

Homes + Care Limited

Progressive Mews

Inspection report

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Tel: 01206587070

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16 November 2016

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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

Progressive Mews provide accommodation for persons who require personal care without nursing for up to 12 people. It is a service for people who have a learning disability and/or autistic spectrum disorder, physical disabilities and sensory disabilities. Some people have complex needs. The service is split into Acorn House, Blossom House and The Maples. Acorn House is a residential home for up to five people. Blossom House is a progression service towards more independent living for five people which is split into individual flats. The Maples consists of two individual, self contained supported living flats which are currently vacant.

There were three people living in Acorn House and four people living in Blossom House when we inspected on 16 November 2016. This was an unannounced inspection.

There was a registered manager in post. 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.

There were appropriate arrangements in place to ensure people's medicines were administered, obtained and stored safely.

People received support that was personalised to them and met their individual needs and wishes. People were encouraged to be as independent as possible but where additional support was needed this was provided respectfully. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to support people in the way they preferred. Staff had developed good relationships with people who used the service and understood the need to obtain consent when providing support.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse and staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care and there were procedures and processes which guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

People were encouraged to attend appointments with other health care professionals to maintain their health and well-being and the service worked closely with other agencies to meet people's needs.

There was an open and transparent culture in the service and staff were very motivated. Staff understood

their roles and responsibilities in providing safe, good quality care to the people who used the service. Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. An effective quality assurance system was in place and as a result the service continued to develop and improve.

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

People were provided with their medicines when they needed them.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Risks to people were effectively managed so they could participate in daily life and activities of their choice.

There were enough skilled and competent staff members to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented. People told us they were asked for their consent before any support was provided.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff knew people who used the service well and had good knowledge of their needs, likes and dislikes.

People's dignity and privacy was promoted and respected.

Staff's positive and friendly interactions promoted people's wellbeing.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service. People and the staff were asked for their views about the service and their comments were listened to and acted upon.

The manager was approachable and had a visible presence in the service. Staff were encouraged and well supported by the manager and were clear on their roles and responsibilities.

Audits were completed to assess the quality of the service and these were used to drive improvement.

Progressive Mews

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced, undertaken by one inspector and took place on 16 November 2016.

Prior to 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 looked at information we held about the service including previous inspection reports. We reviewed information sent to us from other stakeholders for example the local authority and members of the public. We received feedback from one professional.

We spoke with three people who used the service and one relative. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager, the behaviour practitioner, the independent living co-ordinator and four care staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service. We looked at three staff files which included recruitment processes, supervision and training records.

Is the service safe?

Our findings

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "The staff help me with my medicines and give them [medicines] to me when I want them." Medicines were stored safely in lockable cabinets in people's bedrooms. We saw that when staff provided people with their medicines this was done respectfully and at the person's own pace.

We saw that when staff provided people with their medicines this was done safely, respectfully and at the person's own pace by trained staff. However, there were some guidance for 'as and when required' (PRN) medicines that were not in place. For example a person had been prescribed paracetamol and there was no guidance available on when this medicine may be required or how often it could be taken.

We completed an audit of medicines to check systems were working and we found that we did not know if the stock count of medicines for one person was correct. This was because the balance of medicines in stock had not been recorded for this person. Where gaps on the Medicines Administration Record (MAR) had been identified by the team leader, action had been taken to address this. Audits of the medication system had been completed by the team leaders to make sure that any shortfalls were being addressed, however these were not always formally recorded.

The registered manager told us that they had put the PRN protocols in place shortly after our visit and stock count sheets for medicines were being put into place while we were still at the service. This meant that any risk to people was reduced.

Systems were in place to reduce the risk of harm and potential abuse. Staff had received training in safeguarding and were aware of the provider's safeguarding and whistleblowing procedures [the reporting of poor practice]. Safeguarding was also discussed in staff meetings. Although the staff had not needed to report any potential abuse, they could tell us about their responsibilities to ensure that people were protected, knew how to recognise abuse and how they would report any concerns appropriately. One staff member said, "We do safeguarding training and I am doing safeguarding training as part of my NVQ (National Vocational Qualification)." Information was available for people using the service about how to report any concerns regarding the care they received to the local authority.

Where a safeguarding concern had been raised by another agency, the service had taken timely action to fully investigate the circumstances and actions had been taken to reduce the risks of future incidents which included disciplinary action.

