

Med Care Home Services Limited

Proactive Life - Birmingham

Inspection report

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Birmingham
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Tel: 01215540666

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21 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This service is registered to provide personal care and treatment for disease, disorder or injury to people in their own homes. At the time of our inspection the service was supporting 23 people. Some people were receiving up to 24 hour support each day, according to their assessed needs and level of independence.

At the last inspection in April 2015, the service was rated Good. At this inspection we found the service remained Good. The service remained Good in all the key questions we look at except, "Is the service Safe?" We rated this key question Requires Improvement.

People felt safe when they received support from staff. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. There were enough staff on each shift to meet people's care and support needs promptly. People who needed support received their medication as prescribed. Written assessments and systems in place were not all being used effectively when helping people to stay safe and reduce the risks associated with their care and support.

Staff received appropriate training and supervision in order to carry out their role. People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

When necessary staff encouraged people to prepare and eat a healthy diet and supported people to attend medical appointments.

People told us staff were friendly, caring and helpful. People received person-centred care from staff that treated them with dignity and respect.

People were involved in the planning and review of their care needs. Staff were aware of people's individual needs and supported them according to their preferences. People were aware of how to raise issues or concerns and these were responded to.

People and staff were complimentary about the registered manager. Staff were aware of their roles and responsibilities. Systems were in place to assess and monitor the quality of service people received.

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 was not consistently safe.

Written assessments and systems in place to reduce the risks associated with people's care were not all being used effectively.

People told us that they felt safe and had confidence that staff could keep them safe. Staff knew how to report safeguarding concerns.

There were sufficient numbers of staff to meet people's needs.

Staff, where appropriate, prompted people to take their medication helping to keep them safe.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

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.

This comprehensive inspection took place on 20 and 21 July 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that the registered manager and staff would be available. The inspection team consisted of one inspector.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We looked at the information sent to us by the provider in the Provider Information Return, 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 used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with five people who received support from the service, the registered manager, service lead, deputy manager, a nurse, the assistant psychologist and three support workers. We also received feedback from two care professionals. We sampled some of the records including three people's care plans, staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe with the staff that supported them. One person told us, "Now I feel safe, I made the right decision to come here." One person told us, "I do feel safe but I would like a lock on the main front door, but I think they are looking to get one fitted." The registered manager confirmed that they had contacted the property's landlord to request the fitting of additional locks.

Staff knew how to protect people from the risk of abuse. They told us they had received training in recognising the possible signs of abuse and how to report any suspicions. Staff understood they had a duty to report any abuse they may witness or concerns they may have about the welfare of the people who used the service so people remained safe. Where there had been safeguarding concerns these had been reported appropriately to the relevant agencies.

People gave examples of how risks to their wellbeing were managed. One person told us, "I discussed any risks with the staff. I am independent but I let staff know if I am anxious and then I get some one to one support." Staff we spoke with knew how to support people in order to protect people from the risks associated with their specific conditions. We looked at incidents records and they were appropriately completed and included actions taken to prevent future occurrences.

The registered manager had assessed and recorded the risks associated with people's medical conditions and the action staff were to take in order to minimise the possibility of harm. However we saw that one person's assessments lacked detail in regards to their risk of falls. The registered manager told us of the actions that had been put in place and made arrangements for the risk assessment to be updated during our visit.

There were enough staff on each shift to keep people safe. One person told us, "If things go wrong there are always staff here to help you." Another person told us, "I get a good level of staff support." Staff told us they felt there were enough staff to ensure people were supported in line with their care plans. When staff were absent their planned work was covered by colleagues working additional hours. One member of staff told us, "It would be very rare that there were not enough staff."

We looked at recently recruited staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service (DBS).

We saw that assessments had been completed when risks had been identified in relation to individual staff, However we noted these were not robust enough to show that all factors had been considered or recorded to ensuring the staff concerned were suitable to work with people using the service. The registered manager commenced reviewing these risk assessments during our inspection visit.

People received their medicines safely and when they needed them. People told us how staff supported them to take their medication at the right times. One person told us, "Staff do my medication, they do it

when they are supposed to, it is not often they are given late."

The medicines were administered by staff who were trained to do so. Staff had accurately recorded when people had received their medication and audits by the registered manager demonstrated that people had received their medication as prescribed.

Is the service effective?

Our findings

People that we spoke with told us that staff were good at meeting their needs. One person told us, "Staff understand me, they are quite well trained." Another person told us, "Everything is good here."

People were supported by staff who had the skills and knowledge to meet their needs. Staff told us, they had received induction training when they first started to work at the service. Staff then received regular updates in relation to basic skills and received additional training when necessary to meet people's particular needs. One member of staff told us, "I have felt supported and any questions I had have been answered." Staff confirmed that they received informal and formal supervision on a regular basis to reflect on their practice. When necessary staff received additional training to support people with specific conditions or when their conditions changed.

