

Med Care Home Services Limited

Proactive Life - Birmingham

Inspection report

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Hockley
Birmingham
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Website: none supplied.

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

This unannounced inspection visit, which took place on 22 April 2015, was the first inspection of this service.

This service is registered to provide personal care and treatment for disease, disorder or injury to people in their own homes. At the time of the inspection the service was providing care and support to seven people in flats in the same building as the office and in flats next door. Some people were receiving 24 hour support and others received fewer hours support each day, according to their assessed needs and level of independence.

There should be a registered manager at this service. 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. At the time of the inspection, the manager had applied for registration and has subsequently been registered.

People using the service told us that they felt safe and were receiving a good service from staff.

Summary of findings

Staff understood their responsibilities in relation to take action to protect people from the risk of abuse. There were good systems to ensure that staff were recruited appropriately and were subject to the necessary checks so that people were protected from the risks of being supported by unsuitable staff.

People told us that the staff were caring. Staff showed that they had an understanding of the needs of the people they were supporting. Staff received appropriate training and supervision in order to carry out their role.

People, told us that there were enough staff to care for them and they received enough support to be able to live their lives in the ways they wanted to. People were supported to attend activities of their choice and to maintain relationships with family and friends.

People, where they needed support in this area, were supported to eat and drink in ways which supported their health and respected their choices.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected. The MCA

Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty.

We spoke to staff and looked at records to see if the service was complying with this legislation. We found that the manager and staff demonstrated understanding of the principles and requirements of the legislation and that people's rights were respected.

Staff supported people to attend medical appointments and to make changes in their lifestyles in order to improve their health. People who needed support received their medication as prescribed. People's medication was stored in their accommodation. Improvements were needed in the recording of medication as we found that not all doses given had been recorded on the recording sheets.

There were systems in place to assess and monitor the quality of the service. However, audits that had been conducted had not been always been effective in identifying areas in need of improvement or when staff recording practice had not been maintained in line with guidance.

Summary of findings

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.

People told us that they felt safe and had confidence that staff could keep them safe.

Staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

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

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's rights were protected by staff who understood the principles of the Mental Capacity Act (MCA).

People were supported to attend healthcare appointments, when necessary, and to maintain a healthy lifestyle.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

Good



Is the service caring?

The service was caring.

People were happy with the support they received. People told us that staff were kind and helpful in their interactions with them.

People were involved in planning the support they received...

People told us that staff respected their privacy and maintained their dignity when providing care.

Good



Is the service responsive?

The service was responsive to people's needs.

There were good systems for planning the care and support which people needed.

People's comments and complaints were listened to and appropriate changes were made in relation to comments.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

People who used the service told us that the manager asked them for their views of the service to make sure that staff were providing care and support appropriately.

Staff told us that they received support and supervision from the manager.

There were systems for audit and quality assurance to ensure safe and appropriate support to people, but these had failed to reveal some shortfalls in record keeping.

Requires Improvement



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced inspection took place on 22 April 2015. It was carried out by one inspector.

We reviewed all of the information we held about the home. This included statutory notifications received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law..

There were seven people using the service at the time of our visit. We spoke with three people who used the service. We spoke with nine members of staff including the manager and the operations manager. We looked at three people's care records and other records that related to people's care. We also looked at medication records, staff employment records, staff training records, the quality assurance system and audits.

Is the service safe?

Our findings

People told us that they felt safe and had confidence that the staff would help them if they did not feel safe. People told us that staff had told them what to do if they did not feel safe. One person said, “Yes, I feel safe in my flat. If I was threatened I would tell [manager’s name] or [previous manager’s name].”

The manager and staff told us that all staff were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. Staff demonstrated awareness of possible warning signs and the action to take.

There was a whistleblowing policy which outlined how staff should report any concerns about poor practice. This had been distributed to staff at the time of induction and staff had been reminded of this at staff meetings. One member of staff told us, “I think people would raise any concerns with the managers. One is always around. [Manager’s name] would be more than happy to look into it and investigate. People are well protected.”

