

Praxis Care

# Warwickshire Supported Living Service

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Warwickshire Supported Living Service is registered to provide personal care to adults in their own homes. At the time of the inspection four people received a regulated activity of personal care as part of their 24-hour support from the provider. This included people living with mental ill health conditions and anxiety.

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

Risks were not consistently well managed. Staff did not always have the information they needed to follow a consistent approach to ensure risks of harm and injury were minimised. Some people's physical health care conditions had no risk management plan.

Staff were trained to protect people from the risks of abuse. However, the provider's systems and processes were not effective in managing and responding to safeguarding concerns. The provider had not consistently ensured they notified the CQC or Local Authority of specific incidents they were legally required to.

The provider's quality assurance systems to check the safety and quality of the services were not always effective. While audits had identified issues where improvements were needed, there were no action plans or time scales of when improvements should be completed. Some areas for improvement we found had not been identified by the provider's processes.

During July 2020, there had been a change in management and there was no registered manager at the service. A new manager had commenced and had begun to implement a service improvement plan. This included developing systems for people to give their feedback on the service and to record how people and their representatives were involved in planning their care and support.

People felt safe with staff in their homes and long-standing staff knew people well and how to support them in ways they wanted. Staff demonstrated a caring approach and people described staff as kind.

People were consistently supported by the agreed number of staff, who had been recruited in a safe way and received an induction and training. Recruitment was in progress to fill the remaining eight of the fourteen care staff vacancies.

Where people had prescribed medicines and consented to take these in line with healthcare professional's advice, they were supported by trained care staff.

Staff understood the importance of infection prevention and control. During the Covid-19 pandemic additional training had been given and staff had access to protective equipment.

Staff followed professional mental healthcare guidance where this had been given and people were supported to access healthcare services if required.

Staff had a basic understanding of the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people. However, staff lacked information about when they could act in a person's best interests.

People were supported by staff to meet their nutritional and hydration needs.

Staff promoted people's independence and maintained people's privacy and dignity.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

These were:

Regulation 12 – Safe Care and Treatment

Regulation 17 – Good Governance

Rating at the last inspection

The service was registered with us during April 2020 and this was their first inspection.

Why we inspected

This was a responsive inspection based on the risks identified by the Local Authority and us (CQC).

Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Warwickshire Supported Living Service

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection Team

Two inspectors carried out the inspection.

#### Service and service type

This service is a domiciliary care agency. It provides 24 hour personal care to people living in their own home.

The service did not have a manager registered with the Care Quality Commission. The provider is legally responsible for how the service is run and the quality and safety of the care provided.

#### Notice of inspection

We gave notice of our inspection to the manager to ensure they would be available to support the inspection. Inspection activity commenced on 30 November 2020 and ended on 3 December 2020. We undertook a visit to the provider's office on 2 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service since registration with us. This included concerns shared with us by the local authority about the lack of reporting of incidents that had occurred and should have been reported. We used all the information to plan our inspection visit.

During the inspection

We had telephone conversations with three people to gain their feedback about the services. We had video meeting conversations with eight members of staff. We met with the manager during our visit to their offices.

We reviewed a range of records. This included a review of two people's plans of care, medication records, daily notes, risk management and incidents that had occurred. We also looked at records relating to the governance and managerial oversight of the service. These included quality assurance checks and staff recruitment.

# Is the service safe?

## Our findings

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

This key question was rated as Requires Improvement. This meant people did not consistently receive a safe service and were not always protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Staff did not consistently manage identified risks. One person was at risk of harming themselves with sharp objects. Whilst the person's risk management plan instructed staff on what they should do, and how they should manage a crisis-situation, and where they should seek support, staff were unsure if 'wellbeing checks' on the person should be undertaken every fifteen minutes or every thirty minutes. One staff member told us, "We have to do regular checks on [Name] and these are either every fifteen minutes or thirty minutes and then we might do more sometimes." However, the staff member, who supported the person concerned, was unable to tell us what the exact time protocol was.
- Staff were also unsure if they were or were not allowed to remove sharp items, that posed an identified risk of harm, from the person's bedroom when they had accessed items. One staff member told us, "We check the person's bedroom if they are out and remove anything we need to." However, another staff member told us, "We are not allowed to check their bedroom because it is their choice to have the items." This staff member gave us specific examples of sharp items they had been aware of as in the possession of the person concerned.
- Some health risks to people had not been identified as requiring a risk management plan, which meant newly recruited, or agency, staff may not be aware of the risk or actions to take. For example, one person who lacked the capacity to make their own decisions and required support with their care and treatment had a history of seizures. There was no risk assessment in place to instruct staff on how to manage such conditions.
- Staff told us about one person who had refused to take their medicines and gave us mixed feedback as to whether these continued to be prescribed and offered to the person or had been discontinued by the person's GP. Whilst, the person's health was being reviewed by their doctor, to ensure they did not become unwell, care records and risk management plans had not been updated to reflect recent changes.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- The registered manager, who had left in July 2020, had not submitted legal notifications to us as required about numerous specific incidents. The new manager had taken on additional responsibilities since this time and told us they had not been fully aware of what incidents were legally reportable to us. They acknowledged they were still learning about their new managerial role and assured us that going forward all incidents would be reported as required.
- The provider's systems and processes were not effective in managing and responding to safeguarding concerns. The provider had not always escalated safeguarding concerns when they occurred. For example,

one person had a history of self-harm and staff told us about incidents when the person had access to items to harm themselves. The provider had failed to seek support from safeguarding authorities or report incidents.

