

Progress Care and Education Limited

The Bungalow

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?	Good ●

Summary of findings

Overall summary

The Bungalow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation and personal care for three people with a learning disability, nursing care is not provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a strong emphasis on providing person centred care to people which allowed people to lead full and active lives. Risks to people were assessed and centred on the needs and rights of each individual and were designed to promote people's independence.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People who lived in the home were comfortable with the staff who worked there.

There were sufficient staff available to ensure people's wellbeing, safety and security were protected. A robust recruitment and selection process was in place. This ensured prospective new staff had the right skills and were suitable to work with people living in the home.

People were supported by staff with the knowledge and skills required to meet their needs. Staff received support and supervision to enable them to undertake their roles effectively.

Staff supported people in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We have made a recommendation about how the service uses monitoring devices to check that people are safe at night.

People received care that was responsive to their needs. Staff assessed and reviewed people's needs to ensure care was planned and delivered in a consistent way. Healthcare plans and risk assessments were

well planned to enable people to access the healthcare they needed to stay fit and well.

People were encouraged to maintain a healthy diet and received the support they required to develop their independence skills in this area. The home worked closely with health and social care professionals for those people whose behaviour may challenge the service. These professionals were very complimentary on the support and progress people had made since living in the home.

People were supported as appropriate to receive their medicines safely from staff assessed as competent to do so. Medicines were safely and securely stored at the service.

Staff communicated effectively with people and delivered their care in a friendly and compassionate manner. Care was provided in a way that promoted their dignity and privacy.

The service was well-led with an open inclusive atmosphere. Staff spoke consistently about the service being a good place to work. The provider undertook a range of audits to check on the quality of care provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Bungalow

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 was 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.

This was an unannounced inspection on the 22 August 2018 and was carried out by one inspector.

During our visit we spent time with the three people who used the service. We observed how staff interacted and supported individuals. We looked around the service. We looked at all three people's care records, three recruitment records and the staff training records. We checked the records relating to the management of the service, medication records, and some of the services policies and procedures.

We also spoke with the registered manager, the provider's operations manager and five support staff. We spoke with one person's relative and a health care professional who were both visiting during our inspection.

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

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications and injuries. We contacted commissioners from the local authority who contracted people's social care. We contacted the local safeguarding team and the adult social care team that commissioned services at The Bungalow. We did not receive any information of concern from these organisations. We used all of this information in a planning tool to inform the inspection process.

Is the service safe?

Our findings

People who lived at this service were not easily able to tell us their views. One person told us that they liked the staff and were always happy with how they treated them. We saw that people looked comfortable and relaxed in the home and with the staff who were supporting them. A relative told us, "I'm confident that [name] is safe and more than happy with how well they are being well cared for. There's nothing I don't trust the staff with."

People were protected from the risk of potential abuse. Staff told us that they had received training that ensured they were able to protect vulnerable people from bullying, harassment and avoidable harm. They were able to explain how to identify and report different kinds of abuse.

Staff felt confident to report concerns to management and external agencies about potential abuse and poor care practices. One staff member told us, "I've never witnessed anything untoward here but I know I can challenge poor practice. I feel comfortable to do this. I have faith they would follow up any problems. It's a very open culture here. No bad practice would go unchallenged." We discussed the homes procedures for reporting safeguarding to the local authority (LA) who are responsible for investigating with the registered manager. These included a step by step guide for staff to follow, however we felt that who reports the safeguarding alert into the LA could be made clear. The registered manager and operations manager updated this during the inspection.

We found that managing risk had a high profile and was a central part of working with people. People were protected from identified risks they could be exposed to. Each person's assessment included their ability to access the community and environmental risks. Healthcare professionals such as psychologists and care coordinators were involved in assessing and reviewing the risks to people to ensure plans were safe. We spoke with a visiting healthcare professional who told us, "The staff here are very good at managing risk and behaviours that can be challenging. They anticipate people's needs really well and are skilled at diverting and averting problems. It is very clear to see which staff are allocated to which person."

