

Med Care Home Services Limited

Proactive Life - Birmingham

Inspection report

46 Park Avenue
Hockley
Birmingham
West Midlands
B18 5NE

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Proactive life is a supported living service with 36 self-contained flats people rent. The service offers personal care to adults of all ages with a learning disability/autism or mental health needs. Personal care was provided to three people at the time of the inspection. People's flats are within a complex of three attached houses. The service is on a main road in a residential area in Hockley.

Not everyone who used the service received personal care and CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received in most instances planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Because people lived in and were supported in their own homes this offered people better outcomes in respect of their self-autonomy and independence. Staff did not wear anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Quality monitoring systems had improved, although there were still areas where governance needed to be more robust to ensure people consistently received good outcomes. The provider was open and honest as to the need for further improvement and was making changes. Several quality tools had or were being introduced but these still needed to be fully embedded.

Overall, people were protected from potential risks as staff had a good awareness of what these were and how to mitigate them, However, some risk assessments were not always up to date and consistent with staff knowledge.

People had received their medicines as they wished although one person's medicines had been out of stock for three days, this however had not caused them harm. There were improvements in monitoring arrangements for medicines although these needed to be embedded into day to day monitoring

People were supported to have choice and control of their lives and staff supported them where possible in the least restrictive way possible and in their best interests; the policies and systems in the service

supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by recently developing more choice and control, independence and inclusion. People's support was focused on improving opportunities for them to gain new skills and become more independent.

People were supported by enough staff, who were caring and had developed good relationships with them. Staff showed respect for their rights, privacy, dignity and independence. Checks of staff when employed ensured they were safe to work with people who used the service.

The provider was developing systems to improve how people received care. This was to improve consistency and ensure people's views were captured. Tools were being developed by recently employed clinical staff. Staff were knowledgeable about people's needs and preferences and people told us they had good relationships with all staff.

People were supported by care staff who had the range of skills and knowledge to meet their needs although further training was needed for the provider to meet their own training targets. Staff understood their role, although not all of them felt well supported. Most staff said they received regular supervision.

People's health was supported as staff worked with other health care providers to ensure their health needs were met. Follow up from professional's involvement had not always led to update of people's care plans.

People were supported by staff to have choices, and the provider's policies supported this practice. Recording of the decisions people made daily could have been better recorded. People's likes and dislikes as well as diverse needs were well known and respected by staff.

People could raise concerns and the provider had systems in place to investigate, monitor and respond to these. Staff were confident they could identify when people were unhappy and look to resolve any matters.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection. The last rating for this service was Requires Improvement (last report published 28 August 2019). There was a breach of regulation and a warning notice was issued to the provider stating governance arrangements needed to improve. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, although improvements needed to continue and be embedded into the services' routine practices.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety, poor management of risk, issues with medicines management, concerns in respect of management, people having a lack of choice, and poor staff awareness of people's needs. A decision was made for us to inspect and examine those risks.

We have found evidence the provider, despite addressing the breaches from our previous inspection, needs to make some further improvements. Please see the Safe, Effective, Responsive and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Proactive life – Birmingham on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

Proactive Life - Birmingham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service did not have a manager registered with the Care Quality Commission at the time of our inspection, although the acting manager had applied to register with us. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received information of concern from the local authority and professionals who work with the service prior to the inspection in respect of people's safety. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The provider has submitted an action plan following our previous inspection and this was considered. We took

all this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and a relative about their experience of the care provided.

We spoke with nine members of staff including senior managers, the manager, a nurse, an occupational therapist, an assistant psychologist, a team leader and two support workers.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the local authority and the manager to clarify information received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe. There were instances where there was limited assurance about safety, although there was no demonstrable harm to people.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes had not supported the safe care and treatment of people for example risk assessments were not robust and there was some improvement needed in respect of medicines management.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 although did need to make further improvements.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Some risk assessments contained detail as to the control measures in place to keep people safe. This was not consistent in all people's records, although there was evidence of ongoing updates. The provider informed us following the inspection visit that these risk assessments were now up to date.
- Staff were able to tell us what the current risks to people were and about the control measures needed to mitigate these.
- Staff understood what abuse may look like and what action to take if they were concerned about people's safety. Information and training on local safeguarding procedures was available to staff.