Staff members were aware of people's needs and how to meet them which ensured people's safety. One person commented, "I feel safe because the security of the building is good."

Potential risks to a person's safety within their home and the community were assessed and provided staff with guidance on how the risks to people were minimised. This included risks associated with accessing the

community and medicines. Staff told us they felt confident supporting people as risk assessments contained key information. One staff member said, "The risk assessments are very good."

Occasionally people became upset, anxious or emotional. Plans were in place for people to provide guidance to the staff on how to support that person which included the strategies to use to prevent the person becoming upset and to keep them and others in the service safe. For example, when one person became upset it helped to minimise the noise levels. One professional said, "The staff have demonstrated that they provide pro-active support and often pre-empt situations that potentially could cause anxiety for [person]."

Checks had been made on equipment to ensure that it was safe to use and fit for purpose. For example, electrical equipment and the fire system. People had personal evacuation plans in place so that staff knew how to support them in the event of a fire. This showed us that the staff team were provided with the information required to keep people safe. Following a recent inspection by the local fire officer, the tumble dryer and washing machine had been moved to a different location in the house. This showed us that the service took the required action to keep people safe.

One person told us that there were enough staff for them to, "Go out and do the shopping." One relative and the staff that we spoke with told us that there were enough staff available to meet the needs of those living at the service. One relative said, "There is always someone to support [person] when [person] wants to go out." One staff member said, "There is definitely enough staff." The registered manager told us and our observations confirmed that there were enough staff to meet people's assessed needs. The registered manager had a good understanding of the hours of support that people required to meet their assessed needs. Where people were funded for one to one hours, we saw that this was provided. We saw that staff were attentive to people's needs and requests for assistance were responded to promptly.

The service had recruitment procedures in place to ensure that staff were suitable for the role. The process included identity checks, employment history and references. Staff were subject to criminal checks made through the disclosure and barring service (DBS). These checks are to assist employers in making safe recruitment decisions by checking for any criminal history of those who wish to work at the service.

Is the service effective?

Our findings

There were systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. Staff told us that they were provided with the training that they needed to do their job and meet people's needs such as positive behaviour management and autism. "One staff member said, "We absolutely have enough guidance and training to support people." Another staff member told us about how the autism training had helped them to understand how people communicate when they are unable to talk. This showed that the training had been effective in improving the knowledge of the staff member. One person's parents had provided a training session to the staff team regarding how their relative communicated and how best to support them. We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met.

Each staff member had an induction on commencing employment at the service and new staff were completing the Care Certificate. This is a recognised set of standards that staff should be working to. To ensure that new staff understood how a person preferred to be supported, they shadowed more experienced staff. One staff member said, "I had shadowing shifts and also shadowed staff in the community when they supported [person]. My induction was very detailed and I was shown how to communicate with [person] using their software on the electronic device." This meant there was an effective system to support new staff so that they were delivering effective care for people.

Staff meetings were held and all staff spoke highly of the support they received from the management team, this included support for individual incidents and with their on-going development. One staff member said, "[Registered manager] is very supportive and I see her many times a day [through the shift] and [registered manager] checks how I am." Another staff member commented, "We talk through any difficult incidents that have occurred with colleagues and the registered manager and discuss how we [staff] managed it and what went well and didn't go so well." This meant that there was an effective system for ensuring staff reflected on their practice and learned from this to continually develop their skills.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

People told us that the staff acted in accordance with their wishes. One person said, "If I need help cooking, then staff help me cook." People were asked for their consent before staff supported them with their care

needs for example assisting them with their medicines. One person said, "Staff always check with me and ask whether I want them [staff] in my flat." One professional said, "Staff always ensure they gain [person's] consent for me to visit." Staff had a good understanding of DoLS and MCA and had received training. One staff member said, "I have had training and it is about whether people have the ability to make their own decisions and understand the consequences of the decisions that they make." Another staff member commented, "Always assume that the person can make decisions but if there are concerns, then do an assessment." Records identified people's capacity to make specific decisions, for example day to day decisions and the circumstances where decisions would need to be made in a person's best interests. One care plan said, "Please remember that my capacity could change." Where decisions were made in a person's best interests, appropriate people were involved in making the decision and this was recorded.