Staff knew triggers to people's behaviours which could place them at risk. Care records contained individual risk assessments and the guidance necessary to keep people safe without reducing their freedom unnecessarily. These risk assessments were up to date, regularly reviewed and gave clear steps for staff to follow. This enabled people to take part in activities both in the home and outside. For example, we saw a very detailed risk assessment for a person being a passenger in a vehicle; this had been reviewed and amended frequently as this person's needs and risk changed. The risks had been managed well with staff using a behaviour specialist to draw up plans to allow this person and staff to be safe, whilst doing the activity this person really enjoyed.

We saw that the provider had systems in place to ensure that staffing levels were safe and met people's needs. The provider information return (PIR) stated that the staffing budget had flexibility in order to meet the needs of people living in the home. We looked at the staff duty rotas for a four week period which confirmed staffing levels were flexible to meet the individual needs of people using the service. Senior team

members were available on call throughout the night and at weekends in case of an emergency.

People had their support delivered by staff suitable for their role. Recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up. We saw relevant references and checks from the Disclosure and Barring Service (DBS) had been obtained before applicants were offered their job. A DBS check is to determine people's suitability to work with vulnerable people.

We saw that people's medicines were stored securely to prevent them being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health. We saw that staff took some people's emergency medicine out with them. We spoke with staff about how this was done and they were clear on the procedures and how to transport the medicines. However, we found on checking people's files that this was not written into the person's support plan. The registered manager made sure this was updated by the end of the inspection.

People were kept safe in their living environment through appropriate health and safety risk checks such as maintenance contracts, fire checks, gas and electrical installation certificates and infection control audits.

We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. The environment was as safe as possible. The service had a good contingency plan in place for any potential emergency.

There had been no reports of any accidents or incidents in the home but the staff we spoke with understood their responsibilities in reporting and dealing with any serious incidents. The provider had suitable policies and procedures in place.

Is the service effective?

Our findings

We received positive feedback from healthcare and social care professionals about the staff at The Bungalow. We were told that staff were skilled, motivated and knew people and their needs very well. A healthcare professional told us, "Staff are very well trained and are looking after people with complex needs. The staff are easy to engage with and well organised. They can lay their hands on information very quickly and all staff take responsibility with following up issues. They have been very receptive to my suggestions and input."

People received support from staff trained to undertake their role effectively. Staff had relevant training to support their continued learning in their work. Records and staff confirmed they had received training in areas such as safeguarding, infection control, health and safety, medicine management, mental capacity and fire safety.

Staff received specialist training from healthcare professionals to enable them to provide support where necessary to specific people with complex health needs. Staff told us the training made them competent to understand people's needs and to provide appropriate care. There was a good mix of staff skills and knowledge across the staffing team which ensured people received effective care. There was a training plan in place which the registered manager used to identify when staff were due for refresher courses to help them remain up to date with their knowledge.

People received care from staff who were well supported to undertake their role. Staff told us and records confirmed they had regular supervision with the registered manager. All of the staff we spoke with told us they felt very well supported. Staff understood their role to promote people's independence whilst they maintained safe standards of practice. Supervision records showed staff discussed their wellbeing, areas of personal responsibility and the support they needed to be effective in their role and to identify any training needs.

Staff received an annual appraisal where they discussed their responsiveness to people's needs, providing a quality service and involving people in their care. Staff we spoke with were very positive about the support they received. One staff member told us, "We get great support and the staff team all pull together it's the best it's ever been. We work like clockwork together." The registered manager maintained a schedule of supervisions and appraisals and ensured any follow up actions were implemented.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions

on authorisation to deprive a person of their liberty were being met. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which clearly described any imposed conditions and how these were being met. This ensured the person's needs were being met in the least restrictive way.

The service did not advocate restrictive practices or the use of restraint to exert control over people who may show behaviours that may be described as challenging. Staff were trained in positive behaviour support. Staff held reflective practice sessions with healthcare professionals to ensure they had up to date knowledge on how to support people with their complex behavioural support needs. One staff member said, "We all have the chance to say what works, what doesn't. It helps with communication making sure we all pull together in the same direction. Consistency is really important for the people we support."

The home supported people with healthcare conditions that required carefully monitoring. They were using a form of child monitor that had both listening and camera options in people's bedrooms across the night. Although people in the home were subject to a deprivation of liberty order this was not specifically mentioned.