- People told us they felt safe with staff in their homes.
- Staff had received training in how to safeguard people from the risk of abuse and demonstrated some understanding of safeguarding principles. Staff gave us examples of types of abuse and said they would report any concerns to the manager. However, staff did not consistently recognise what incidents they needed to escalate or report to the manager. For example, incidents where staff had called out the police were not reported to the manager in a timely way.
- Staff who had worked for the provider and supported the same people for a long time, knew people well and, overall, demonstrated an understanding of how to protect people from risks of harm or injury. For example, one staff member told us, "[Name] is at risk of developing sore skin so we always check their skin is dry and look for any red areas." Another staff member told us, "[Name] has very variable moods and we have to support them according to their mood, gently encouraging and when their mood is more stable, that is the time to encourage more with personal care, for example."
- Risk assessments and positive behaviour support plans were in place to instruct staff on how they could recognise and respond to people's changes in mood and levels of anxiety. Staff were given instructions on how they could keep themselves and others safe, if people became aggressive.

#### Learning lessons when things go wrong

- There had been no reported incident and accidents within the 12 months prior to our inspection visit. However, the manager recognised there was a need for improvement in how staff recorded and reported events, and to ensure reporting was completed in a timely way.
- Whilst staff, overall, understood the importance of reporting and recording incidents and accidents so planned care could be adjusted to reduce the risk of a re-occurrence, reports had not always been completed on the relevant reporting form. The manager believed this was due to the required forms such as body maps were not always available if staff needed to record significant events. This information was therefore recorded in people's daily care log and had not informed managers or the provider so that actions could be taken if needed. At the time of our inspection there was evidence this oversight had been addressed and rectified by the new manager and incident logs and accident records now contained body maps and actions staff had taken.

#### Using medicines safely

- Some people required support from staff to take their medicines. We reviewed the medicine records for two people and monthly medicine audits showed people received their medicines as prescribed.
- Some people had medicines prescribed to them on an 'as required' basis. Where medicines were prescribed in this way, medicine administration records (MAR) were in place to ensure any medicines given were recorded, including the time of the medicine given. Protocols were in place to instruct staff on when they should provide people with medicines prescribed in this way.
- Staff told us they completed training before supporting people with their medicines and worked alongside an experienced staff member.

#### Preventing and controlling infection

- Staff had been trained in how to prevent and control the risk of infection. One staff member told us, "We have all the training and personal protective equipment we need during the Covid-19 pandemic, we ensure we keep people and ourselves safe."
- Additional infection prevention checks had been implemented following government guidance. For example, one staff member told us, "All staff have temperature checks when they come on shift, we all wear



face masks and have visors available to us."

#### Staffing and recruitment

- The provider's recruitment process checked employees were suitable for working with vulnerable people. Records showed staff were unable to start working at the service until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service (DBS) check.
- People were supported by the agreed number of staff and packages of care included two staff to one person. Despite numerous care staff vacancies at the service at the time of our inspection visit, staffing levels in care had been maintained. The manager told us they had needed to recruit 14 members of staff. Progress had been made with six newly recruited staff members.
- During the ongoing recruitment process the service were using a designated staffing agency to supply agency care staff, to ensure there were enough staff to meet people's needs. The manager explained generally they used the same staff from the agency to give consistency of care to people.

# 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 this inspection this key question was rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Staff had a basic understanding of the principles of the MCA and the importance of obtaining consent, for example, before carrying out personal care. However, staff were not always clear on when they could act in people's best interests. The manager recognised further training was needed for staff on the MCA and workshops were planned for December 2020.
- Care records did not clearly demonstrate what legal framework was used to support people who lacked the capacity to make all of their own decisions. For example, Deprivation of Liberty Safeguards and Court of Protection information was not always up to date in people's care records to advise staff on how they should be supported.
- People's care records did not contain all the information needed related to the MCA. For example, care records did not demonstrate what support people had consented to, including agreements for staff to stay in their home, whilst they (the service user) was not present at home.

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

- People's needs, wishes and preferences had been assessed before they received support from the service. This assessment enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
- Information gathered from these assessments was used to develop individual care plans in line with current best practice guidelines.

Staff support: induction, training, skills and experience

- Staff told us they received training and the manager had implemented processes so they could access

online training during the Covid-19 pandemic.

- Most staff told us they had received training and described this as 'good'. However, we identified some gaps in staff's knowledge and one senior manager told us they were in the process of offering workshops to update and refresh staff's skills.
- The manager had introduced an induction programme for new staff which encompassed core skills. Staff were monitored in their performance through a probationary period of up to six months.
- Agency staff were given a short induction into the needs of the people they supported, when they started work at the service.

