

Progress Adult Services Limited

Long Lane Farm

Inspection report

Kellet Lane Bamber Bridge
Preston
Lancashire
PR5 6AN

Tel: 01772335372
Website: www.progressschool.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Long Lane Farm on 21 and 22 June 2016. We gave the service 48 hours' notice of the inspection because it is a small service and we wanted to make sure the people living there and the manager would be in.

Long Lane Farm provides accommodation and personal care for up to four adults with a learning disability. At the time of the inspection there were four people living at the service.

Bedrooms and facilities at the home are located over two floors. All bedrooms are single occupancy. There is a kitchen dining room, a lounge, a bathroom and appropriate toilet facilities. One person is accommodated in an annex, which is attached to the home but has a separate bedroom, lounge and bathroom. There is a garden to the rear of the property.

At the time of our inspection there was a registered manager at the service who had been in post since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 21 May 2014, the provider was compliant with all of the standards that were reviewed at the time.

Relatives told us they felt people living at the service received safe care. The staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

We saw evidence that staff had been recruited safely. Relatives and staff were happy with the staffing levels at the service. We found that there were enough staff on duty to meet people's needs. Staff felt well supported. They received an appropriate induction, regular supervision and effective training.

There were appropriate policies and procedures in place for managing medicines and relatives were happy with the way people's medicines were managed. People were supported with their healthcare needs and were referred appropriately to a variety of healthcare services. Local healthcare professionals told us that staff had a good understanding of people's needs and records were well kept.

The relatives we spoke with were happy with the care provided to people living at the home. One relative told us, "We're happy with the care. The staff are well trained".

We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly. We saw staff treating people with patience, kindness and affection. The people

living at the service told us they liked the staff there. Relatives told us the staff who supported their family members were caring.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people lacked the capacity to make decisions about their care. Relatives told us they were involved in decisions about their family member's care. They felt that staff respected people's privacy and dignity and encouraged them to be independent.

Relatives were happy with the food provided at the home and we observed people being supported appropriately with their meals. Risks relating to people's nutrition and hydration were assessed and managed appropriately.

People took part in a variety of activities within the home and staff supported people to participate in a variety of community activities regularly.

Relatives and staff felt the service was managed well and they felt able to raise any concerns. We observed staff and the registered manager communicating with people and each other in a polite, respectful and friendly manner.

The service had a statement of purpose which focused on providing people with person-centred care which reflected their needs and abilities. We saw evidence that this approach was promoted by the registered manager and staff.

The registered manager completed a variety of audits which were effective in ensuring that appropriate levels of care and safety were achieved and maintained at the home.

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.

The registered manager completed appropriate checks when recruiting new staff.

Staff received safeguarding vulnerable adults from abuse training. They were aware of the action to take if they suspected abuse was taking place.

Staffing levels at the service were appropriate to meet people's needs.

People's medicines were managed safely. There were appropriate policies and procedures in place and medicines administration records were completed by staff.

Is the service effective?

Good ●

The service was effective.

Staff received an appropriate induction and effective training. Relatives told us staff were able to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed and where appropriate relatives were involved in best interests decisions.

People were supported well with nutrition and hydration and their healthcare needs were met. People were referred to healthcare professionals when appropriate.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, affection and respect. They communicated with people in a light hearted and friendly way.

Staff respected people's privacy and dignity and encouraged them to be as independent as possible.

People were supported by staff they knew and who were familiar with their needs.

Is the service responsive?

Good ●

The service was responsive.

Relatives were involved in decisions about people's care and people's needs were reviewed regularly. Relatives told us they were kept up to date with any changes in people's needs

People were supported regularly to take part in a variety of social activities at the home and in the community.

Complaints were managed and responded to in accordance with the service's complaints policy.

Is the service well-led?

Good ●

The service was well-led.

The service had a statement of purpose that was promoted by the registered manager and the staff. This focused on providing person centred care which reflected people's needs and abilities.