We recommend that the service reviews the use of these devices to ensure that they are the best option and the least intrusive way of monitoring that people are safe. We would refer the service to the CQC guidance to care homes on the use of surveillance.

People were very well supported to maintain their healthcare needs. The service was effective in seeking the advice of health professionals to ensure risk assessments were completed with the input of those with specialist skills. People's care records showed they had regular input from a range of health professionals such as General Practitioners (GPs), district nurses, the behavioural team, psychologists and speech and language therapists (SALT). Care plans reflected the advice and guidance provided by external health care professionals.

People maintained good health because they were supported to access health care services as they needed. A healthcare professional told us that they had an excellent relationship with the home and that staff were well briefed on people's needs. People had up to date Healthcare Passports to take with them in the event of going to hospital which contained key pieces of information for medical and hospital staff.

People's nutritional needs were assessed and care planned, including support with weight management and advice from dietitians. People were well supported by staff to maintain a healthy lifestyle. People's independence was promoted through encouraging them to shop for food and also to prepare their meals. Staff encouraged people to eat as healthily as possibly whilst at the same time respecting their wishes to choose food that they liked.

Is the service caring?

Our findings

People who use this service were not easily able to tell us their views. We observed staff supporting people who used the service and saw that people appeared happy and relaxed. Relatives were confident that staff treated their family members with dignity and respect. They told us, "The quality of care is very good" and another said, "I can't fault the staff at all. We were told of another staff member who scours the internet and charity shops for one person's favourite TV characters CDs and memorabilia."

We observed that staff supported people in a warm, friendly and respectful manner. Relatives felt the attitude of staff was caring and respectful and that they had formed good relationships with their family members. Their comments included, "[Name] is definitely happy. The staff go out of their way to do interesting things and are really good at keeping in touch with us." Another relative said, "They [staff] really are nice, they're genuine people. The new deputy made [name] a wooden table to go over their bed so they that they could play games."

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with diverse needs. The staff we talked with took a pride in their work, telling us, "We're very focused about people's support and supporting them to have real quality of life." The way staff wrote up in care records demonstrated a respect for the person and positive language was used throughout. There was an easy read version of the equality and diversity policy, setting out the provider's commitment to treating people fairly and without discrimination.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Some of the people who used the service faced challenges around communicating their decisions. We saw that staff adopted a variety of communication techniques, including verbal and non-verbal communication, to ensure that people were able to make their own decisions about the care and support they received. Staff gave people the time and support they needed to communicate their wishes. We saw a detailed piece of work with the provider's own speech and language therapist that involved trialling a range of communication cards and symbols to find the best methods for one person.

Care plans showed people were encouraged to maintain and develop independent living skills. For example, involvement in household tasks and for personal care was broken down into achievable steps. Staff knew the importance of supporting people to succeed and promoting self-worth through a sense of achievement. Staff were proud of the achievements people had made. One staff member told us, "I love my job, to see the progress people can make is amazing."

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

People had their information kept confidential as appropriate. Staff understood the provider's policy and

procedures on confidentiality and shared sensitive information with healthcare professionals on a need to know basis. They did not speak about people within hearing of other people and knew not to share sensitive about them outside of the service. Information was stored safely and securely at the service. Computers and electronic files were password protected and paper documents were kept in lockable office and only accessible to authorised staff.

Is the service responsive?

Our findings

We found that the service was flexible and responsive to people's individual needs and preferences. They were supported to lead active lives, attending activities of their choice. The focus of the service was on treating each person as an individual, promoting their independence and ensuring their support centred on their needs and wishes. People received the support they required to follow their interests and to take part in activities of their choice.

People's needs and abilities were thoroughly assessed and care plans were personalised, stating the ways people communicated, their routines and how they preferred to be supported. The care plans gave staff clear guidance to follow and were evaluated and, where necessary, revised as people's needs changed. This staff team had not dealt with end of life care in this service. The registered manager told us that they could easily access support from community nurses and other primary health care professionals. Staff did touch on this in their training and further training could be accessed if necessary.

