

# Progress Adult Services Limited

## Dixons Farm

### Inspection report

Wigan Road  
Preston  
Lancashire  
PR5 6AS

Tel: 01772626916  
Website: [www.progressschool.co.uk](http://www.progressschool.co.uk)






Date of inspection visit:  
22 January 2019

Date of publication:  
01 March 2019

### Ratings

#### Overall rating for this service

Requires Improvement 

|                            |  |
|----------------------------|--|
| Is the service safe?       | Requires Improvement  |
| Is the service effective?  | Requires Improvement  |
| Is the service caring?     | Requires Improvement  |
| Is the service responsive? | Good                  |
| Is the service well-led?   | Requires Improvement  |

# Summary of findings

## Overall summary

About the service: Dixons Farm is a residential care home which is registered to provide personal care for up to six people. At the time of our inspection six people were living in the service. The services facilities are over three floors for five people and there is a separate annexe where one person has access to a lounge, bedroom and a bathroom. There is a large secure garden to the rear of the property with car parking available. The service is situated on the outskirts of Preston close to local amenities and public transport links.

People's experience of using this service: Not all people told us the service was safe. Systems to act on allegations of abuse were in place. Risks in general had been managed however actions had not been taken to address shortfalls in the findings of a fire risk assessment. Analysis of incidents had not been completed in a timely manner. Improvements were required in the safe management of medicines. Staff were recruited safely and there was an ongoing recruitment programme to address the staffing levels and provide a consistent staff team.

Deprivation of Liberty applications had been completed however reapplications were not submitted in the required time. Capacity assessments required completing in full. People received a varied diet and had been involved in shopping tasks. Staff training had been completed. Where specialist behaviour support training was required the service was acting on this.

Staff engaged with people and were seen to be kind and caring. However, we noted one occasion where a person's personal care needs were discussed openly in the communal areas. Not all people were supported with their decisions to access all communal areas of the service.

Good information was available in care files, which ensured staff had access about how to deliver care to people. Activities were taking place. The management discussed that improvements in people accessing activities in the service were required. A system to deal with complaints was seen.

The manager had identified the immediate areas that required action. Audits had recently been recommenced. Senior oversight was ongoing to provide support and drive improvements in the service. Team meetings were taking place.

Rating at last inspection: The last inspection was undertaken on 27 and 28 June 2016. It was rated good in all key questions and good overall. The report for this inspection was published on 1 August 2016.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: The service will be reinspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dixons Farm

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team: The inspection was undertaken by one adult social care inspector and one specialist nurse advisor.

Service and service type: Dixons Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Dixons Farm provides personal care to people living with a learning disability, autistic spectrum disorder and younger adults.

The service had a manager in place, however they were new to post and had not yet registered with the Care Quality Commission. The manager told us they were commencing their application with the Care Quality Commission soon. This would mean that they and the provider were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced. This meant that the service did not know we were coming.

What we did: Prior to our inspection we looked at all of the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law. We asked for feedback from professionals about their views of the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the service.

During our inspection we were unable to speak with people who used the service due to their limited ability to communicate with us. We spoke with two relatives. We undertook observations in the public areas of the service. We spoke with nine staff members. These included five care staff, two quality improvement leads, the operations director and the home manager who took overall responsibility for the service. We looked at a variety of records. These included two care files, three staff files, duty rotas, audits and records relating to the operation and oversight of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Incident reporting guidance was available for staff to follow. We saw incident records had been completed. However, we noted a large number of incidents had occurred over a short time period. The analysis of these did not occur in a timely manner.
- A fire risk assessment had been undertaken and some actions that required urgent attention had been recorded. There was no record to confirm that these actions had been completed. The management told us they would ensure the work would be undertaken as a matter of priority.

This was a breach of regulation in relation to safe care and treatment.

- Individual risk assessments contained good information about how to support people's individual risks. Environmental risk assessments had been completed along with regular servicing of equipment and checks on water temperatures for example. Regular checks on fire systems were seen along with an emergency contingency plan to guide staff in the event of an emergency in the service.