Staff felt well supported by the registered manager. The registered manager had an open door policy and staff felt able to contact her when they needed advice or support.

We found that the audits completed by the registered manager and the service provider were effective in ensuring that appropriate levels of care and safety were maintained.

Long Lane Farm

Detailed findings

Background to this inspection

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, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 and 22 June 2016. We gave the service 48 hours' notice of the inspection because it is a small service and we needed to be sure that the people living there and the manager would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications received from the service and previous inspection reports. A statutory notification is information about important events which the provider is required to send us by law. We contacted four community healthcare professionals who were involved with the service for their comments, including a GP, a dentist, a dietician and a consultant psychiatrist. We also contacted Lancashire County Council contracts team for information.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people living at the service about the care they received. We also spoke with three members of support staff and the registered manager. Following the inspection we spoke with four relatives who gave us feedback about the care being provided at the home.

We observed staff providing care and support to people over the two days of the inspection. We reviewed in detail the care records of two people living at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Is the service safe?

Our findings

The people living at the home told us they felt safe. One person said, "I'm not scared. If I was worried about anything I would tell my staff". The relatives we spoke with told us they felt people living at the service were kept safe. One relative told us "There are always enough staff on duty. [My relative] is kept safe".

We looked at staff training and found that all staff had received training in safeguarding vulnerable adults from abuse. Staff confirmed they had completed safeguarding training and understood how to recognise abuse. They were clear about what action to take if they suspected abuse was taking place. One member of staff was not aware that they could raise an alert with the local safeguarding authority directly. We discussed this with the registered manager who told us she would make sure that all staff were aware of this. There was a safeguarding vulnerable adults policy in place which included the contact details for the local safeguarding authority.

We looked at how risks to the health and wellbeing of people living at the service were managed. We found that there were detailed risk assessments in place for each person. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the registered manager or the deputy manager and were reviewed regularly.

We reviewed the records of incidents that had taken place at the home. Records showed that staff adopted a variety of techniques to support people when they were unsettled or agitated, including distraction techniques. We noted that the use of physical intervention was documented clearly and included the reason for the intervention, the range of actions taken by staff prior to the physical intervention and the names of the staff involved. All incident forms had been reviewed and signed by the registered manager. During our inspection we observed staff supporting people sensitively who were unsettled or upset.

Records were kept regarding accidents and incidents that had taken place at the home. The records were detailed and were signed and dated by staff. Information included the nature of the incident, action taken by staff at the time and any future actions necessary, such as any changes in how staff should support people.

Staff had completed moving and handling training as part of their induction. However, further training had not been provided to staff as no-one living at the home required support with this. The registered manager told us that if someone moved into the home who required support with moving and handling, staff would be provided with the appropriate training to ensure that they could meet the person's needs.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service and found that there were adequate staff in place to meet the needs of the people living at the home. The registered manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home. The staff and relatives we spoke with felt there was always enough staff on duty at the home to keep people safe. During our inspection, we observed that staff had time to spend with people and people were not rushed when staff were providing support.

The registered manager told us that periods of annual leave or sickness were usually covered by other staff at the home or by her. However, when this was not possible, agency staff were used. The registered manager told us that the service used the same three agency staff who had become familiar with the needs of the people living at the home. This was confirmed by the staff rotas we reviewed. Staff from the provider's other services in the local area also occasionally provided support.

We looked at whether people's medicines were managed safely. Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. The service used a monitored dosage system for most medicines. This is where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error. A medicines administration policy was available which included information relating to administration, storage and consent. Medicines Administration Records (MARs) provided clear information for staff, including descriptions of medicines and details of any allergies. Staff had signed the MAR sheets to demonstrate that medicines had been administered. An audit of medicines, including MARs, was completed weekly.

All staff who administered medicines had received medicines management training. However, some training updates were overdue. We discussed this with the registered manager who informed us that the contracted pharmacy for the service had changed recently and updated training for all staff by the new pharmacy was scheduled to be completed by the end of July 2016. We saw evidence that staff members' competence to administer medicines safely was assessed regularly.