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

- Some people required specialist healthcare support with their nutritional needs, due to a history of eating disorders. Specialist dietary and care plans were in place for staff to refer to when supporting people with their nutrition.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff gave us examples of when they had contacted health professionals when they had concerns about a person's mental or physical wellbeing.
- Staff knew people well and the importance of monitoring mental wellbeing so early intervention could take place if needed. One staff member told us, "[Name] has a community psychiatric nurse and we can phone them on the person's behalf whenever needed for additional support."

# Is the service caring?

## Our findings

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

At this inspection this key question was rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People told us they were satisfied with their care and support. One person told us, "Staff seem kind and treat me okay."
- Staff spoke positively about their role and the care they provided to people. One staff member told us, "I have been supporting [Name] for the past four months. Small things are quite big achievements for them. We can't force or rush them to do things, it's in their time."
- People's equality and diversity needs were explored during assessment and care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One person told us, "I can go out on my own, staff know this, and it is okay." Another person told us, "Staff are helping me with the cooking, and we are making noodles."
- People's privacy and dignity was promoted by staff who understood the importance of keeping people's personal information confidential.

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

- People were involved in making decisions about their day to day care and support. Staff gave us examples of how they promoted this with people, and people told us they felt involved.
- The manager aimed for people to be supported by a consistent staff team, and where possible, this happened. One staff member told us, "For [Name] this is really important as new staff triggers them to have heightened anxiety and behaviours. When new staff start, they always work alongside an experienced staff member so as to reduce anxieties."

# Is the service responsive?

## Our findings

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

At this inspection this key question was rated Requires Improvement. This meant people's needs were not always consistently met.

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

- Overall, people had personalised plans of care. However, these did not consistently show the views of people or their representatives had been considered. For example, people's involvement in their care planning had not always been recorded. The manager assured us care records would be updated and reflect people's involvement.
- One person told us they were not living in the location area they wished to, and staff were unable to tell the person the reasons for this because it had not been recorded in their plan of care.
- Overall, staff were responsive to people's anxiety levels. Staff were able to give examples of actions they took to reduce people's level of anxiety and how they adjusted information shared with people, so it did not overload them.
- However, some staff did not consistently know how to respond to very violent or aggressive behaviour. Managers told us their policy was for staff to maintain visual contact with a person, whilst they sought support, but some staff had not always followed this. While this had not led to harm or injury, it meant staff did not follow a consistent approach in responding to specific behaviour that challenged.

Meetings 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 their carers'.

- Staff understood people's communication needs and how to effectively communicate with them. As part of the initial assessment, communication needs were considered, and specific needs were recorded.
- Records showed people were provided with information in an easy to read accessible format.

Improving care quality in response to complaints or concerns

- When people started to use the service, they were issued with the provider's service pack which included information about how to complain to the service or us (CQC).

# Is the service well-led?

## Our findings

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

At this inspection this key question was rated Requires Improvement. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred-care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The previous registered manager had left during July 2020 and there was no registered manager at the service. The provider's oversight of the service had not effectively ensured legal obligations were met in sending statutory notifications to us. The provider had not ensured the team leader promoted to manage the service understood when incidents had to be reported to us (CQC) and the Local Authority.
- Whilst systems and processes were in place to undertake audits, these were not always effective in identifying where improvements were needed or actions taken when issues had been identified. For example, where quality monitoring visits had been undertaken, these identified areas for improvement such as a person's risk assessment had not been reviewed since their discharge from hospital back to the service and staff notes lacked detail, however there was no action plan or time scale for these improvements to be made.
- Audits of care plans had identified the need for improvements. Issues identified included care plans being untidy and documents hard to locate, with the auditor commenting that staff would struggle to find information. There was no action plan as to who was to undertake the work required or a time scale by which improvements should be made.
- Where analysis of events had taken place by staff at head office, the manager informed us these were not shared with them. This meant opportunities for lessons learned were missed and risks to people may not have been mitigated as needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

- The manager explained there had been significant changes in the management structure in the last four months, since the previous registered manager had left the service. This meant the manager had changed their role from team leader to the interim manager and had only been appointed as the permanent manager in November 2020. They were intending to submit their application to become registered with us (CQC).
- The manager explained whilst the quality of care people received had been maintained, the oversight and management of the service had been affected. The newly appointed manager had recognised there were

numerous areas which required improvement at the service and were working towards the completion of an action and improvement plan.

- The manager had started to implement improvements. Staff reported improvements in care records had begun, training had taken place and further sessions were planned for. Staff told us they felt more supported since the new manager had commenced their role.

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

- People could not recall being asked for their feedback. The manager assured us a system of feedback would be implemented and this was an area for improvement they had identified.

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

- The manager was clear about their main focus which was to deliver good outcomes to people. They explained the quality of care provided was what mattered most.
- Records showed staff were supported with regular checks on their performance and were given the opportunity to meet with their manager each month to discuss any concerns or training needs.

Working in partnership with others

- The manager shared their intention to work with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way. The provider had not always done all that was reasonably practicable to mitigate risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems and processes operated effectively to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.</p>