Staff said that they felt safe at work. One member of staff said, “We would not be asked to work with someone if we felt we were not safe. Some staff are better than others with some people. We have had training in de-escalation and body language. We wouldn’t use restraint.”

People’s plans contained risk assessments showing the possible risks to people, including those from

the environment and activities. The plans included details of the ways in which staff minimised the risks to keep people as safe as possible.

People told us that there were enough staff to provide the care and support which they needed. People’s plans showed the levels of staff support they needed and these varied from a few hours each day to 24 hour support. We saw that there were enough staff to meet these needs.

The manager told us, and records confirmed, that staff were appointed through a standard process which included obtaining two references and checks through the Disclosure and Barring Service (DBS), before they started work, to ensure that staff were suitable for their role. The manager said that no member of staff was given any information about people using the service until their check had been received.

People told us how staff supported them to take their medication at the right times. We saw instructions for staff showing which medication people needed to take. People’s needs in terms of support in this area were recorded in their plans. For example, one care plan contained, ‘I need staff to encourage me to take my medication for my physical health as sometimes I will not take it at the right times as I forget’. We saw medication consent forms signed by people to indicate that they wanted support from staff.

Staff who prompted or administered medication told us that they had received training in managing and administering medication. A local pharmacist carried out quarterly audits of the medication storage and recordings. Staff had recorded the doses of medication which each person had taken. We saw some gaps in the medication recording charts which looked as if a person had not received their medication on occasional days. The daily records contained recordings which showed that staff had given the medication these days. The manager said that she would make sure that staff initialled the administration records on all occasions.

Staff told us and the records confirmed, that staff supported people to have blood tests when necessary and to attend appointments in relation to their medication. We saw evidence that, since using this service, some people, with the agreement of their doctors and specialist nurses, had been able to reduce their use of some medication, with staff support.

Is the service effective?

Our findings

People told us that they thought the staff were good at doing their jobs. One person told us, “They know what they are doing. They do what I need them to.”

One member of staff told us, “We have a really good team; we work together well – we pull together.”

Staff told us, and records confirmed that staff had received induction training when they first started to work for the service. This covered the necessary basic areas. Staff received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support. We saw that there were plans to provide staff with a week of update training in various areas, shortly after our visit.

One member of staff told us, “Managers have helped me grow – I’ve learned a lot that I didn’t think I had the capability of learning.”

Staff told us that they received support and supervision from their managers in the form of formal and informal one to one sessions and observations and records confirmed this. One member of staff told us, “Sometimes the manager watches us and pulls us to the side and gives us feedback.” There was on call support from the management team at all times. The managers organised staff meetings on a regular basis but records showed that attendance had been poor. The manager had addressed this by writing to staff to explain that attendance was important and was expecting more staff to attend the next meeting.

The manager and staff demonstrated that they understood the principles of the Mental Capacity Act (MCA) and they provided examples of how they respected people’s right to make decisions about how they wanted to live their lives.

People told us that they chose what they ate and drank. People went shopping on their own or sometimes with staff support. One person said, “If I want them to come shopping with me they will. I cook all kinds of things like chicken and steak and stuff.” Staff told us that most people cooked for themselves, but where they needed assistance staff provided this. Staff said that they cooked what the person wanted to eat, including food to meet people’s cultural needs. Staff told us, and the records confirmed, that where people had specific needs in terms of nutrition or where they needed support to reach what was considered to be a more healthy weight, the services of relevant professionals were used and staff provided support and guidance, whilst still respecting people’s choices.

People told us how staff supported them to improve their health. One person told us that they had been supported to give up smoking and said, “I feel better now – smoking is bad for your chest.” The care plans we looked at included details of people’s medical conditions and relevant instructions for staff about care and support needs related to people’s health. Staff displayed a good level of knowledge about people’s specific health needs. Staff had access to contact details for health professionals who worked with people and they supported people to attend appointments by accompanying them or reminding them to attend. For example, one person’s instructions for staff included, ‘I need staff to inform me when I have appointments but not too early as I forget what it is about.’

Is the service caring?

Our findings

People spoke with affection about the staff who supported them. One person told us, "I like the staff." Another person said, "You couldn't meet nicer people - I would recommend this to anyone."

