

# Homes Plus Care Limited

# Progressive Mews

## Inspection report

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## Ratings

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

## Overall summary

### About the service

Progressive Mews is a supported living service providing personal care to 15 people. On the day of our inspection 13 people lived in the service. Support is provided to people with learning disabilities and autistic people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This is the first inspection of the service under a new provider.

People's experience of using this service and what we found

### Right Support

The model of care promoted people's choice, control and independence. People were enabled to live fully integrated lives within the local community.

Staff supported people to take part in activities and pursue their interest. Although activities and relationships had been disrupted during the COVID-19 pandemic staff had supported people to keep in contact with their loved ones.

### Right Care

We observed staff interacting with people in a positive way. People appeared happy and relaxed whilst engaging with staff.

We received largely positive feedback from people and their families, staff and external professionals about the care people received from Progressive Mews.

Staff were able to protect people from abuse. Staff had the appropriate skills and training to carry out their job role.

The service had enough staff to meet people's needs and keep them safe.

Staff knew people well and were able to communicate with them effectively.

### Right culture

There had been some management changes recently which had unsettled the staff team but due to the commitment of the senior care staff, we could see this had no impact on the people living at the service.

The manager was new in post however, they had the support of senior staff who had worked at the service for a few years and was committed to supporting the manager to ensure people received individualised care that supported their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This is the first inspection under this provider.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

### Is the service responsive?

Good ●

The service was caring.

Details are in our findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our findings below.

# Progressive Mews

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by two inspectors and an Expert by Experience who made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in supported living settings. So that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that at the present time the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was given 24hrs notice to enable the manager to gain permission from people to visit their homes and to ensure the manager would be in the office to support the inspection,

#### What we did before inspection

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought information from the Local Authority. We reviewed information we had received about the service since it was registered. We used this information to plan our

inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. Where people were unable to talk with us, we used observation to help us understand their experience of using the service.

We spoke with four members of staff and the manager. We reviewed four people's care files and four staff personnel files, including information about staff training and supervision data. We looked at the service's medication practices and information relating to the service's quality assurance arrangements.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional information relating to the service's quality assurance arrangements. We contacted eight people's relatives so that we could talk to them about their experience of the care provided for their family member.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they had no concerns and that they felt the service was a safe place to live. "Absolutely, [name] is safe living there." And, "We never have to worry about them not being safe, they are looked after by staff that know what they are capable of."
- Staff understood their responsibilities around safeguards and were aware of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- The manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded for people.
- Staff were able to tell us how they worked to manage people's individual risks and how to ensure their safety and wellbeing.
- The service had a behavioural advisor specialist who carried out assessments and produced guidance for staff on how to support people safely when they became distressed.
- Staff recorded accidents and incidents and these recordings were analysed by the behavioural advisor specialist to ensure people were safe and lessons learnt.
- Staff could recognise the signs when people were becoming anxious and distressed, they were able to tell us how they used distraction techniques, such as offering a drink, or a change of environment or their favourite activity.

Staffing and recruitment

- The provider ensured there were enough staff to meet people's needs. A member of staff told us, "We have recently recruited some more staff, it can be a problem if we do not have a driver on, but we manage."
- There were safe recruitment processes in place. One staff member told us, "When I started, I had an induction and I shadowed for two weeks."
- Each person's care plan had a 'this is me' book which gave staff essential information to ensure new or temporary staff could see quickly how best to support them.
- The manager told us that recruitment was on going, they were aware of the need to reduce the use of agency staff as people living in the service required a consistent staff team to alleviate any anxiety.

Using medicines safely

- We looked at the Medication Administration Records [MAR] for people living at the service. These provided

an account of medicines used and demonstrated people were given their medicines as prescribed.

- Some people were prescribed medicines which could be used when they became distressed. The service ensured people were not controlled or restricted by excessive and inappropriate use of medicines.
- Where medicine was given this was fully documented in line with guidance in people's care plans. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff had the skills to support people with their medicines. They were trained and competent to undertake this task safely.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed there were always enough supplies of PPE available. Staff were observed to wear PPE in line with government guidance.

#### Learning lessons when things go wrong

- The service managed incidents well ensuring they were clearly documented. Managers investigated incidents and shared lessons learnt.



# Is the service effective?

## Our findings

Effective- this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff used a handheld device to record their daily notes. This ensured staff were kept up to date with any changes in care needs. For example, if someone was prescribed antibiotics this will flag up.
- The manager was aware of the guidance, right support, right care, right culture and understood care was provided in people's own homes.
- Care plans were person centred and reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- The manager gave us information on staff training and there were effective systems to monitor staff training and skills.
- New staff had a full induction when they started working in the service. This included training online and face to face.
- Staff shadowed existing staff before providing care. Staff told us, "The manager observed me working with people before I was signed off to work with people on my own, this was to ensure I was competent."