Using medicines safely

- The provider's processes for monitoring the safe administration of medicines had improved but there was still scope for further improvement.
- Processes were in place for the ordering and supply of medicines but there was one occasion where a person did not receive some of their 'as required' medicines for a period of three days. The person's medicines were received at the service on the day of the inspection. There was no evidence this had impacted on the person's well-being. There was potential however, if this had been other medication, that the person may have been at risk. The manager told us they would investigate why this happened and ensure systems were in place to ensure no repeat.
- Supporting information to assist staff in administering medicines prescribed on a 'as required' basis was in place with one exception, this an externally applied ointment. The manager said one had been written but this was not in place.

- The provider had introduced medication error forms for use when checks showed gaps in people's medication administration records (MARS). The provider had identified several errors by staff (these being gaps in records). Staff who administered medicines, on occasion, had signed retrospectively with no explanation on the error form to explain why there was a gap or action taken to prevent reoccurrence.

Learning lessons when things go wrong

- The providers' systems for learning from incidents needed development to ensure all staff consistently learnt from these. Some lessons were being learnt but investigation of incidents and accidents needed greater depth to identify changes required to prevent repeat occurrences.
- The provider was in the process of introducing several new monitoring systems although these needed to be embedded. The manager recognised a lot of the records for people and the service needed to improve. They said this would take time as staff needed to understand how to use these.
- The assistant psychologist told us records of incidents and use of behaviour monitoring records were being improved so staff had clearer guidance on what was to be recorded in these records. They told us they were analysing these to identify lessons for staff which they planned to discuss in dedicated workshops. Some identified lessons for learning had been displayed in the service for staff to read.

Staffing and recruitment

- Staffing levels at the time of the inspection reflected those agreed with commissioners of people's care package.
- Staff told us there was enough staff available. One told us, "Staff are available, do get one to one [to a person] or more if needed".
- A relative told us, "Staff have been pretty good, always on time", when they visited the person who used the service. The also said despite staff turnover their relative had known some of the staff for several years and this helped with the consistency of the care provided.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- Staff were aware of how to work with people to support them with their personal hygiene and keep their flats clean.
- Staff used protective personal equipment (PPE) as needed and confirmed they had access to enough PPE.

Is the service effective?

Our findings

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

At the last inspection this key question was not rated. At the inspection before the last one this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The manager and provider recognised there was need to improve people's assessments. There was evidence these were being updated at the time of the inspection, to reflect requirements and guidance.
- Staff told us assessment tools were in the process of development so these could better inform people's care plans. We saw an updated care plan which reflected a person's needs and the manager told us the same format was to be used for all assessments and care plans.
- The provider had considered protected characteristics covered by equality legislation, for example people's race and religion and whether this impacted on how care was provided, and the adjustments needed to cater for these needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- The provider had capacity assessments in place and applications for community DoLS were in progress or granted for the three people who received personal care. However, these people, whilst not having capacity to make complex decisions were able to make day to day decisions, for example, what they wanted to eat. People's MCA assessments did not always clarify what specific decisions people could make, and those they could not.

- A member of staff told us a person, "Will consent to personal care sometimes, if they do not I would not continue as it's their choice. They may lack capacity, but they can make some simple decisions, or I would talk to family member about what their choice maybe".