Using medicines safely

- We observed medicines being given to people. Whilst the procedure on the whole was safe we observed the staff member responsible for administering people's medicines left them unattended in a public area of the service.

We recommend the provider seeks nationally recognised guidance to ensure medicines are managed safely in the service.

- Records confirmed medicines were stored safely and audits were being completed. Where actions were required these had been recorded. Medication administration records had been completed and signed. This confirmed people had received their medicines when they required.
- Care plans and 'as required' protocols were seen to guide staff on medicine administration. The management told us they would ensure care files included records of people's agreement and consent to medicines.
- Staff told us, and records confirmed that staff had undertaken medicines training and competency checks. Policies and guidance was in place to support the safe administration of medicines.

Staffing levels

- We saw sufficient numbers of staff on duty during the inspection to ensure people's needs were being met. Duty rotas confirmed the staffing allocation for each shift, as well as the staff tasks for the day.

- We discussed with the management team ongoing recruitment in the service. They told us that the staffing levels were being supported by agency staff and recruitment was continuing to ensure a full staff team was in place. Feedback for staff was that staffing numbers and the use of agency staff were a concern in the service. Comments included, "Not really enough staff. They are relying a lot on agency [staff] and try to get the same staff, they are recruiting" and "Agency staff do look at the files. but they haven't got the skills required to look after them [people who used the service] properly." A relative told us they were very happy with the care their family member received in the service. They said, "The staff are doing a superb job with him."
- Staff files we looked at confirmed they had been recruited safely. Relevant checks had been undertaken that ensured only suitable people were recruited to their role. A new member of staff told us the service had requested relevant documentation prior to them commencing their role. They confirmed an induction programme was in place when they started in post.

#### Systems and processes

- Information to guide staff about how to deal with abuse allegations was on display in the staff room of the service. Staff understood how to deal with allegations of abuse. They told us they would, "Speak to the [manager] and the [deputy manager] or the other managers." Records were seen in relation to investigations, including correspondence with relevant professionals and the actions taken as a result of these. Where one investigation had taken place, we discussed with the management the actions that they had taken to reduce any future risk. Records we looked at confirmed this.
- We saw people appeared comfortable and happy in the company of the staff team. Not all relatives and staff told us they felt people or staff were safe in the service. The manager and a staff member discussed actions that had been taken to support staff. Further training had been provided, to ensure staff felt confident to support those who used the service and therefore to maintain their safety.

#### Learning lessons when things go wrong

- We saw some evidence of analysis to prevent any future risks to people and lesson learned going forward. However, we saw a number of incidents had occurred, which had not been analysed in a timely manner, to prevent or reduce any future risks.

#### Preventing and controlling infection

- The provider had policies and procedures in place to guide staff on how to reduce the risk of infection. Records seen confirmed infection control audits had been completed, which included the actions to be taken as a result of the findings.
- We observed areas to be clean and tidy and free from clutter. Hand washing facilities were available for staff with hand washing advice in place. Cleaning was being undertaken by the staff and we saw them making use of personal protective equipment during food preparation tasks. The provider told us they would remind staff of the importance of removing outdoor wear during care intervention tasks in the service.

# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- There was some evidence of capacity assessments in care records, however not all functional assessment stages had been recorded. Decisions had been recorded. Capacity assessment had been completed however they did not specify clearly what decisions the assessment related to.
- Relevant DoLS applications had been submitted to the assessing authority. However, we saw that not all applications had been submitted in the required timescales.
- Staff were aware of using restrictive practices, but these were not clearly outlined in the care files we looked at.

This was a breach of regulation in relation to need for consent.

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

- There was good evidence that people's assessed needs and reviews had been considered. Records identified people's needs and the support that they required.

