

Praxis Care

Birmingham 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Birmingham Supported Living Service is a supported living service providing personal care. The service provides support to younger adults with learning disabilities and mental health. At the time of our inspection there were 3 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting some of underpinning principles of "Right Support, Right Care, Right Culture.

Right support

It was not always clear people had the right to choose a different care provider if they wanted. Use of systems and processes needed to be more robust to ensure people were not at the risk of abuse. Improvement was needed on the oversight of the service as we identified issues which were not picked up during the provider's internal audit. People were supported to have medication safely.

People were involved in choosing staff to support them. Staff gave people choice, control and independence. One person who use the service had worked with staff and now they can access the community independently and with confidence.

Right care

People received person centred care and staff understood how to ensure people's dignity and privacy was

maintained. The management team ensured staff had regular supervisions and that their training was up to date which enabled staff to deliver the right care to people. The staff encouraged people to maintain their independence. The service provided information in accessible format which allowed people to understand the care they should expect from the service.

Right culture

We saw that staff were supported to work in a positive environment, this had a positive impact on people as they were supported by a consistent staff team. People and staff were encouraged to share their views on the quality of the service they received. Staff were trained to carry out their role. People's needs were assessed before using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the application of the policies and systems in the service did not always support this practice and improvements were needed.

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

Rating at last inspection

This service was registered with us on the 27 May 2021, and this is the first inspection.

Why we inspected

This inspection was carried out as the service was not rated.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Birmingham 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 (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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. An application has been submitted for a new registered manager. It was explained by the management team how the service is currently being managed.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or the manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on the 21 November and ended on the 6 December 2022. We visited the location's office and 2 of the service locations on the 22 November 2022 and spoke to 2 people.

We spoke with the management team which included the new manager. We spoke with 7 staff members. 2 relatives and 2 people using the service. We spoke to 2 professionals. We reviewed a range of records. This included 2 care records and 2 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 reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk from abuse; Learning lessons when things go wrong

- The systems and processes for recording, monitoring, investigating and learning from incidents were not robust.
- There was no consistent overview on the daily records to ensure people were safe from the risk of abuse. One person was at risk of self-harm and when staff intervened it was not always clear what level of restraint was used to keep the person safe. This meant the provider could not demonstrate they were monitoring the use of restraint to ensure it was only used when necessary and in a safe way.
- Staff confirmed they had received training in safeguarding, they said, "Safeguarding is working together and to prevent and to stop the risk of abuse or enabling it." The staff member was able to name different types of abuse.

Staffing and recruitment

- We found some small gaps of employment for 2 staff which had not been explored and rationale explained. This was addressed by the management team during the inspection.
- Other pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff working at the service to meet people's needs, and the management team had several relief staff to cover any staff vacancies.

Assessing risk, safety monitoring and management

- Staff spoken with knew people's needs well but some improvements were required to ensure records were updated in a timely manner to ensure staff had access to the most up to date information about how to support people..
- When reviewing 1 person's risk assessment we found this had not yet been updated with a change in need due to a delay involving an external professional. Discussions with staff demonstrated they knew about this change and how to manage this risk. This was discussed with the management team, and they said they will ensure all documents were updated.

Using medicines safely

- Handwritten medicine instructions for 1 person had not always been countersigned by 2 staff in accordance with good practice. This is to ensure instructions were accurate and for another person their records did not clearly record an explanation of why the person had refused their medicine .

- A person we spoke with confirmed they had their medication on time and could have pain relief when needed.
- Staff confirmed they had received medication training and we saw assessments of staff competency were completed to monitor staff practices.

Preventing and controlling infection

- The provider's infection prevention and control policy was up to date.
- Risk assessments were in place to explain the reasons why staff did not use face masks when supporting some people and alternative options had been explored.
- Personal protective equipment (PPE) was available at the locations visited which staff could access.
- Staff said they have received infection control training. One staff member said, "I wear aprons, gloves, mask and glasses and this would prevent the risk of infection." Another staff member said, "Before we start work, we wash our hands, clean the areas and touch points, mop the areas and make sure everywhere is clean."

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had assessed people's needs before using the service.
- A relative told us their relative was involved in picking their own care team, they were also involved in interviewing staff.

Staff support, training, skills and experience

- Staff had the training and skills to support people effectively.
- All care staff had to complete the Care Certificate if it has not already been completed. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The management team had a training matrix in place for both core staff and relief staff and they had oversight of when training was required. Staff had received training to help support people, this training was specific to peoples' needs.
- An external health professional provided training to staff and said staff were interested in the training and contributed well during it.
- Staff had regular supervisions, one staff member told us, "They are very useful, and they are normally with the team leader."

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

- People were supported to maintain a balance diet.
- Staff had received training in food hygiene, this enabled them to meet people's nutritional needs and to prepare food safely.
- Staff knew people well, one person they supported had allergies and staff we spoke to were aware of this.
- People were encouraged by staff to eat healthy food, staff would discuss with people the food menu for the week.
- A relative told us, "(Person) was eating the wrong food and drinking fizzy drinks, they tried to get a plan for food time. They will guide her to the healthier options."

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

- The provider worked well with other agencies and supported people to live healthier lives.
- People were supported by staff to attend medical appointments and had regular check-ups when

required.