People were supported to choose their own menus and to cook their food. One person said, "I choose the menu on a Sunday and I can choose something else if I don't fancy what is on the menu." Another person said, "I choose what to eat and drink." Staff encouraged people to be independent and help themselves to food and drink. For example, we saw one person being encouraged to make their lunch and to put their plate in the kitchen once they had finished their meal.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Staff had a good understanding of people's dietary needs and preferences. A staff member told us how one person liked to have certain foods on separate plates. We saw that this information was in the care plan and the person was supported according to their preference at lunchtime.

When needed, people were supported to access relevant health services. We saw records of visits to health care professionals in people's files and people had annual health checks with their GP. One relative said, "They [Progressive Mews] involve other professionals when they need to." Care records reflected that people had been involved in decisions about their healthcare. Where the staff had noted concerns about people's health, for example, where a person was struggling with their mental health, prompt requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Is the service caring?

Our findings

A relative told us, "The staff are kind and caring." A compliment from a relative said, "You [registered manager] and your team show such dedication to [person] and making this work for [person]." A staff member said, "This is by far the best. This doesn't feel like a care home, the staff care deeply about the people they support."

The service was clean, fresh and homely and the atmosphere within the service was welcoming, relaxed and calm. We saw that the staff treated people in a caring and respectful manner and we saw lots of laughter and staff having a joke with people. Staff knew people well and had good relationships. One person said, "The best thing is having a laugh and a joke with the staff."

Staff we spoke with were enthusiastic about their role. One member of staff said, "I love working here." Another commented, "I come to work, happy to come to work." Staff told us that care plans contained detailed information to enable them to support the person in the way they wanted and that they were given time to read these during their shifts as the information changed and was updated regularly. This, along with specific staff members working with certain people, enabled them to get to know the person as an individual.

Staff talked about people in a compassionate and respectful way and understood people's individual needs. People told us that they felt staff listened to what they said. Care plans included how to maintain people's privacy and dignity and induction training covered this subject. One staff member told us, "If someone wants privacy then we give it to them. We support people discreetly, knock on people's doors and give medicines in a place that suits them [so it is private]."

People and where appropriate, their relatives were involved in care planning. One relative said, "We have meetings and we talk about strategies to support [person]." One relative had been asked for ideas for new activities that one person could try and these had been added to their activities timetable. Care plans reflected people's wishes and were written in a respectful way. One person's care plan said, "I like to do the same thing, in the same way, every day!" Care plans were reviewed regularly and updated when a person's needs changed.

Staff we spoke with were able to explain how they involved people in the day to day decisions of daily living such as what to wear and what to do with their day. One staff member said, "We listen and empathise and to keep [person] motivated we try different activities that [person] likes." People's flats and bedrooms were personalised which reflected their choices and individuality.

Residents meetings were held monthly and covered subjects such as meal planning and activities that people would like to do. Where one person had requested a dance club, they had been supported to try this activity.

One person had an independent advocate. An advocate is someone who can provide support to a person to

ensure that their views and wishes are heard and using to influence the care they receive. This had been arranged by the service to support a person through a difficult situation.

People were able to have visitors as they wished and there was an open door policy. Relatives told us that they could visit whenever they wished and did so on a regular basis. One person said, "My [relative] visits me here."

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw from the records that people accessed the community on a regular basis. One person said, "I go clothes shopping, the cinema and the zoo." One staff member said, "People are always doing lots of activities. I am supporting one person to get fitter and that involves a weekly park run and the gym." Another staff member said, "We support people to develop timetables and put in the activities that they like doing." We saw where people requested to do certain activities, this was facilitated by staff, for example, one person was supported to go trampolining and another was supported to go shopping.

Care plans were person centred and reflected the support that each person required. People had a 'This is me' book. One staff member said, "This book tells us all about the person and what they like and don't like." One care plan said, "I like to have the window open when going for a drive as I like the breeze." Care plans promoted independence and covered what a person could do for themselves and what they needed support with. People had goals and were encouraged to try new things. For example, one person's goal was to be as independent as possible and less dependent on their relative and another person was being encouraged to try new activities. The independent living co-ordinator told us, "We try and achieve goals for people from hobbies and interests to finding work."

Staff knew about people's specific needs and how they were provided with personalised care to meet their needs. People's daily records contained information about what they had done during the day, what they had eaten and how their mood had been. This ensured that staff had key information about each person and could monitor their wellbeing. One staff member said, "Everything we need to know about a person we are told and it is written down. We have all the information we need."