Staff support: induction, training, skills and experience

- Staff gave us mixed views about the support they received through one to one supervision with their manager. One told us, "I do feel I need more constructive supervision, things need to be highlighted and acted on". Most staff said they had recent supervision and were positive about support from their manager.
- Staff said they received enough training to provide them with the necessary knowledge and skills to care for people who used the service. Some staff told us others needed to be consistent in how their training was applied, for example in response to people's anxieties. A relative however told us, "Staff are very good at calming [person's name] down when anxious".
- The provider had improved staff training and they told us they were continuing to monitor this, so all staff had the training they required. For example, medicines, diabetes and catheter care.
- New staff told us they had an induction that prepared them for their job. They said "The induction met my needs. I had some initial doubts, but I have settled in quite well".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to prepare their meals with staff. A relative told us, "[Person] has a very good diet, always drinking water. The staff give choice, they know what [person] likes and does not like ". An example of this is how the staff ensured people had access to halal food where this was their preference.
- Where there were identified issues with people's eating, this was documented in the person's care records. For example, one person was identified to have difficulty swallowing as they would rush their food. A short-term care plan was in place pending a visit from a speech therapist.

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

- Staff worked with other health and social care professionals to ensure healthcare support was available. The provider had employed an occupational therapist and assistant psychologist to work with people, staff and external healthcare professionals.
- Where people had oral healthcare needs there was information as to what this support may include, including access to dentists.
- People were able to attend appointments (e.g. Hospital, GP) with support from staff. Staff were aware of when access to healthcare services was needed in unforeseen or emergency circumstances.

Is the service caring?

Our findings

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

At the last inspection this key question was not rated. At the inspection before the last one this key question was rated as good. At this inspection this key question had remained the same.

This meant people were supported and treated with dignity and respect; and involved in the day to day delivery of their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us, "[Person] has developed a relationship with one of the keyworkers they have known for several years. There are good relationships and there is consistency".
- There were positive interactions between staff and people seen during our inspection that evidenced good relationships were in place. We saw people's diversity was respected, for example people were supported with their cultural preferences.

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

- While people were assessed as lacking capacity for decision making, staff understood the need to offer choice. This included being observant of people's communication whether verbal or non-verbal as to what their choice maybe.
- A relative told us their loved one was able to make choices and make their views known, this helped by the good relationship staff had developed with the person. They said, "Staff treat people with respect and give choice".
- The provider considered people's preference as to the gender of their carers. A relative told us their loved one always had female carers, as was their preference.
- No one had an advocate at the time of our inspection. An advocate is an independent person who represents another person's interests. The registered manager said they would however promote access, and said some people had support from social workers when going through the DoLS process.

Respecting and promoting people's privacy, dignity and independence

- People all had their own self-contained flats. People had one to one or two to one staffing and staff told us they were conscious of the need to consider people's privacy. They said to promote this they would sit where they could hear if the person wanted assistance, but not in direct view.
- A relative told us staff would always knock the flat door before entering.
- People were encouraged to have independence by staff where possible. A relative told us staff assisted a person with cooking their meals but ensured they had an active part of this task.
- Staff demonstrated they showed people respect and were conscious of their dignity during the inspection. We saw people were relaxed with staff and there was evidence of positive relationships with each other.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not rated. At the inspection before the last one this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people's needs were not consistently recorded in their records and systems to ensure people's on-going involvement, while developing, needed embedding.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The manager was working on care plans and one was fully updated and accurate and current in respect of the person's needs. There was evidence others needed update, although there was written information as to where this was needed in the care files. The manager assured us this update had been completed when we spoke with them after our inspection.
- There was information in some people's care records where follow up information was not always readily available, for example, we saw past dates in the records for when people had seen healthcare professionals and there was not always update in respect of the outcome of these.
- Commissioners told us improvement was needed in identifying people's goals and aspirations. The provider had recognised this and had further developed people's involvement in their care. The occupational therapist told us, "We are looking at people's ideal goals" and discussed strategies where this was being explored and identified so people's goals were developed and addressed, these to reflect what people wanted.
- Staff were knowledgeable about people's needs and preferences and they knew what these were. This reflected information in care plans. A relative told us the staff, "Know what [the person] likes and does not like". Examples shared included care provided in a way to reflect the person's cultural preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Commissioners had informed us people had not always had access to occupation and leisure activities, important to develop their skills and fulfilment.
- The manager and other clinical staff we spoke with were aware of the need to promote people's fulfilment. For example, one person had commenced visiting a mosque a short period before the inspection and staff supporting them were matched as they shared the same religious beliefs. The manager and the occupational therapist told us they were committed to ensure people's interests and community involvement were developed.
- Management told us they were looking to develop the use of communal space, for example there had been a recent Halloween party to encourage tenants to socialise. A relative told us a person was supported to access the community and enjoyed, "Socialising with other people in the back [communal] room".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information had been adapted into various formats, for example easy read 'all about me' records relating to people's personal support.
- A relative told us use of pictures rather than written information may help convey meaning as they would have difficulty understanding their current care plan. We saw this approach was in place for other people, and a person used a pictorial activity plan when we spoke with them.