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

- People received support to eat and drink in line with their needs and preferences. People were involved in choosing their meals. Staff told us how people were supported to choose their menus using their preferred communication such as picture boards.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. For example, adaptive cutlery was used, and food was cut up if required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to attend health care professionals to support their wellbeing and help them to live healthy lives. People, family and established staff were able to tell us in detail about health appointments.
- Health care plans included details of appointments with actions and outcomes. People's relatives told us staff provided the support needed to help their loved ones remain healthy.
- Where appropriate, people's relatives were updated about the person's health. A relative told us, "If [Person] is unwell they will always let me know and following any health appointments they will phone telling me the result." And, "Staff are very good at sorting out medical appointments, they do it quickly and are really on the ball."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person lacked capacity, a meeting had been held to ensure decisions were made in their best interest.
- Senior staff had completed detailed assessments which clearly documented people's level of capacity describing how they were supported. Care staff demonstrated a good understanding of capacity and how this impacted on people's daily lives.
- Where people were deprived of their liberty, the provider had completed the required paperwork to refer to professionals to make any final decision.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person told us, "I have a core team of staff I prefer this. It helps me having permanent staff." This evidenced the service had worked in a person-centred way to meet this person's needs.
- Staff showed a caring respectful attitude, during our observations they prompted people to answer their own questions, this enabled people to feel empowered. Staff spoke to people in a compassionate, kind way.
- Feedback from relatives was positive about how caring staff were. A relative told us, "Staff know [name of person] really well and know how they react to things they can be a pickle."
- We observed people were relaxed with the staff who supported them. People were happy sitting with staff to have a cup of tea. Interactions were positive, there was banter between people and staff.

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

- Staff understood they were providing support in people's own homes. When we visited a member of staff checked people were happy with us looking around their home.
- When people needed support communicating their views, staff had involved family members about making decisions about their care. One relative told us, "They always ask us what we think as we know [name of person] best we like that."
- People were supported to express their views using their preferred method of communication. Staff described to us the different signs or devices some people used. These included, Makaton, picture cards, tablets and hand or facial gestures.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they were very happy with the staff encouraging their loved ones to be independent. One relative told us, "They are always trying to get [name of person] to do things for themselves, which is a really good thing after all they are living in their own flat and need to take care of it just as we would."
- We observed staff encouraging people to take part in household chores. Care plans gave clear advice on enabling people to be independent. One staff member told us how they used an exercise routine as a way of encouraging the person to mop their floor.
- Staff knew when people needed their space and privacy and respected this. One person told us, "Staff know when I want time on my own as this is my flat."

# Is the service responsive?

## Our findings

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

This is the first inspection for this service. This key question has been rated good.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in their chosen activity. People went to college, exercise classes, sewing class, shopping, bowling, lunch and coffee trips.
- The service had a communal area to enable people to socialise together if they wanted to. This was also an area where people could take part in group activities.
- People were encouraged to have relationships, staff told us how one person they supported, regularly visited their friend.
- The manager showed us their sensory room, this was well equipped with items that were relevant to the people that lived in the service. For example, tactile objects such as bead necklaces, musical instruments, soft play items.
- Relatives told us they had been able to keep in contact with their loved ones during the pandemic using zoom calls or facetime. One relative told us, "The staff were great in helping me to talk to my [name of person] during the COVID-19 pandemic."

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

- People's care plans informed staff on how they needed to be supported to help with their everyday needs, including living skills.
- People's flats were personalised and decorated individually to accommodate their choice's and preferences.
- People, or their representatives had been involved in planning care. A relative told us, "I was fully involved in putting the care plan together and I am invited and told about reviews."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people used Makaton (a language programme that uses symbols, signs and speech to enable people to communicate) and staff communicated using this, other people used signs and symbols or photographs.
- Staff communicated with people in a personalised manner. We observed staff using signs with a person to ensure they could make decisions about their care. A member of staff described how they supported a person to make decisions. "We know what they need by them leading us and pointing to things and they let us know if they do not want to do something."

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. We found examples where people had complained informally to staff and their support had been altered as a result.
- Relatives told us, "If I have any concern and the carers can't sort it, I would go to the manager." We saw evidence of a complaint received, which had been clearly investigated and everyone concerned kept informed of the outcome.

#### End of life care and support

- People had plans in place for their end of life care these had been put in place with consultation with family members.
- Discussions had been had with relatives around end of life care and COVID-19 these discussions were clearly documented.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this service this key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager had a clear oversight of the service they managed. They were supported by the behavioural advisor specialist who had worked at the service for several years and other senior staff.
- Staff were aware of who to contact in an emergency and people's relatives told us the manager was approachable and visible.

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

- The manager had worked hard to support the staff team and to build positive relationships with them. Although they had not been in post very long relatives and the staff team spoke highly of them and told us they felt supported. Staff told us, "[Name of manager] is really supportive and approachable." And, "The manager is very knowledgeable and helpful."
- The manager told us they were aware of some staffing issues when they started working at the service and they have worked to address these. This included staff being encouraged to be more flexible and to work with people with a range of different needs.
- During our inspection we found the manager to be open and committed to providing the best care for the people the service supported.

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

- Staff told us they enjoyed working at the service and that morale had improved since the arrival of the new manager. They told us they felt listened to and able to suggest options and ideas to improve the service.
- Relatives told us they found the manager to be open and honest and felt she had the capability of ensuring the service was well organised and well led.
- Some relatives were concerned that several staff had recently left and therefore agency staff were being used. The manager was open with us regarding this issue and told us they had recruited to replace these staff explaining to us the reasons why they had left.

Working in partnership with others; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notifications appropriately to CQC.

- The service worked well with health and social care professionals to promote people's wellbeing. The manager and the staff communicated well with us throughout the inspection and openly discussed with us where they were looking to make improvements.
- A social care professional fed back that the manager had communicated well with them when concerns were raised. Any investigations and complaints were concluded swiftly with actions taken as required.