Staff were always present in the service ensuring people were supported when they needed assistance. We saw staff also made sure all people received some social interaction but were also given space when they needed it. Staff were responsive to the needs of the people they were supporting.

People were encouraged to be involved in daily living tasks such as washing up, cooking and cleaning and to be as independent as possible. One person said, "I try and keep my room tidy." We saw one person baking cakes and another person was being supported to learn how to cook spaghetti bolognese.

The service sought people's views through informal contacts with people, their relatives and visitors and through satisfaction surveys. One person had said, "Thank you for all your support and guidance and for always listening to me." The feedback from relative's questionnaires had been positive. After a visit to the service, one professional and family had said, "We are very impressed with the knowledge and understanding from your service." The registered manager told us they were looking at making changes to the questionnaires to get a more detailed response and more feedback on areas of the service that could be improved.

People and relatives told us the management and staff were very accessible and approachable. They said

they could raise any concerns informally with any member of staff or the management team and received appropriate responses. None of the people we spoke with had any complaints but they knew they could speak to the registered manager or the staff team if they were unhappy. One person said, "I would speak to [registered manager] if I wasn't happy and they would sort it out." There was a policy and procedure for managing complaints and staff knew how to support someone if they did want to complain. This included agreed timescales for responding to people's concerns. Where concerns had been received, these had been investigated and responded to within agreed timeframes.

Is the service well-led?

Our findings

Feedback from relatives, people and professionals about the staff and the manager was positive. One person said, "I love the staff but I have my favourites!" One person's relative said, "I am happy with the service and they always do their best." One staff member said, "It is a very positive place to work. [Registered manager] has a direction, tells you as it is and will listen to you. They are very good at leading people." Another staff member commented, "[Registered manager] puts the people we support first and is fair. If things are not right, they tell us. [Registered manager] offers training when we need it and talks about how we can improve. I cannot fault [registered manager] at all."

The registered manager was very visible in the service and worked alongside the staff providing support where required. This meant that they spoke with staff and people regularly and could monitor the service on an ongoing basis and make improvements as required. Staff spoke highly of the service and were motivated. One staff member said, "Everyone works as a team and is motivated." Another staff member said, "[Registered manager] always says "Well done" so you feel valued." A third staff member commented, "The difference following the change of registered manager is stupendous. It has given much more power back to the support workers and their suggestions are valued and actioned."

Questionnaires had been completed by the staff team to provide feedback to the manager. One questionnaire said, "[Registered manager] is a really lovely person." And another said, "I felt I was listened to in my appraisal." The registered manager was creative in how they engaged with the staff team. At team meetings, good news stories were shared before discussing the agenda so that meetings began positively. After receiving feedback from questionnaires that had been sent out, the registered manager wrote a poem containing the results and areas that were positive and those that required improvement. These measures ensured that the staff team felt motivated.

Staff told us that they had enough information to carry out their role and felt actively involved in developing the service. There were policies and procedures in place to provide guidance to staff on subjects such as lone working and infection control and these had been reviewed regularly. Staff members were able to add items for discussion to team meeting agendas so they could discuss what they felt was important. One staff member said, "We feedback at team meetings and we continually talk about what can be improved."

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Audits and checks of the service were completed to identify any concerns in practice, in areas such as health and safety and care plans. The manager had been in post for a year and when they first joined the service

had completed a full audit. The audit covered areas such as staffing, people's involvement, and health and safety. They had identified and recognised the areas that needed to be developed to encourage improvement and had put an action plan in place which was kept under review and had clear timescales for when the improvements should be made. Where concerns had been identified, the manager had taken action. For example, holding team meetings monthly. Audits had been completed of the medication system to make sure that any shortfalls were being addressed, however these were not always formally recorded. After the inspection, the registered manager confirmed that medicine audits were being documented monthly and that there had been no further missing signatures.

The registered manager kept up to date with best practice through using the internet and receiving social care publications. The nominated individual for the service visited regularly to discuss the service and any changes or updates in social care and completed audits in areas such as health and safety and records. This provided additional oversight of the service to ensure that the care provided was of a high quality.

The service worked in partnership with various organisations, including the local authority, the intensive support team and GP surgeries to ensure they were following correct practice and providing a high quality service. One professional commented, "There is excellent leadership, role modelling, advice and support from the management team to other staff on a daily basis."