Improving care quality in response to complaints or concerns

- A relative told us, "There is not much to complain about".
- Whilst the provider had received some complaints over the previous 12 months none of these related to the care of people receiving a regulated activity.
- However, complaints were all filed and documented on complaint resolution forms and there was a thematic analysis of these with patterns and trends and lessons learnt/action taken identified.
- The complaints procedure was available in an easy read format that would be more accessible to people.

End of life care and support

- The service was not supporting any one with end of life care at the time of our inspection.
- People's advanced wishes were not identified by the provider. The manager told us they would explore these at the point a person or representatives felt able to discuss these matters.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership had been inconsistent. Leaders and the culture they created had not consistently support the delivery of high-quality, person-centred care.

At our last inspection the provider was in breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) as the provider's governance systems were not effective. A warning notice was issued against the provider. The provider completed an action plan after the last inspection to show what they would do and by when they would improve. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation, although further work was needed to ensure improvement continued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had introduced and improved on the service's governance systems since our previous inspection. As a result, staff were clear as to what risks may arise when supporting people and there was a better understanding of how they should respond. Risk assessments had been or were demonstrably in the process of being updated to reflect staff knowledge and provide more accuracy as to people's needs. Progress was still on going and the provider's quality systems needed further refinement to be fully effective.
- To assist with improvements the provider had engaged an external auditor to assess their performance and now had a dedicated calendar to show what audits were needed and when.
- Examples of areas where there was a need for improvement included the consistent use of medicines error forms, implementation of dedicated care record audit forms and more in-depth analysis of incidents to ensure there was a clear audit trail of learning and less possibility of reoccurrence.
- The manager although not registered with CQC at the time of our inspection had commenced the process to register. The provider and manager had a good understanding of legal requirements. For example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was displayed at the home and on the provider's website.

Continuous learning and improving care

- The management team and staff told us there were several areas where they wished to improve the service. Some staff were enthusiastic about this process with a keen interest in developing better person-centred care. A newly appointed occupation therapist and clinical psychologist demonstrated how they used lessons they had learned to develop staff awareness and consistent practice.

- Staff were positive overall about the changes the new manager and provider were making. One member of staff told us, "Before now staff were not too happy and were treated poorly then the [manager] came and then staff have the freedom now to challenge". Some staff acknowledged some improvements but said they would, "Need to wait and see" as past changes in their experience had not always ensured continued improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us, "On the whole I'm really happy with how [person's name] is getting on, they are now such a different person, singing and laughing". They said the manager, "Is very approachable if any concerns".
- The management team were very clear about how they wished to develop the service, so they could create a better culture within the staff team. When developed they said they wanted more consistent care and better outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were very open there were areas where the service needed to improve and readily made us aware of these during our inspection.
- A relative told us most staff were open and would discuss matters with them when needed

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us they were able to discuss any matters wished with the manager.
- Staff were seen to engage with a person in a way that considered their communication needs, with use of pictorial information or activity to facilitate conversation.
- There was mixed comment from staff about the support they received but most staff we spoke with were positive about approaching the manager and receipt of support.

Working in partnership with others

- The provider worked in conjunction with allied services and other professionals to offer better opportunities for people. Some commissioners had informed us they did have some concerns about the effectiveness of the service in providing the care funded, although the management team said they wished to work with commissioners to improve outcomes.