People told us that members of staff consulted them about what support they needed and who they preferred to provide the support. Staff told us that people could choose what gender of staff provided care and said that the rotas were prepared to accommodate people's choices in this respect.

Staff demonstrated that they understood the importance of respecting people's choices and involving them in decisions. Staff made it clear to people that they did not have to speak with us and respected people's choice not to invite us into their property by providing us with a venue in which to meet people. One person explained, "My flat is nice, but I don't let people in my flat."

We observed positive interactions between staff and people using the service and people seemed relaxed and comfortable in staff company. We saw staff putting people at ease when we met them and explaining why we wanted to speak with them.

People told us that staff helped them to maintain relationships with people of their choice. Staff had supported people to maintain relationships with people who mattered to them. This included giving people lifts to visit relatives and helping them to contact people using the telephone. Where needed, people were helped to access advocacy services.

The manager and staff confirmed that people were involved in drawing up and reviewing the plans for their care and support. These included their needs, choices and aspirations, including needs arising from their culture or religion, their choices in terms of the gender of staff and the times that staff supported them. Staff demonstrated a good level of knowledge in relation to people's history, cultural, care and health needs and preferences. They provided examples of how they provided a service to people which was flexible and met people's individual needs.

Is the service responsive?

Our findings

People told us that they chose what care and support they needed and staff supported them to live the lives they wanted to lead. They decided what they wanted staff to do for them and this was recorded in people's plans.

We saw that people needed support in different areas of their lives. Some people needed full time support and others needed specific assistance in one area. Staff told us that, if people wanted them to do so, they helped people to budget their money so that they did not spend it all at once and other they helped people to apply for assistance with purchasing items such as electrical goods for their flats.

People expressed confidence that staff would support them to undertake activities of their

choice and to follow their interests. People told us that they attended college and visited friends and family members.

One person said, "I go out whenever I want to." Some people had been on holidays abroad and people told us that they were looking forward to a trip to Blackpool. Some people chose to engage with other people who lived in the flats and met in the back garden or at the front of the flats.

The service had a policy and procedure for dealing with complaints. This included dealing with the complaint and feeding back to the person to let them know the outcome. The manager told us that there had been no serious complaints, so no records were completed. The manager provided examples of when people had brought small matters to the attention of managers. These had mostly been in relation to housing matters, which were the responsibility of the landlord and not the registered service. However, people had been supported to take these matters forward and they had been resolved. The manager said that she would, in future maintain a record of all matters raised and their resolution.

Is the service well-led?

Our findings

The previous manager left her post in March 2015, to take up another position in the company and the present manager was in the process of becoming registered with CQC at the time of our visit. We met both managers at our inspection. Both had a good level of knowledge about the service and the needs and preferences of the people who used it.

People who used the service told us that the manager asked them if they were satisfied with the service and the manager told us that she had sent questionnaires to professionals worked with people using the service to find out their views.

The provider's representative had completed visits to the home and had reported on the quality of the service. We saw the records of some of these visits. We saw that managers within the organisation had monitored performance and checked records. A report of a recent visit showed that some shortfalls had been identified in record keeping and staff training. There were clear plans to show how these would be addressed. In addition to this the provider held regular senior management team meetings

where each service was reported on. However, when we sampled the records we found that there were some gaps in recordings, for example, the medication charts, and the audit systems had failed to discover these.

There were monthly visits to the service by members of the senior management team and these had identified areas in which change was needed. For example, the report of the most recent visit, in March 2015, had identified a need for a meeting of people using the service. The manager had implemented an internal audit system which covered a number of areas including care records, health and safety, medicine management and infection control. An audit of staff records and staff training had taken place and we saw that a week of training had been planned to make sure that all staff had received updated training in the necessary areas.

The manager was still settling into her post at the time of our visit, but she demonstrated that she had considered how to further develop the service for the benefit of people using the service. For example, some people's ability to participate in community activities was limited by past behaviour and the potential risks. The manager told us that she planned to reassess the possible risks and try to find ways to minimise them so that people could be better supported to live more fulfilled lives.