Staff skills, knowledge and experience

- Staff demonstrated their understanding of people's needs, however some staff appeared more confident than others in implementing different approaches. The management told us they were taking action to ensure all staff were skilled and confident to deliver care and support to all the people living in the service.
- Training records and the training matrix confirmed that staff training was ongoing. We saw evidence that confirmed the service had taken action to ensure all staff had undertaken specialist training in behaviour support and proactive interventions. Relevant national guidance was noted to provide up to date best practice to support people's needs.
- Records that demonstrated supervision programme for the staff team was on display. One staff member we spoke with confirmed a supervision session had taken place recently where they were able to discuss

their views and how to improve the service.

Supporting people to eat and drink enough with choice in a balanced diet

- Menu choices were on display. We saw people undertaking the food shopping trip during our inspection with the support of staff.
- Evidence was seen that confirmed relevant professionals had undertaken specialist assessments to ensure the food they ate was safe for them. Food that was being prepared during our inspection smelled appetising. Plenty of supplies of food was seen in the kitchen.

Staff providing consistent, effective, timely care within and across organisations

- Care files had good information that confirmed relevant professionals had been involved in reviews of their health care needs. There was good evidence of multidisciplinary working across health and social care professionals, including liaison with professionals in other areas of the UK.

Adapting service, design, decoration to meet people's needs

- The service has been adapted to meet people's needs. We saw evidence of some personal items and mementos in people's bedrooms and some areas of the communal areas were nicely decorated. We discussed the public areas of the home with the management team and whether these were of a suitable size to ensure all people's needs could be safely met. They confirmed they would undertake a review of the communal areas and how these could be safely accessed by all of the people living there.

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

- Records confirmed people who used the service had access to timely and relevant reviews from professionals.

# Is the service caring?

## Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- All the people who used the service were unable to communicate verbally. We observed that on the whole staff understood and acted on people's non-verbal cues, ensuring they were supported to make their own decisions. However, we observed one person who clearly communicated by their body language that they wished to access one of the public areas in the service. Staff failed to ensure this person was supported effectively. We discussed this with the management who confirmed they would investigate and act to ensure people's communicated wishes were met.
- We saw some kind interactions between staff and people, however we noted some occasions where positive engagement between staff and people was lacking. The management told us this had been identified as part of their internal reviews and were taking action to address this.

We recommend the provider seeks nationally recognised guidance to ensure people are enabled to express and be involved in expressing their wishes and needs.

- Relatives confirmed they had been involved in discussions relating to decisions about their family members care.
- Information relating to advocacy services and how to access them was on display in the service. Advocacy services support people with important decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported by a staff team who ensured their personal care was provided to them in the privacy of their bedroom or bathrooms. On the whole staff were kind and caring, interactions were observed taking place with regard for people's rights. However, we saw one occasion where staff discussed a personal care intervention in a public area of the service. The management confirmed that they would investigate and ensure all staff were aware of how to maintain people's privacy and dignity at all times.

We recommend the provider seeks nationally recognised guidance to ensure all staff have the knowledge and skills to maintain and promote people's privacy and dignity.

- We observed some interactions where people were supported to take an active role in their everyday life. One person was supported to take part in household kitchen tasks and others accompanied staff to do the household shop.
- Documentation was on the whole stored securely, so that confidentiality was maintained in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection

and processing of personal information of individuals. We saw some personal information on display in the public area of the service. The manager took immediate actions and removed it.

