

Med Care Home Services Limited

Proactive Life - Birmingham

Inspection report

46 Park Avenue
Hockley
Birmingham
West Midlands
B18 5NE

Tel: 01215540666

Date of inspection visit:
14 February 2018

Date of publication:
14 May 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 13 September 2017 and awarded a rating of 'Good' overall. After that inspection we received concerns in relation to how the service supported people to maintain their properties, how some people and staff were supported to remain safe and the skills and abilities of the management team. As a result we undertook a focused inspection on 14 February 2018 to look into those concerns. This report only covers our findings in relation to those topics. 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.

This service provides care and support for up to 24 people in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support in their own flats. The flats are in three purpose built blocks on one site. The provider's office is also on this site. At the time of our inspection the service was supporting 24 people. Some people were receiving up to 24 hour support each day, according to their assessed needs and level of independence. Most of the people who used the service had the mental capacity to decide how they wanted to be supported.

At the time of the inspection the service had a registered manager who was present during our visit. 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.

We found the provider had taken or had on-going processes which addressed recent concerns about people's safety and leadership at the service. However processes to monitor people's calls did not identify if people had received support in line with their care plans. Records did not always identify if people had been supported appropriately to resolve long-standing maintenance issues with their flats which were relevant to their personal care.

People told us they felt safe in their flats, and the provider had worked with the landlord to prevent uninvited people from entering the buildings. Staff knew how to keep the people they supported and

themselves safe from physical and emotional abuse. The registered manager had taken action to reduce and prevent the reoccurrence of incidences or behaviours which could cause people distress or harm.

Staff were aware of the action to take should they suspect that someone was being abused or the factors which may make someone more vulnerable to abuse. Processes were in place to minimise the risk of people experiencing financial abuse. Staff said the registered manager was approachable and would take appropriate action to keep people safe.

There were processes in place to prevent and control the spread of infection. Staff conducted regular health and safety audits to ensure communal areas and people's flats were clean and safe environments to live and work in. Fire detection and prevention systems had been approved by the fire brigade.

People were supported by staff who knew their latest care needs. The provider had taken action after our last inspection and appropriate checks were undertaken to ensure staff were suitable to support the people who used the service. There were sufficient numbers of suitably trained staff to meet people's needs. People received their medicines safely and as prescribed.

There were systems in place to monitor and promote staff development. Staff had regular meetings with senior staff to review and identify how they could improve their performance. Staff were provided with opportunities to express their views about the service and how it could be improved. The registered manager had taken action in response to feedback from staff.

People who used the service and staff we spoke with expressed confidence in the leadership of the service. Staff told us they could access senior staff out of hours when they required advice and guidance. The registered manager understood their regulatory responsibilities to the commission and could explain how they promoted an open and honest culture in line with their duty of candour.

The service worked in partnership with other agencies to improve people's lives. People were regularly supported to attend appointments with health care providers and local authorities to maintain their well-being.

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 safe.

The provider had taken or had on-going processes which addressed recent concerns about the safety of people who used the service and staff.

People told us they felt safe in their flats.

Staff were aware of the action to take should they suspect that someone was being abused or the factors which may make someone more vulnerable to abuse.

There were processes in place to prevent and control the spread of infection.

Staff conducted regular health and safety audits to ensure communal areas and people's flats were clean and safe environments to live and work in.

People were protected from harm associated with their specific conditions by staff who knew their latest care needs.

People received their medicines safely and as prescribed.

Good ●

Is the service well-led?

The service was not consistently well-led.

Processes to monitor people's calls did not identify if people had received support in line with their care plans.

Records did not always identify if people had been supported to resolve long-standing maintenance issues with their flats.

People who used the service and staff were encouraged to be involved in the development of the service.

People and staff expressed confidence in the leadership of the service.

Requires Improvement ●

The service worked in partnership with other agencies to improve people's lives.

Proactive Life - Birmingham

Detailed findings

Background to this inspection

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

We undertook an announced focused inspection of Proactive Life - Birmingham on 14 February 2018. This inspection was done to in response to concerns we had received about the service. These included how the service supported people to maintain their properties, how some people and staff were supported to remain safe and the skills and abilities of the management team. The team inspected the service against two of the five questions we ask about services: is the service safe and well-led? This is because we were concerned the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The inspection team consisted of two inspectors who visited the service's office and an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we reviewed the information of concern we had received about the service. We also reviewed any other information we held about the service and reviewed any notifications the provider had sent us. The notifications 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 spoke a person who commissions packages of care from the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we visited the service's office and spoke with the registered manager and the provider's regional manager. The registered manager was aware of the recent concerns about the service and we reviewed the action they had taken in response. We spoke with a clinical psychologist, nurse and five support staff who worked at the service. We also spoke with a healthcare professional who was visiting a person who used the service. We sampled the records, including four people's care records, two staffing records and quality monitoring documents. We also spoke with four people who used the service and two members of staff on the telephone.