We observed a staff member administering medicines and saw that people were given time to take their medicines without being rushed. The staff member sought each person's consent and where they were reluctant, gently encouraged them to take their medicines. Relatives told us they were happy with how people's medicines were managed at the home.

We looked at the arrangements for keeping the service clean. The service had a domestic assistant and in addition, the staff on duty each evening were responsible for carrying out some domestic duties. We found the home to be clean and odour free. The relatives and staff we spoke with were happy with levels of hygiene at the home.

An Infection control policy was in place and included guidance relating to effective cleaning systems, hand hygiene and outbreaks of infectious diseases. Liquid soap and paper towels were available in bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection.

We looked at the processes in place to maintain a safe environment. Portable appliances were tested yearly and gas and electrical systems and appliances were serviced and tested regularly. Environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

We saw evidence that all staff had completed fire safety training. Fire drills took place monthly and there was evidence that fire equipment was checked weekly. We noted that a fire safety audit had been completed and a plan of work was in place to achieve compliance with the necessary standards. There were personal emergency evacuation plans in place for each person living at the home. This helped to ensure that people living at the service were kept safe in an emergency.

Is the service effective?

Our findings

The people living at the service told us they were happy there. One person said, "I like it here". The relatives we spoke with were happy with the care provided at Long Lane Farm. They said, "We're very happy with the care. [Our relative] is very happy there", "We're happy with the care [our relative] receives" and "We're happy with the care provided, it's good and we want it to continue".

Records showed that all staff completed a two week induction programme which included training in safeguarding vulnerable adults, the Mental Capacity Act 2005 and understanding challenging behaviour. We noted that from April 2015, new staff completed the Care Certificate over a twelve week period as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us they had received a thorough induction and had been given the opportunity to observe experienced staff and become familiar with people's needs before providing their care. This helped to ensure that staff had the knowledge and skills to provide people with safe care.

As part of their induction and on a yearly basis, staff completed Positive Behaviour Support Training, which addressed skills and techniques which could be used to support people living at the home if they displayed behaviour that could challenge the service. The course included guidance for staff on how to support people to become calm and physical interventions to be used as a last resort where there was a risk of harm to the person being supported or to others. Staff found the training helpful and told us that physical interventions were only used when all other support techniques had proved ineffective.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due.

Staff told us that verbal and written handovers took place between staff a number of times throughout the day and prior to each shift change. We reviewed handover records and noted they included information about people's mood, behaviour, activities, meals and personal care. This helped to ensure that all staff were aware of any changes in people's risks or needs. Relatives told us staff updated them regarding any changes in people's needs.

A staff support policy was available. We saw evidence that staff received regular supervision and an annual appraisal in line with the policy. Staff told us they received regular supervision and they found it useful. They told us they were able to raise any concerns they had during their supervision sessions.

We looked at how the service addressed people's mental capacity. 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 make 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. The application procedures for this in care homes are called the Deprivation of

People's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. DoLS authorisations were in place in respect of three people living at the service. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests. MCA and DoLS policies and procedures were in place. Staff understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make their own decisions.

We observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We looked at how people living at the service were supported with eating and drinking. We reviewed the home's menus and found that people were offered a choice at meal times. We observed meals during our visits and saw that people were supported sensitively. The atmosphere was relaxed during meal times and staff engaged with the people they supported and each other. People could choose to eat in their rooms if they preferred to. Care records included information about people's dietary preferences and the support that they needed at mealtimes. Risks relating to nutrition and hydration had been assessed and information about how risks should be managed was available. Information was also available about whether people could be supported by staff in the kitchen to prepare meals and what support was needed. Relatives were happy with the meals provided at the home.

