Staff had access to a range of company policies and procedures which provided direction on how to maintain people's privacy, dignity and confidentiality. These set out the required conduct of staff and the expectations of each employee.

People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. One person used pictorial symbols to inform staff if he wished to spend time on his own in his bedroom. This ensured people had access to privacy when they wanted to be alone. During the visit we observed people going to their bedrooms and sitting in different areas of the home.

People were provided with appropriate information about the home, in the form of a service user guide. The guide was written in an easy read format and used pictures to illustrate the main points. This ensured people were aware of the services and facilities available in the home. Information was also available about advocacy services. These services are independent and provide people with support to enable them to make informed choices. One person had accessed these services and had an advocate, who attended their reviews.

People were encouraged and supported to maintain and build relationships with their families. There were no restrictions placed on visitors and relatives spoken with confirmed they were made to feel welcome in the home.

Is the service responsive?

Our findings

During our visit we saw that staff were responsive to people's needs. One member of staff told us, "We have a brilliant team and we have plenty of time to make sure everyone is well looked after". One relative spoken with commented, "They meet all my [family member's] needs and more. I'm very happy with everything".

People were assigned a named member of staff known as a key worker. This enabled staff to work on a one to one basis with people who lived in the home and meant they were familiar with people's needs and choices. One person spoken with knew the name of their keyworker and confirmed they regularly spent time with him. We noted members of staff were asked if they wished to apply to be a person's keyworker, as an additional responsibility to their usual duties. Due to a lack of applications one person had not had a keyworker for several months. For instance we noted a monthly keyworker report had not been completed for one person for several months.

The three people accommodated at The Spinney had previously received care and education under children's services operated by the same company. This meant the registered manager and staff were familiar with each person's assessment of needs.

We looked at the three people's care files in detail. From this we could see each person had an individual person centred care plan which was underpinned by a series of risk assessments. The plans were well presented and easy to follow. Staff spoken with told us they were useful and informative documents. We noted there was detailed guidance for staff on people's preferred routines throughout the day and night, as well as information on people's interests and personal histories. People's rights to privacy, dignity and independence were a recurrent theme throughout all care documentation seen.

According to information supplied by the provider before the inspection, the care plans were reviewed every eight weeks or whenever required in line with any changing needs or circumstances. Wherever possible, people were involved in the review of their care plan. We saw copies of review meetings on people's files and noted one person attended the reviews.

People had an individual activity plan which enabled them to access activities which were important to them. People pursued a variety of educational and recreational activities. On the day of the inspection one person attended a work experience placement and two people went to school. Later in the day one person visited a local gym with staff. We saw from people's records they regularly accessed facilities in the community including a bowling alley, cinema, parks, pubs and restaurants. One person told us they enjoyed their activities. All new activities were risk assessed and evaluated to ensure people found them beneficial and enjoyable. Staff told us the service was flexible and responsive to people's needs, for instance they would leave an activity early if the person didn't want to participate or they found the experience stressful. People also participated in a variety of activities inside the home including building their life skills such as cooking and looking after house plants.

People were supported to maintain strong links with their family. One person was supported by two members of staff to visit his family in another country. The person was also supported when his relatives visited the home in order to facilitate trips into the local community. A relative told us, "The staff are wonderful and bend over backwards to make sure he has good activities". All relatives spoken with said the staff helped them to keep in regular contact with their family member and confirmed the staff always kept them informed of any problems or difficulties.

Relatives told us they had been informed about the complaints procedure and knew who to speak to if they had any concerns or worries. The procedure included relevant contact details and timeframes and was also available in an easy read version. There was also a complaints policy in place which set out how any complaints would be managed and investigated. The registered manager told us there was a record of complaints, but no complaints had been received since the home was registered in April 2013. No concerns about the service had come directly to us at the Care Quality Commission. We saw a number of cards complimenting the service during the visit.

Is the service well-led?

Our findings

We found there was a lack of effective systems in place to check the quality of the service. For instance an audit of the service had not been carried out by a representative of the provider since April 2014. Such checks are important so the nominated individual can be assured the home is providing a good quality service and appropriate action can be taken in response to any shortfalls. We also noted the registered manager had not received a formal recorded supervision or an appraisal of their work performance since the home had been registered in April 2013.

The audits carried out by the management team were mostly informal. We found a section from a person's care plan was missing from the main file, but this had not been picked up in the audit. There was no schedule of audits so it was unclear when checks were carried out. A development plan had not been produced for the home and we were therefore unsure how the service was being developed and improved. Whilst people were involved as much as possible in the care planning process, feedback had not been sought about their experiences of the service.

The lack of effective quality assurance systems is was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection, we discussed these shortfalls with the provider's representative who explained the service was newly established and due to funding arrangements they were unsure how it would progress as the people were part of children's services when they moved into the home. However, the provider's representative also acknowledged effective quality assurance systems were essential to monitor and improve the service.

All staff had clear job descriptions, which set out the line of responsibility and delegation. Staff spoken with were aware of the hierarchy and the systems in place to manage the home. Three members of staff spoken with told us the home was well managed and organised. One member of staff told us "Everything gets done and nothing gets missed". Relatives spoken with were also complimentary about the management of the home, one relative commented, "They are approachable and always have time to listen". All staff spoken with were motivated and caring towards people living in the home. One member staff said, "It's a really good place to work, our young people's welfare is always our top priority".

Accidents and incidents had been reported and recorded. The registered manager explained completed forms were analysed by a Behavioural Support Worker employed by the provider in order to identify any patterns or trends. This work was carried out at another site and the analysis was not available in the home at the time of the inspection.

The registered manager was also the manager of two nearby homes. She was aware of the challenges of this situation and was open about how she wanted to develop the service further. For instance she wanted to ensure the people who lived in the home continued to make a successful transition into adulthood.

Before the inspection we spoke with three professional staff who were involved in the care of people living in the home. All made positive comments about the service and the way it was run. One professional told us, "Overall I feel The Spinney is a very supportive, successful and friendly environment for young people".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not have effective systems in place to monitor the quality of the service delivery.