We reviewed additional information the registered manager sent us after our inspection visit and discussed our findings with the local authority who had recently completed a quality monitoring visit to the service. We also reviewed information we received from the police.

Our findings

Prior to our inspection we received information that people who used the service were at risk of harm. There were concerns that communal entrance doors were not secure, fire prevention and detection systems were inadequate and some people who used the service and visitors posed a risk to staff and other people living in the buildings. There were concerns that senior managers discouraged staff from raising concerns and incidents were not thoroughly investigated. There were concerns raised about the impact of unclean staff toilets and that some care records did not contain information for staff about the risk associated with people's specific conditions. There were also concerns about how staff supported people to manage their finances. We looked at these issues but did not identify any significant concerns. We found that the provider had taken action or had on-going processes to ensure people who used the service and staff were safe.

The registered manager had worked with the landlord to ensure people were safe from the risks associated with the building. People knew what to do if the fire alarm was activated. One person told us, "I have to leave the flat, go downstairs and outside. We do have fire practice." Another person told us staff supported them to evacuate the building when the fire alarm went off. One member of staff told us they would prompt and support people to replace batteries in their smoke detectors but would have to respect a person's decision if they refused this support in their own homes. Records of a recent inspection of the premises by the fire brigade concluded that fire prevention and detection systems met the required standards to keep people safe in the event of a fire.

People told us they felt safe in their flats. One person told us, "I know how to keep myself safe but people could just walk into the building because there is no lock on the building." We found that entrance doors to two blocks of flats were locked but the door to the third block had been damaged. We saw however the landlord had agreed with the provider to replace all entrance doors with more secure models. Records showed these were due to be fitted a couple of weeks after our inspection visit. Since the door had been damaged the landlord had installed CCTV at the entrances to the flats and around the buildings' perimeters. Images were monitored in the registered manager's office and enabled staff to check the validity of people who wanted to enter the buildings. One person told us, "The cameras are a good idea and give evidence to help the police if they have to attend. I wasn't too sure about the cameras at the beginning but I am ok with them now."

Staff knew how to keep the people they supported and themselves safe from the risk of physical and emotional abuse. One member of staff told us, "Everybody has their own flat and can have visitors when they want. Everybody has the building's front door key and their flat key. Staff do checks to see if there are

'undesirables' in the building. If it warrants intervention the undesirable person would be asked to leave, however people are in control of their lives [and] they can lock the doors but if we are concerned we can go in." Staff we spoke with confirmed the provider considered their personal safety. One member of staff told us, "I feel safe, we have radios with an emergency button and know colleagues will come to support me." Another member of staff said, "This provider is much more interested in staff safety than the last place I worked at." We saw records that the registered manager had involved other agencies such as the police and the local authority when they and staff were concerned that people who used the service or visitors might be causing other people distress.

The registered manager had taken action to reduce and prevent the reoccurrence of incidences which could cause people distress or harm. Staff monitored people's behaviour in order to identify trends and triggers which may cause a person to become anxious or exhibit behaviour which may harm themselves or others. One member of staff told us how they knew a person's mental health history which enabled them to identify the support the person required when they became anxious. They told us, "I talk to her, discuss her problem. I talk about her progress and how well she's done." Another member of staff told us, "The resident psychologist does a de-brief, we can talk about our feelings following an incident. We also fill in a reflective document to show how we will cope, but if further help is needed it is offered." Staff we spoke with confirmed that the system was used for incidents such as actual or threatened violence against staff members and any incidences of verbal abuse including racially motivated comments.

Staff we spoke with consistently demonstrated they were aware of the action to take should they suspect that someone was being abused or the factors which may make someone more vulnerable to abuse. This action is referred to as 'safeguarding'. A support worker explained the provider's safeguarding policy. They told us it was about, "Protecting people, safeguarding them for example from financial or sexual abuse. If I feel there is something wrong I will go to the manager and report it."