We looked at how people living at Long Lane Farm were supported with their health. Each person had a healthcare file which included information about their medical conditions and medicines. Care plans and risk assessments included detailed information about people's health needs and how they should be met. We saw evidence of referrals to a variety of healthcare agencies including GPs and dieticians. Healthcare appointments and visits were documented. This helped to ensure that people were supported appropriately with their health. The relatives we spoke with felt people's health needs were met and told us they were kept up to date with information about healthcare appointments and any changes in people's health.

We received feedback about the service from two local healthcare professionals who told us that staff had a good understanding of people's needs and how to meet them. One professional told us, "Over the years the staff have shown a complete dedication to their clients".

Is the service caring?

Our findings

Relatives told us the staff at the home were caring. One relative said, "The staff are very caring. They're lovely". People living at the service told us they liked the staff. They said, "I like the staff. They're my friends" and "I like my staff and my keyworker".

We observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful towards them. The atmosphere in the home was relaxed and staff interacted with the people living there in a light hearted and friendly way. We observed staff and the registered manager being affectionate and tactile with people. It was clear that staff knew the people living at the service well, in terms of their needs, risks, personalities and behaviours.

We saw that the people living at the service were relaxed around the staff who supported them. We observed people smiling, laughing and being playful with staff.

During our visits we saw that people living at the home were encouraged and enabled by staff to make choices about their everyday lives. We observed staff discussing with people what they wanted to do each day and where they wanted to go on trips out. Staff were knowledgeable about the decisions people could make for themselves and the support they needed to help them make decisions. Visual communication aids were used to support communication.

We observed staff supporting people with activities and with their meals and saw that they were patient and supported people sensitively. We noted that people were encouraged to do as much as they could to maintain their independence. People were supported to develop and maintain life skills and completed household tasks such as hoovering and washing up when they were able to.

Staff respected people's dignity and privacy. They knocked on people's bedroom doors before entering and explained what they were doing when providing care or support, such as administering medicines. Staff ensured that doors were closed when people were being supported with personal care. Relatives told us they felt the dignity and privacy of people living at the home was respected.

The registered manager told us there were no restrictions on when friends and relatives could visit and visitors confirmed this to be the case.

Information about a local advocacy service was available. Advocacy services can be used if people do not have anyone to support them or if they want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

The relatives we spoke with felt people's needs were being met at the home. They said, "The staff know [my relative] very well and how best to support them", "The staff have the balance of freedom and boundaries just right to keep [my relative] safe" and "The staff know just how to support [my relative] and manage their mood". One person living at the service told us, "I go out every day. I like going out".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that that the service could meet their needs. Relatives told us people's care was discussed with them and they were involved in people's care plans. This helped to ensure that staff were aware of how to meet people's needs.

One person living at the home had been allocated a key worker. A keyworker is a member of staff assigned to a person to promote continuity of care. The registered manager told us that other people's keyworkers had left recently and key workers would be arranged in the near future when additional support staff had been recruited. This would help to ensure that the care provided was consistent and that staff remained up to date with people's needs. The relatives we spoke with felt the keyworker scheme at the home worked well.

Care plans and risk assessments were completed by the registered manager and were reviewed regularly. The care plans and risk assessments we reviewed were detailed, individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Care plans provided detailed information for staff about behaviours that people displayed which could challenge the service and how staff should support the person.

During our inspection we observed that staff provided support to people where and when they needed it. People seemed comfortable and relaxed in the home environment and could move around the home freely. People could choose whether they spent time in their room, the kitchen, the lounge or the garden. With support from staff, people decided what activities they took part in and where they went on trips into the community.

We saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and respond to questions. Communication aids were used where appropriate. When people were unsettled or upset staff reassured them sensitively. Interaction between staff and people living at the home was often light hearted and playful. It was clear from our observations that staff knew the people they were supporting well and were familiar with their needs and how best to support them.

Each person living at Long Lane Farm had a weekly activity plan which included information about their routines and interests. People's activities included music, games and puzzles, walks, swimming, arts and crafts, pottery and shopping. The planner included daily trips into the community to local parks, cafes, shops, a local disco and a local drama club. People were also supported to complete domestic tasks and

assist with making meals. One relative told us, "[Our relative] has a great social life. They're always out doing something and trying new things" .