People's care was regularly reviewed, including staff attending multi-disciplinary meetings with other professionals. Staff made detailed records which accounted for the care they provided and reported on the person's wellbeing. People's care plans described how they wanted care provided and contained details about their background, medical history, current needs, daily routines and preferred activities.

Records contained information on each person's mental and physical health including diagnosis and the behaviours that may trigger a decline of their health. Good detail was noted in care plans to ensure that people's needs were met. We observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. People were supported on a one to one or two to one basis and the support staff organised activities and supported people to participate in activities of their choice.

The service worked flexibly to accommodate people's needs such as changing the timing of support workers shift patterns. The service was person centred in its approach. We saw how staff had enhanced people's sense of wellbeing and quality of life. This was seen in the way staff enabled people to be independent and by the extent of support given to be a part of the local community.

People using the service lived independent lives and pursued interests and activities that were of their liking. Staff gave us numerous examples of how they achieved positive outcomes for people. They worked with people in developing social skills, building relationships and learning skills that made them more independent. Activities included shopping trips, going out to pubs and restaurants. This minimised the risk of people becoming socially isolated.

There was a complaints procedure in place and people were given easy to understand information about the complaints procedure. The registered manager and records confirmed the service had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

The registered manager was suitably qualified and experienced and had been in post since March 2018. He had worked in the learning disability field for a number of years and was experienced in both support work and in the management role. Staff told us, "The manager knows the residents inside and out...and know us, the staff too." We saw that positive values were present in all areas of the service and that the registered manager led the team in delivering a caring service that valued people.

Staff were very positive about the recent restructure of the senior staff team, which had seen both a new registered manager and deputy in post. The registered manager was responsible for two other small homes for people with a learning disability. These were all within a couple of miles of each other and each had its own deputy manager.

Staff told us that it was easy to contact the registered manager of a senior person within the organisation at all times. Staff said that they felt comfortable with the registered manager and that they, "Trust his knowledge and the way he deals with any problems. He always listens and acts which is what I think we need." Staff also spoke of a "great team spirit" and "pulling together."

We had evidence to show that the provider had analysed and reviewed the governance arrangements and had listened to people's views (and those of their relatives or advocates) and those of the staff for all their services. The provider had an in-depth quality monitoring system which in the past had not worked as effectively in identifying some problems within the service. We saw how the provider had responded and developed a new, more robust approach to quality monitoring of all services. This had included a full day review for the service from which a service development plan had been developed based on a risk rating priority with dates to be actioned by.

We also saw evidence of internal audits of things like people's money, medicines, care plans and daily notes. The registered manager completed all the checks expected by the registered provider and we also saw that he did random checks and focussed audits. Improvements were seen in care planning and delivery, the environment and in staffing. The team had also identified ways to improve supervision, nutritional planning and deployment of staff to develop activities and outings. We judged this home to be forward thinking and the team were keen to deliver good quality care and services.

We found that records relating to staff and people who used the service were kept securely in order to maintain confidentiality. Records showed audits were carried out regularly and updated as required in order to monitor the service provided by the home. Monthly audits included checks on medicines management, care documentation and accidents and incidents. These audits fed into the providers central systems for

quality and safety monitoring and this allowed for a further oversight of quality. Risk assessments and care plans were of a good standard and reflected the close scrutiny these were given by the registered manager and senior team.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and senior support staff and said that they enjoyed working in the home. Staff we spoke with felt that communication in the home was very good. One said, "The manager is very helpful and approachable and always has time to spare for you." Another said, "I love working here, you have more input and can influence changes. The manager knows us and the people we support really well, and that's massively important."

Staff meetings were held every month in which the previous month's minutes were reviewed and any new issues discussed. Actions arising from meetings were assigned to a named person and were followed in subsequent meetings. One staff said, "The whole team here are great. We are given really clear messages and instructions on how to support people." Another said "The whole team are very supportive. It's easy to speak up. I feel really well supported."

The provider also had a questionnaire that people were asked to complete to share their views of the home. The provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service. All of the staff on duty told us that they were confident that people were well cared for in the home. They said they had never had any concerns about any other member of staff. The staff told us that they were encouraged to report any concerns and were confident that action would be taken if they did so.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.