Processes were in place to minimise the risk of people experiencing financial abuse. One member of staff told us, "Each service user has a safe, we keep the key. There is a finance sheet with what money they have and what they have spent. Support workers will prepare shopping lists with estimate of cost, then two signatures added for the money removed. There has to be a receipt for money spent and everything is balanced up also the manager does a weekly check." Most people who used the service managed their own finances however we sampled the records of two people who requested support to manage their finances. We saw when staff had supported people to make purchases that each transactions was recorded and checked by two members of staff to ensure the correct payment was made and change received. There were regular checks by staff to ensure the money people had in their possession was the same as recorded. We didn't see any discrepancies. Some people had independent appointees to support them to manage their money so they would have enough to meet their needs. Staff had involved appointees when people were required to make decisions which could affect their financial security such as the purchase of expensive items or arranging debt repayments.

People were supported by staff who understood how to raise concerns about safety. All the staff we spoke with said the registered manager was approachable and responded to concerns. The area manager told us, and staff confirmed, they had recently held meetings with members of staff to remind them of the provider's whistle blowing policy and to provide the opportunity for them to raise any concerns about people's safety. The area manager told us staff who attended these meetings had raised no concerns. We saw details of the provider's whistle-blowing policy displayed clearly in staff areas.

There were processes in place to prevent and control the spread of infection. Staff told us and we saw there were ample stocks of personal protective equipment such as gloves and aprons. Staff received infection

control and prevention training when the first joined the service and told us they would always use gloves and aprons when supporting people with personal care. We looked at two staff toilets and a staff rest room. These areas were well maintained and clean. They contained suitable hand washing facilities and guidance on how to prevent the spread of infection. Two people spoken with confirmed they were responsible for cleaning their own flats. Staff confirmed all the people who used the service were supported to clean their own flats as part of promoting their independence. Staff conducted regular health and safety audits to ensure communal areas and people's flats were clean and safe environments to live and work in.

People were protected from harm by staff who knew peoples' latest care needs and any risk associated with their conditions. One person told us, "They would spot if I was unwell." Assessments of risks to people's health and wellbeing were regularly reviewed and prepared with the assistance of a resident psychologist team. These provided up to date and relevant guidance for staff about how to protect people from potentially harmful behaviour. A member of staff confirmed, "Risk assessments are updated every two to three months or if anything changes." Staff confirmed they were made aware of changes to risk assessments. Another member of staff told us, "Risk assessments are in the larger support files. The deputy manager makes us aware. The smaller support plans tell us what to do with people day to day. The management always make us aware of changes." We reviewed the records of five people who used the service and saw that records were up to date and reflected peoples latest care needs.

At our last inspection we were concerned that the provider had not taken robust action when they had received information of concern about staff during the recruitment process. This had put people at risk of being supported by staff who were unsuitable. We found this had improved. We reviewed the recruitment records of two new members of staff and saw that the registered manager, supported by the provider's human resources department, had conducted appropriate checks and risk assessments to ensure staff were suitable to support the people who used the service.

People we spoke with believed there were sufficient suitable staff available to meet their needs. All the people we spoke with said they were happy with the staff support. One person told us, "If I do have a problem, it never seems [like] a problem to [the] staff who help me." However one person suggested that more staff at weekends would support them to undertake activities. All the staff we spoke with were satisfied that there were enough staff available to meet the current needs of the people living at the service. One member of staff said, "We have enough staff, only the odd occasion when someone calls in sick. We usually have enough to deal with service users' needs." Another member of staff told us there were enough staff to support people who required constant support. They said, "People will have 1:1 care if assessed to be a risk." We noted there were enough staff available to deal with peoples care needs despite having to take prompt and appropriate action when a person who used the service suddenly became unwell during our inspection visit and needed to be taken to hospital.

People who required support were happy with the way their medication was administered. Two people referred to medication sometimes being given later than expected, however they did not refer to any consequences from the delay. One person told us, "I do not self-medicate, staff knock before they come into my flat to give medication and there are regular checks with the doctor. My medication is kept in my room and staff have the key, it is safer that way. I am happy with the way medication is given, apart from sometimes they are a bit late." When required, medication was given by staff who were assessed as competent to do so. A member of staff told us, "I do give out medication, we have MAR [Medicine administration records] charts which detail who [to], when and what we are giving. We have a competency test on medication before we start dispensing which is rechecked. Now the nurses give all the medication so I rarely do it now." We reviewed the MARS records for three people and saw they had been completed as required. This recorded people had received their medicines as prescribed.