During our inspection, people living at the service were supported to go out into the community. Staff told us people were supported to go out most days unless they did not want to or there was a problem, such as severe weather conditions. The relatives we spoke with told us people were supported to go out regularly and they were happy with the activities available at the home.

People's bedrooms had been personalised with pictures, photographs, ornaments and keepsakes. One person at the home kept a pet and was supported by staff to look after it.

A complaints and compliments policy was available and included timescales for investigation and providing a response. Contact details for the Care Quality Commission (CQC) were included. We noted that two complaints had been received in the previous 12 months. They had been investigated and responded to in line with the complaints procedure.

The relatives we spoke with told us they felt able to raise concerns and they would speak to the staff or the registered manager if they were unhappy about anything. Two relatives told us they had raised minor concerns in the past and they had been resolved quickly and to their satisfaction. Relatives also told us they would feel able to make a formal complaint if they needed to.

We looked at how the service provider sought feedback about the care being provided at the home. The registered manager told us the service provider did not seek formal feedback about the service. However, the service provider planned to introduce satisfaction questionnaires in the near future, which would be sent to relatives yearly for their comments about the service. The registered manager told us that many relatives visited regularly or had regular contact with the service and were able to speak with her if they wanted to. This was confirmed by the relatives we spoke with.

We reviewed a satisfaction questionnaire received from one community professional in October 2015. The professional had expressed a high level of satisfaction with staff communication and commented that the service was open, the staff were friendly and care plans and documentation were updated well. There were no suggestions for improvement.

Is the service well-led?

Our findings

Relatives told us they felt Long Lane Farm was well managed. They told us, "The manager and the deputy are approachable. They're always there if I need to speak to them" and "The service is well managed. The staff and manager are very good at updating us".

The provider's statement of purpose focused on providing person-centred support to people based on their individual abilities and needs. We saw evidence during our inspection that the statement of purpose was promoted by the registered manager and the staff at the service.

We noted that the registered manager held monthly meetings with staff at the service. The meetings were used to address issues relating to the care provided at the home, updates about the people living there, activities and any staff issues. We saw that staff were able to add items to the agenda prior to the meeting. The staff we spoke with confirmed that regular staff meetings took place and told us they were able to raise any concerns during the meetings.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the registered manager of concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high.

During our inspection we observed that the people living at the home felt able to approach the registered manager directly and she communicated with them in a friendly, caring and affectionate way. We observed staff approaching the registered manager for advice or assistance and noted that she was supportive and respectful towards them. Staff told us they felt well supported by the registered manager and they thought the service was well managed. They told us, "The manager is good. She's down to earth and supportive", "The service is managed well. The manager helps with care when we're short staffed" and "I could go to [the manager] with any concerns. She's very good".

The registered manager audited different aspects of the service regularly. This included checks on hygiene and infection control, the safety of the home environment, medicines management and care documentation. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained at the home.

The registered manager informed us that she felt well supported by the service provider. We saw evidence that the service provider visited the service and carried out audits of the care being provided. This also helped to ensure that appropriate standards were being maintained.

Our records showed that the registered manager had submitted statutory notifications to the CQC about the service, in line with the current regulations.

The service had a major incident contingency plan in place which provided information about action to be

taken if the service experienced disruption as a result of fire, loss amenities such as gas or electricity, severe weather conditions or a serious outbreak of infection. This helped to ensure that people's needs were met if the service experienced difficulties that could cause disruption.

The registered manager told us the service provider planned to make a number of improvements to the service over the next 12 months. Planned improvements included further training for staff in Positive Behaviour Support and nutrition and hydration, encouraging staff and people living at the home to attend local forums for support, enhanced auditing and compliance systems and introducing formal processes for receiving feedback about the service from stakeholders, such as relatives and community professionals.