

Progress Adult Living Services LLP

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Inspection report

Progress House
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Wolverhampton
West Midlands
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Website: www.progresscaresolutions.co.uk

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

At this inspection we found the service remained Good.

Progress Adult Living Service provides personal care for children and young adults with learning disabilities. At the time of inspection the service supported 21 children and young adults.

People continued to receive safe care as people were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence. The deployment of staff to support people was planned in advance, which meant that staff were supporting people who they knew them and their support needs well.

The service continued to be effective. The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people, which was in-line with best practice. People receive care and support that was in line with their consent. People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them.

The service remained caring towards people. People were treated well which had a positive impact on their mental and physical well-being. Relatives told us that staff spoke kindly about their family members. Relatives felt staff promoted their family members' dignity and privacy at all times. Staff helped people to make choices about their care and their views and decisions they had made about their care were listened to and acted upon.

The service remained responsive to people's needs. People were able and their relatives were involved in the planning and review of their care and support and family members continued to play an important role. People were supported to continue with their hobbies and interests which included increasing their independence. Information was provided to people and their relatives should they wish to raise a complaint. The provider had not received any complaints over the last 12 months.

The service remained well-led. The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The checks the registered manager and provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained good.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remained good.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

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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 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.

At the last inspection on 13 May 2015 the service was rated as good. This was a comprehensive inspection and took place on 4 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. This inspection was completed by one inspector.

We reviewed the provider information return (PIR) that the provider submitted to us. 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.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spoke with three families of people using the service, as people who used the service were unable to talk about their care. We spoke with two care co-ordinators, two support workers, one senior support worker and the registered manager. We looked at four people's care and medication records. We also looked at complaints and compliments; audits around medication, care records and incidents and people and relatives' survey.

Is the service safe?

Our findings

All the relatives we spoke with felt the service kept their family members safe from harm. One relative told us how they had full confidence in the staff team to keep their family member safe. They shared an example of how staff supported the person to remain safe during an unplanned stay at hospital. The relative told us how the staff protected the person well-being and spoke up for the person as they were unable to do this for themselves. They told us that where the person's medication would have been late, staff raised this with hospital staff to ensure this was delivered at the correct time.

All the staff who we spoke with showed a good awareness of how they would protect people from harm. Staff understood people's individual potential triggers that could cause them upset or distress and gave examples of how they would manage this. Staff shared examples of how they promoted people's independence while ensuring this did not impact on their safety. For example, one person enjoyed going out for car rides. They told us the person would become upset if they did not have control over where they were going, so pre-set routes were planned with the person while ensuring the destination would be suitable for the person needs.

The care co-ordinator told us that staff support was planned in line with the relative's requests and relatives we spoke with confirmed this. As people's time with staff was pre-scheduled the care co-ordinators were able to match staff who knew people well to the person. They told us this ensured staff were knowledgeable about the persons needs in order to provide safe support to the person while on an activity or out in the community. Staff we spoke with told us that they would have always worked with a person during the planned activities and would have built up a trusting relationship with the person before they would support them out in the community setting where they may be working alone with the person.

Relatives we spoke with did not have any concerns about how their family member's medication was managed. We spoke with three staff member who administered medication. They all had a good understanding about the medication they gave people and the possible side effects. The provider made checks to ensure people received their medicines as required.

Is the service effective?

Our findings

Relatives told us the staff who supported their family member were equipped with the right skills to do so. One relative told us, "They are helping [the person's name] and in doing so they are becoming much more independent". Another relative told us how the staff implemented the same routine as they did at home, which ensured the person did not become anxious. They continued to say, "The staff implement this very well". Staff felt the training they had received was useful and appropriate to the people they cared for. One newer staff member felt the training they received had prepared them for their role. They continued to say they were supported by a good network of staff, who were "Always approachable if I'm unsure of anything". A further staff member told us how the provider encouraged them to develop their knowledge and said, "They give you the opportunity to progress in your career".