Our findings

Prior to our inspection we received information about how the service was led. There were concerns that leaders did not demonstrate a professional approach when interacting with people who used the service and staff. Members of the senior team were not available out of normal office hours to offer advice and guidance and staff did not receive the training they required to meet the needs of the people they supported. We found the provider had taken action or had on-going processes which addressed these concerns. At our last inspection we rated this key question as, 'Good'. However we found the provider had not maintained this standard.

Systems to monitor the quality of the service were not always effective. We reviewed the care records for five people and saw that staff regularly failed to record the time they finished their personal care calls. This lack of information meant it was not possible for the provider to identify if people had received the amount of care people required and the service was contracted to provide. The care plans for two people identified staff were to visit them every three hours. Although the registered manager said this was happening, staff had not recorded if these calls had occurred. It was not possible from the information recorded to confirm if these people had their received a call every three hours.

Records did not always demonstrate if the provider had taken reasonable action to support people to resolve maintenance issues relevant to their personal care. Some people told us they had been waiting several months for maintenance issues to be resolved. We saw staff had supported people to raise concerns with the landlord and local authority but records did not always demonstrate if further support had been given when issues were not resolved promptly. We saw that a person had complained their washing machine had not worked for several months. The registered manager told us of various actions taken such as supporting the person to visit a laundrette, however these actions were not always recorded. Therefore it was not possible to review and identify if the service had provided the person with reasonable and suitable support. After our inspection visit the registered manager informed us the provider was going to maintain a stock of white goods, such as ovens and refrigerators. People would be able to rent these items until they had obtained permanent replacements. They also told us that they had agreed to manage the daily work allocation for the landlord's maintenance staff. This meant the registered manager could prioritise and promptly resolve maintenance issues within peoples' flats and communal areas.

Other systems had been affective at improving the quality of the service. People told us they were generally pleased with the support they received and the service had improved their lives. One person told us, "What can I say, when I first came here I needed more help. Now I do not need help and I am waiting to move out. I

am bidding for a council home." We saw the registered manager had worked closely with the local authority to review and improve the service when they had received information of concern. The provider conducted regular checks to monitor the service and we saw that when necessary action plans had been developed to address concerns. The registered manager maintained a 'Risk register' to monitor if actions had been effective. The registered manager had regard to our previous report about the service and had taken action to address past concerns. There was a formal process to ensure quality monitoring audits would be regularly undertaken.

There were systems in place to monitor and promote staff development. Staff told us they had received recent training in de-escalation techniques and professional boundaries. Staff told us this was useful when supporting people with mental health issues. The registered manager maintained a training matrix so they could identify when staff needed refresher training in order to stay up to date with latest guidance and good practice. We saw the majority of staff were up to date with their training.

Staff told us they had regular meetings with senior staff to review and identify how they could improve their performance. We saw there were regular staff meetings where staff could express their views about the service and how it could be improved. We reviewed the results of a recent staff questionnaire and responses were positive about the leadership of the service. Staff told us they could access senior staff out of hours when they required advice and guidance. One member of staff told us, "Management are always available. Anytime I've needed to contact them, I have."

People who used the service and staff we spoke with expressed confidence in the leadership of the service. One person said, "I know the manager who is polite." Another person told us, "I have no problems with the staff here. They are all very polite and helpful." A member of staff told us, "I love working here." Comments from other members of staff included, "Managements is ok," and "[The registered manager] is fine." People were supported to express their views about the quality of the service and how it developed. There were regular group and individual meetings with people who used the service. We saw the registered manager had taken action to improve security and change how people were supported in response to feedback from these meetings. One person told us, "I am listened to and I help with the planning of my care."

The registered manager understood their regulatory responsibilities to the commission. We saw the services latest inspection ratings were displayed appropriately and a review of records showed the registered manager had notified us of incidents and events they are required to do so by law. The registered manager could explain how they promoted an open and honest culture. Staff we spoke with confirmed they felt encouraged to speak up and their views were valued by the senior leadership. The registered manager worked with the area manager to reflect on their own performance when they received information of concern to ensure they continued to act with honesty and integrity in line with their duty of candour.

The service worked in partnership with other agencies to improve people's lives. We saw staff support a person to make an online housing application because their health had improved and they now wanted to move out of the service and live independently. They told us they were looking forward to this and that the member of staff who was helping them was, "Brilliant." We saw another person was being supported to apply for local authority housing in an area they wanted to move to. Records showed people were regularly supported to attend appointments with health care providers to maintain their well-being.