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. For people in the community who need help with making particular decisions, an application should be made to the Court of Protection. The registered manager was liaising with the local authority to ensure people's rights were maintained and protected, and their liberty was not being curtailed illegally.

Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. When people were felt to lack mental capacity the registered manager had held meetings with appropriate others to identify care which would be in the person's best interests.

People received the appropriate food and drinks which they enjoyed. When necessary, people were supported by staff to go shopping for food and to prepare their meals. People told us that they chose what they ate and drank. Staff encouraged people to prepare food which was healthy and to their liking. This was to maintain their independence and to develop life skills.

People were supported to make use of the services of a variety of mental and physical health professionals including GPs and occupational therapists. One person told us, "The staff support me when I go to the doctors. They explain what the doctor has said as I do not always understand what the doctor is saying."

Is the service caring?

Our findings

People who used the service told us that the registered manager and staff were caring. People were supported by regular staff which had enabled them to build up positive relationships. Discussions with people and staff indicated that people's diverse needs were respected. One person told us, "There is no prejudice here [from staff]." Another person told us, "Staff are all very respectful." Staff spoke fondly about the people who used the service and how they enjoyed supporting them to engage in things they liked.

We observed positive interactions between staff and people using the service. People seemed relaxed and comfortable in the company of staff. We saw staff putting people at ease when we met them and explaining why we would like to speak with them. One person told us of an occasion when they had become very anxious but that they had got the supported they needed from staff.

People confirmed that staff respected their privacy and dignity. One person told us, "They [staff] are very respectful. They always knock on the door to my flat." Another person told us, "Staff never just walk in, they always knock and seek permission."

People were supported to express their views and were involved in making decisions about how their care was provided. Staff knew people's preferred communications styles and explained how they supported people to express their views and feelings so they felt listened to. Records showed that people were regularly approached to review their care and identify if they would like to make any changes.

People were supported to be as independent as possible. One person told us, "I am more independent here, it's really nice. I get support to do my own shopping and manage my benefits." Another person told us, "Staff check on me but they do not de-skill me."

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. One person told us, "I had the chance to look round before I moved in. They came to do an assessment, I was fully involved." Another person told us, "My care plan is discussed with me and regularly updated. This is the best placement I have had for my mental health and care needs."

We saw that people and those who supported them had regular reviews of their care to ensure records reflected people's latest needs and wishes. There was guidance for staff about people's preferred communication styles so they could understand and respond effectively to people's views and preferences. Staff we spoke with were fully aware of people's needs.

People expressed confidence that staff would support them to undertake activities of their choice and to follow their interests. People told us that they attended college and visited friends and family members. One person told us, "Staff ask you what you are interested in and let you know what is on offer." A variety of organised activities took place that people could choose to participate in. For example on the day of our visit some people were supported by staff on a trip out to a safari park.

People told us that the registered manager and staff were approachable and they felt confident they could tell them if they were not happy or had a complaint. One person told us they had raised some minor issues which had been resolved to their satisfaction. Another person told us, "I can tell the staff if anything is worrying me."

Details of the provider's complaints process and how to raise concerns were available to people. We found that a record was maintained of complaints received and the action taken to resolve them. In a minority of these the outcome was not fully detailed and the register manager told us they would ensure this was rectified.

Is the service well-led?

Our findings

All the people we spoke with told us that they felt that the registered manager was approachable. One person said, "She takes the time to sit with me and talk, I can tell her anything." Although one care professional told us that it had not always been clear who was in charge of each shift, we found that due to some recent changes staff and people at the service knew who was in charge. One care professional told us, "The service is good at managing any issues. They respond to anything that is asked of them."

At the time of the visit the service had a registered manager. 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. The registered manager was aware of their responsibilities to the commission and they were knowledgeable of the type of events they were required to notify us of. The latest inspection ratings were displayed appropriately and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

Members of staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "The managers are all approachable, no one makes you feel inferior." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. One member of staff told us, "We have staff meetings, any suggestions can be openly discussed."

There were systems in place to ensure people were involved in commenting on their care. These included regular meetings to obtain people's views about the quality of the service they received. Additional systems were in place to help people express their views including regular quality surveys. One person told us, "We get a survey to ask our views, they are good like that. They do take action and feedback to us."

Since our last inspection in April 2015 action had been taken to improve the audit systems in place. The registered manager and the registered provider had developed and utilised a wide range of audits and checks to ensure that the service being offered was meeting people's needs and the requirements of the law. These had been effective at providing assurance that this service was still good.