Relatives we spoke with told us that staff were respectful of their family member wishes and choices and felt that staff sought this from them. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

Relatives told us that staff supported people with their meals and drinks and offered them a choice. Staff we spoke with were aware of people who they supported specific dietary requirements and supported them according to the person's care records. Staff had a good understanding of healthy eating for people and how they were to support them. We saw from care records around people's individual eating and drinking care plans were detailed but clear guidance for staff to follow.

Relatives we spoke with told us staff worked with other health care professionals to support people with access to healthcare when they needed this. A relative told us that staff knew their family member well and knew who to contact if the person became unwell and needed further medical assistance.

Is the service caring?

Our findings

All relatives we spoke with felt all the staff were kind and caring towards their family member. One relative said, "They are brilliant". Another relative told us, "We have a good relationship with the staff, we work together to support [the person's name]". The relative continued to say how staff always appeared happy and were always available to talk with should they need them. Staff told us about people's verbal sounds and expressions and how they recognised what these meant to individual people and how they should respond to this. Staff shared examples of how they recognised early signs if people became anxious, so they were able to support the person in a way which would help to reassure them.

Relatives felt involved in their family members care and felt that both theirs and their family member's wishes were listened to and respected. Staff told us people were supported to increase their independence. One staff member said, "It's the day to day stuff we do with people. We are centred around independence, it's a small thing for us, but for them it makes a big difference and its lovely to see them so proud".

Relatives we spoke with felt their family members were cared for in a way which promoted their dignity. One relative told us how staff promoted the person's dignity during an unplanned hospital stay. They told us, "They were a good advocate for [the person's name]. I have complete trust in them to maintain their dignity". Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

Relatives told us that staff were responsive to people's needs. One relative explained how their family member's health had changed and how staff adapted and responded to this change quickly. They told us that all staff who supported the person knew how to do so in the right way and were all aware of the changes. Another relative told us how the person's support worker was, "Forthcoming with ideas for the person". They told us that communication was very good and that staff "Tried really hard to help" the person.

Relatives, staff and management told us that annual reviews of people's care took place with the person's social worker. Relatives told us they were involved and listened to. One relative told us, "As their parent, I know them very well. They do listen to what I have to say".

All staff told us they worked together as a team and had good communication on all levels. All staff we spoke with felt that due to the small service, there were good levels of communication were in place so people received responsive care in a timely way.

Relatives did not express any concerns or complaints to us. We spoke with a relative who told us that they felt listened to and felt the registered manager was receptive and responsive to any concerns. The provider shared information with people and relatives about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format for people who used the service. We looked at the provider's complaints over the last 12 months and found that no complaints had been received.

Is the service well-led?

Our findings

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.

Relatives we spoke with felt involved in the service and felt able to share ideas with staff. One relative said, "We have a very good relationship with staff in the office, we are very fortunate". All relatives we spoke with said the staff who worked in the office would ask how they were and if everything was going well. Relatives told us they knew who the registered manager was and found them to be approachable and responsive to their requests. Staff we spoke with told us that the registered manager and care co-ordinators who worked in the office were always approachable or available on the phone if they needed them. One staff member told us that there was a good team of staff and good management in place.

The registered manager told us that they were working on their care records to make the process more inclusive. They told us that they would gain a better understanding of people's individual goals and how they could work flexibly to make this work better for people.

Staff told us they felt involved in the service and knew what was happening for people who they supported and themselves. One staff member told us how staff had been supported by management in understanding the CQC role. They told us that this had helped them to understand what standards were expected of the service and also who to contact should they feel the service did not meet the standards.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as, care records and medication. Where these checks identified areas where action was needed to ensure shortfalls were being met these were shared at team meetings so that learning could be shared.

The provider had sent surveys to relatives and their family members to gain their views about the service provision in April 2016. The registered manager showed us that while the responses were positive the number of responses was low. They told us how they were working on developing a questionnaire that was suited to the type of service they provided to achieve a higher response rate. The registered manager confirmed that regular contact with people and their relatives was always sought to ensure any concerns were addressed at the time they occurred.