#### Ensuring people are well treated and supported

- We observed some kind and positive interactions between people and staff. People received good care. A relative we spoke with told us they were very happy with the care their family member received. They said, "The staff are doing a superb job with him. It's [name] home. [Name] knows the area and [name] is settled and happy there. I would know if [name] was not happy." However, another relative told us of a delay in responding to changes in their relative's needs. Relatives confirmed no restrictions were placed on them visiting the service. One staff member we spoke with told us, "I know I do a good job it is all about care."
- Relatives told us the service kept them up to date about people's needs and their progress. Care files had good information to guide staff in how to meet their individual needs ensuring they received good care. Specialised documentation had been developed to provide staff with the guidance about people's individualised needs. One record had information relating to the person's illness and how to care for them effectively.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- Relatives told us they were kept informed and up-to-date in relation to their family members care. Feedback from one relative was that the changes in their relatives' condition was not acted upon in a timely manner. However, they felt recent changes in relation to their family members treatment and the actions by the new home manager had a positive impact and it was hoped this would improve their quality of life.
- Care records had good information about people's individual needs and how to ensure people received effective care. Individualised risk assessments were in place which clearly outlined the control measures to reduce any risk.
- Records confirmed ongoing reviews were taking place and information was being updated to ensure people's current needs were accurately reflected.
- We observed people taking part in communal activities and someone one to one activities in the service. Photographs were on display of the activities undertaken. However meaningful activities provided for people using the service had been recognised as requiring improving. The management told us the lack of activities in the service had been recognised and that they were looking at whether this was impacting on people's behaviours. They told us work was planned to address any shortfalls in activities.
- Wi-Fi was available in all areas of the service. The manager told us this was to enable people to access the internet of their choosing, with support. Staff told us, and we observed one person making use of an electronic device. Laptops were available for the staff team to access the provider systems and on-line training.

### End of life care and support

- No one living in the service was receiving end of life care and support. Policies, procedures and guidance was available for staff in the event end of life care and support was provided. The management told us that the provider was sharing good practice between services to develop end of life support plans for people.

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

- Staff we spoke with told us of the improvements in the service recently. However, one staff member said that they had raised some concerns with the new manager. A complaints procedure was in place that would guide staff on how to deal with any complaints or concerns.
- Systems to deal with any complaints were in place. Records were seen to record any complaints or feedback and were uploaded into the computer system. No complaints had been received in the service.

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service had not been consistently well-led. We identified two breaches of regulation in relation to the need for consent and safe care and treatment. We also made recommendations in relation to the management of medicines, recognising people's wishes and choices and maintaining and promoting people's privacy and dignity. The management team commenced immediate action to address the shortfalls.
- The manager was new to post. She demonstrated her understanding for the current needs of the service and was prioritising the immediate risks. Feedback about the manager was mixed. A staff member told us, "The manager had been 'chucked' in at the deep end, [she] has made a positive difference, making a lot changes." However, another staff member commented about their ability to manage the service effectively. A relative told us that the manager had, "A good understanding of [name] already."

Engaging and involving people using the service, the public and staff

- Staff told us and records we looked at confirmed team meetings had taken place. Records included the attendees as well as the topics discussed.
- The management told us no formal meetings with people who used the service or relatives were taking place however they said regular communication with relatives was recorded in a communication file. Senior managers told us they were looking at improvements in the way they obtained formal feedback from relatives and professionals.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff had access to a wide range of policies and procedures to provide information and support to deliver the care people required.
- Audits had been only recently recommenced in the service. Records included the dates of their completion as well as notes of their findings and some of the actions taken. Where the actions had not been recorded the manager confirmed what they had done to address the findings.
- Relevant certificates and the ratings from the last inspection were on display in the service.

Continuous learning and improving care

- There was regular input in the service from the senior management team to support the improvements required. Senior management audits were undertaken which identified the shortfalls in the service and supported the actions to be taken to make improvements. Senior management told us ongoing monitoring

would continue to ensure improvements were embedded in service delivery.

#### Working in partnership with others

- We saw evidence that the service worked in partnership with relevant professionals in both the health and social care sector. Records confirmed the professionals involved that would ensure good care was provided and promoted positive health outcomes for them.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who use services and others were not protected against the risks associated with documenting restrictive practice and the timely submission of DoLS applications to the assessing authority. Regulation 11 (1) (2).</p>  |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate action in relation to fire risks. Action was not taken to analysis and assess incidents in a timely manner. Regulation 12 (2) (a) (b) (d).</p> |