

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Progressive Mews

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CO63QH

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Date of Inspection: 11 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Homes + Care Limited
Registered Manager	Mrs Sharon Kirby
Overview of the service	Progressive Mews provides care for up to five people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with one person who used the service and observed the care of another person who was not able to verbally communicate with us. Two people who used the service were out at the time of our inspection participating in planned activities.

We spoke with five members of staff including the registered manager.

We looked at two people's care records. Other records seen included: care plans and risk assessment reviews, complaints and compliments log, provider's safeguarding vulnerable adults from abuse policy and procedures, staff meeting minutes, staff training and supervision records, three staff personnel files, accidents and incidents log, health and safety audits, fire safety checks, maintenance logs and water temperatures.

We considered the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask; Is the service safe, Is the service effective, Is the service caring? Is the service responsive? Is the service well-led?

This is a summary of what we found;

Is the service safe?

When we arrived at the service a member of staff asked to see our identification and asked us to sign in the visitor's book. This meant that appropriate actions were taken to ensure that the people who used the service were protected from others who did not have the right to access the service.

Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no applications had needed to be submitted, we saw that policies and procedures were in place if they should be needed. The registered manager confirmed that relevant staff had been trained to understand when

an application should be made and how to submit one. This meant that people would have their rights protected.

Records seen confirmed that staff were booked onto upcoming or had received training in safeguarding vulnerable adults from abuse, the Mental Capacity Act (MCA) 2005 and DoLS. Guidance leaflets were available to staff explaining the principles of the MCA and DoLS in the staff training room. This meant that staff were provided with the information that they needed to ensure that people were safeguarded.

Safeguarding procedures were robust. Staff understood their role in safeguarding the people they supported.

There were effective policies and procedures for managing risk. Staff understood and consistently followed them to protect people.

Records confirmed health and safety was checked in the service and equipment was maintained and serviced.

Is the service effective?

People's care records showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The records were regularly reviewed and updated which meant that staff were provided with up to date information about how people's needs were to be met.

Records showed that staff support was provided through effective training, supervision and appraisal.

Is the service caring?

Care was individual and centred on each person. One person told us, "They (staff) support me and help me to do things for myself. I want to be more independent and I am getting there. I have a key worker (designated staff member) and they understand me. They (key worker) are good as they know when I want them to be around and when to leave me alone."

Staff had a good understanding of the people's care and support needs and knew them well.

Staff interacted with people who used the service in a caring, respectful and professional manner.

Staff were skilled at responding to people who were not always able to express their needs verbally.

People's care records showed that where concerns about their wellbeing had been identified the staff had taken appropriate action to ensure that people were provided with the support they needed. This included seeking support and guidance from health and social care professionals, including a doctor, psychiatrist and social worker.

Is the service well-led?

Staff told us they were clear about their roles and responsibilities and were supported and

trained to meet people's needs.

People's care records and risk assessments were accurate and up to date.

The provider had systems and procedures in place to monitor and assess the quality of the service provided. There were records to identify shortfalls in the service and how they had been addressed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

One person did not verbally communicate their views with us so we observed their reactions and body language to the way staff engaged with them. We saw that they smiled and laughed and interacted in a positive way with staff. Staff demonstrated an awareness and understanding of the person's individual needs and responded in an appropriate manner.

Our observations and discussions with the registered manager demonstrated that people who used the service received regular support and access from a variety of health, social care services and professionals. These included the psychiatrist, dentist, optician, social worker and general practitioner (GP) as their conditions and circumstances required. Records seen confirmed this.

We looked at the care records of two people who used the service. Information in these records included details of their initial assessment which was carried out when the person started to use the service. This showed that people's care and treatment was planned in a way that ensured their safety and welfare.

Information in the care records detailed the ongoing level of support and care the person required. We saw that regular reviews of care plans and risk assessments had taken place. Care plans seen included information about the care and support to be provided by staff. This included support with people's personal care needs, challenging behaviours, mobility and medication. Changes in people's needs were documented with their care and treatment adapted accordingly. This meant that staff were provided with up to date information about how to meet people's needs.

The care plans included risk assessments to minimise any potential dangers in people's daily lives. Where risks were highlighted, accompanying assessments listed the actions for staff to take to reduce the risk of harm to people. This meant that care and treatment was planned and delivered in a way to ensure people's safety and wellbeing. For example, one

care plan highlighted the strategies for staff to follow if a person became anxious and agitated. We saw prompts for staff to manage the situation using distraction and de-escalation techniques to calm the person and maintain a safe environment. This meant that people who used the service were kept safe, their welfare was protected and their needs met.