- A person told us the staff would contact the GP if they were feeling unwell.
- Relatives told us they were confident staff would contact other agencies or health professionals when needed. One relative said, "They are very good at that. I can't fault them on that. Any changes in (person) they will contact them right away."
- Hospital passports were in place; this would help with a hospital transition if required. A hospital passport tells the hospital about a person's healthcare needs, if the person has a learning disability, how the person likes to communicate and how to make things easier for them.
- The provider worked with people to make healthier decisions which would have a positive impact on their lives.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make choices about their care.
- Staff confirmed they had received MCA training and records demonstrated this. One staff member explained it's how best to support the person taking into consideration their level of capacity.

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.

This is the first inspection of this newly registered service. We have rated this key question 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; respecting equality and diversity

- People told us they were treated well, and felt supported by staff.
- People's personal history, cultural and religious needs were recorded. Staff were aware one person would contact their family to pray.
- We observed positive interactions between people and staff, one person greeted a staff member with a hug and appeared at ease with the staff supporting them.

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

- The provider encouraged people to be involved in all aspects of their care needs.
- The management team explained how they encourage people to set personal goals and work with them to achieve them. When one person started using the service, they required supervision to undertake some tasks. However due to the work of staff and the person, the person has started to access the community independently.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted people's privacy, dignity and independence.
- One person said staff give them privacy, "Yes, they treat me fine. When I need it, they give me privacy when I am doing personal care."
- People were encouraged to independently prepare food and staff would assist when needed.
- Staff understood the importance of maintaining confidentiality. One staff member said, "It is very important, all the documentation is in locker and only looked at when needed. I don't share information with anyone that is not involved in their care."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People told us that the staff team provided person centred care that met their needs, but some records lacked detail at the level of support people needed to evidence this in care records.
- Staff understood the importance of person-centred care. One staff member said, "It is all about the service users, the care is personal to them, and we can't give the same care to person A and B because they have different needs."
- People received care from a consistent care team which had a positive impact on people because staff knew people well.
- People who use the service enjoyed going out for walks and the provider had started a step competition with a reward for the person who achieved the most steps. This encouraged people to stay active.
- Relatives were able to maintain relationships with people. People were going out with their family, and this had a positive impact on them. One person had spent time with their family and were now looking at going away next year with their family.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were being met.
- People are provided with pictorial service user guides and care plans to support them in understanding the information contained in them.
- When visiting one property, a meal menu with pictures was in place and in the bedroom, there were pictures on draws where personal items belong so it would help the person with maintaining a clean environment.

Improving care quality in response to complaints or concerns

- The provider had received no complaints. There was a complaints policy in place and people and relatives were aware of who to contact if they weren't happy.

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.

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant the 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;

- The providers internal audits of daily records did not identify an incident of restraint. The systems in place had failed to identify that daily records of restraint lacked enough detail about the type of restraint used and for how long.
- The providers audits of care records failed to ensure that where people's needs had changed that records were updated in a timely way so that staff had up to date information. We identified some information regarding people which was not on all the latest documents.
- Systems did not identify peoples support and tenancy agreement did not meet REACH guidelines to ensure peoples human rights were protected. During the inspection we reviewed the tenancy and support agreement for people using the service. The support agreement was not clear regarding people's right to have a different care provider if they choose without any implications to their tenancy. This was discussed with the management team who said people could choose to have a different care provider and this would not have any implications to their tenancy. The management team said they would review the support agreement.
- Medicine audits had failed to identify that where medication administration records were handwritten they had not being countersigned to reduce the risk of transcribing errors. These audits had also failed to identify that codes were used to consistently record why a person had refused their medication.
- Audits had failed to identify that the provider was not ensuring that all gaps in staffs employments history were explored before staff started work.,
- Systems in place were not effective in ensuring all required incidents were consistently reported to CQC. When we reviewed a person's care records, we identified a reportable incident that had not been shared with CQC. The management team took immediate action and submitted a notification during inspection.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The service had recently appointed a new manager who had applied to become registered with CQC. They had started working with the deputy manager to make improvements to the service and strengthen the systems and processes in place. Both managers were receptive to our feedback.

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

- There was a positive culture at the service, the staff and management team felt supported. One staff member said, "If you have a happy staff team, respect them and be responsive, staff will work with you, and this will have a positive impact on people."
- Staff felt supported by the management team. One person said, "The manager, is so lovely. The manager is very approachable and helpful. I can call them anytime and they will answer."

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 understood duty of candour and was open and honest with people and their relatives when things went wrong.
- The manager explained how one person would prefer to tell their relatives of any incidents which occurred and then would allow the manager to provide further information.

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

- The provider sought to get people's and staff views through supervisions, meetings and surveys.
- Surveys had been completed by 2 people who use the service and 1 person who had started using the service recently completing an entrance survey.
- Staff we spoke to felt supported by the provider, one staff member was happy and had no concerns to share.

Working in partnership with others

- The service worked alongside other healthcare professionals such as GPs, psychologists and other agencies to ensure people received support when needed.
- We received feedback from one agency who works with 1 person, they said, "The service was very responsive to the person, they managed the persons needs well and can communicate effectively with them. The staff were caring towards people and showed compassion at times of need. Staff called the community team for support when needed."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure there was effective and robust systems in place to have oversight of the service.</p> <p>This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>