We spoke with one of the people who used the service. They told us they were happy with the care they received, staff treated them well and they had no complaints about the service. During our discussions they told us how they were developing their own care plan with their key worker. They said, "I like to make my own notes when the mood takes me. It helps to write things down. That way I don't forget." A member of staff explained that the person had a copy of their care records in their room which they made comments and notes on whenever they wanted to. This was then discussed with their key worker and any changes or actions agreed and updates made to the original. They told us, "It is a slower process getting all the relevant information but we go at the person's pace and the information we get is detailed, meaningful and relevant to them." We asked the person if the staff listened to them and acted on their feedback. They told us, "Of course they do. We talk about what I have written and they listen to me and we make the changes." This showed us that people were involved in decisions about their care, treatment and support and developing their care plans.

We looked at the daily records for two people. These records reflected the mood and wellbeing of people, identified the care and support that people had been provided with, any issues which had been raised, medical appointments people had attended and the activities that they had participated in. This provided staff with current information about a person's health and wellbeing.

Staff we spoke with were aware of individual people's needs and how to meet them in line with the person's plan of care and risk assessments. This meant that people's care and welfare was being effectively monitored to ensure their needs were met and they were safe.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Safeguarding vulnerable adults from abuse information was displayed in the service. This meant that people had access to information and who to contact if they had a safeguarding concern.

We spoke with five members of staff including the registered manager. They confirmed that they had received training in safeguarding vulnerable adults. Staff were able to describe the process for reporting suspicions or allegations of abuse through the line management process and knew which external organisations to contact if required.

We looked at the service's safeguarding policies and procedures. These provided information for staff about identifying the types of abuse, different signs and symptoms of abuse, and how to respond and report cases of suspected or alleged abuse.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During this inspection we looked at the personnel records of three staff members. The personnel records showed that the appropriate checks had been made to ensure that staff were able to work with vulnerable people.

There was an effective recruitment and selection processes in place. It was clear from the records seen that all the appropriate checks had been carried out before staff began work. These records included evidence of Disclosure and Barring Services (DBS) checks. We saw that references had been sought and the identification of applicants had been checked. The applicant's previous employment history, experience, training and qualifications were identified in their application form. This told us that appropriate checks were undertaken on applicants to ensure that they were able to work with vulnerable people.

We spoke with two members of staff who told us they had received an induction including mandatory training when they started working at the service. They said that this had helped them to understand their roles and responsibilities and supported them to meet people's needs. Records seen confirmed this.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

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Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

We looked at records which told us that the provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The records included provider health and safety checks, maintenance logs, water temperatures and safety checks on equipment.

We asked how the quality of the service was monitored and assessed. The registered manager provided us with records of care plans and risk assessment reviews, medication checks, staff training and supervision records, staff meeting minutes, compliments and complaints log and accident and incidents. We saw that where issues had been identified there were actions in place to address the shortfalls in the service.

The registered manager showed us the health and safety checklists carried out by one of the people who used the service. They told us the person who used the service had, "Shown an interest in the member of staff who was completing the routine health and safety checks. When the member of staff explained what they were doing; checking to make sure everything was safe. They (person who used the service) said they wanted to carry out a health and safety form of their own." The registered manager explained how a member of staff had worked with the person to develop their own checklists. These included a strimmer and lawn mower safety checklist to accompany the activities the person enjoyed doing in the garden and a general health and safety checklist that covered the premises and environment. We saw that the forms had been completed and signed by the person. The registered manager told us that this was a recent development and as yet no problems had been reported but should any shortfalls be identified in the checklists they would be logged to maintenance. This showed us that people were able to influence how the service was run.

We spoke with five members of staff including the registered manager who confirmed they felt supported in their role and were provided with opportunities to discuss the ways that they worked and how people's needs were met in one to one supervisions and through informal and formal meetings with the management team. Records we looked at confirmed these practices were in place.

We looked at two people's care records. Records seen included risk assessments which showed regular reviews were carried out and documented where people's needs had changed.

A member of staff showed us the 'satisfaction survey's' they were currently developing. The surveys were an opportunity for people who used the service to comment on the care they received and their experience of using the service. We saw that the survey template was designed in an accessible format to meet people's needs. The member of staff advised us that this was the service's first survey and would be completed during the summer (2014), to enable people who used the service time to have settled in and be in a position to comment on their experiences. They advised us that an evaluation was planned to review and learn from the process, with an accompanying action plan to address any shortfalls identified. This showed us that the service valued, respected and would act on people's feedback.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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