

Med Care Home Services Limited

Proactive Life (Berkshire)

Med Care Home Services
Limited

Inspection report

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Berkshire
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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?

Good ●

Summary of findings

Overall summary

About the service

Proactive Life (Berkshire) Med Care Home Services Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of this inspection the service was supporting two people living in a shared supported living house. Only one of those people received personal care from the service.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which is help with tasks related to personal hygiene and eating. We do not inspect the premises people live in. Not everyone using Proactive Life (Berkshire) Med Care Home Services Limited receives personal care but where they do we also take into account any wider social care provided.

People's experience of using this service

People were protected from the risks of abuse and a relative thought their family member was safe with the staff providing their support and care. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while working towards their goals and going about their lives.

People were treated with care and kindness. Staff used innovative ways to help people manage and reduce their anxieties. People were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by a relative who provided feedback. People's diverse needs were identified and met. People's right to confidentiality was protected.

People received effective care and support from staff who knew them well and were well trained. People received effective health care and support. Medicines were handled correctly and safely. People's rights to make their own decisions were protected. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care and support that was personalised to meet their individual needs. Staff looked for ways to improve and enhance people's lives by exploring new activities and employment people could participate in.

People benefitted from staff who were happy in their work and felt well managed and supported. People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff. A health care professional commented on a recent feedback form, "Support for [Name] is of a high standard. Thank you for your hard work and working tirelessly to support [Name] with their needs."

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

Rating at last inspection

This is the first inspection of the service.

Why we inspected

This was a planned inspection based on the date the service started to provide personal care to people.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Proactive Life (Berkshire) Med Care Home Services Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care service. It provides personal care to people living in their own homes. People who use this service live in one 'supported living' house. 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 only.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service also had a nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and information about important events the registered manager and others had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. We looked at one person's care plan, monitoring records and medication sheets, all four staff recruitment files, staff training records and the staff supervision log. We reviewed a number of other documents relating to the management of the service. For example, management audits, incident records, concerns and compliments received and a selection of policies. We also looked at the recent quality audit survey, from April 2019, containing comments from the person using the service and two community professionals.

After the inspection

We spoke with and received feedback from a relative of one person who uses the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff knew what actions to take if they felt people were at risk of harm.
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. One member of staff commented on the training saying, "The training was really helpful and it empowered me with the knowledge needed to better care for the residents while keeping them safe and protected."
- One person, when asked on the recent quality audit how safe they felt at the service answered, "Very safe." Their relative said they felt their family member was safe with the staff.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision.
- Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.
- There was a fingerprint log in and out system in place to enable the management to ensure the required staff were on duty when they should be. One staff member commented, "We are always ready to cover a shift for a sick member of staff."
- Emergency plans were in place, such as plans for extreme weather conditions.

Staffing and recruitment

- Staff were provided in line with the hours identified in people's individual care packages.
- Staff said there were enough staff to provide a safe service. One staff member told us, "We are fully staffed and working as a team... We also have great support and understanding from the manager who makes it flexible and enjoyable."
- People were protected by the recruitment processes in place and followed. These made sure, as far as possible, that people were protected from staff being employed who were not suitable. We found there were gaps in one staff member's employment history, but this was rectified before the staff member worked another shift. Following the inspection, the registered manager introduced a final checking system. This was to make sure that, in future, all required information was obtained before a new recruit started working with the people who use the service.

Using medicines safely

- People's medicines were handled safely. The training records confirmed staff had received training in handling medicines.
- Only staff trained and assessed as competent were allowed to administer medicines.

- Medicines administration record sheets were up to date and had been completed correctly by the staff administering the medicines.

Preventing and controlling infection

- Staff received training in the control of infection and were provided with personal protective equipment so they could carry out their work safely. There had been no incidents or concerns raised related to the control of infection since our last inspection. When asked on the recent quality audit what they felt about the cleanliness of the service, both community professionals who returned forms gave a rating of 5 (high).

Learning lessons when things go wrong

- There had been no accidents or incidents since the service started to provide personal care. However, the registered manager said that should any occur they would be recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons were learnt when things went wrong.

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.

Good: 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

- People received effective care and support from staff who knew how they liked things done.
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- The care plans and actions were based on current best practice and showed the registered manager and staff had a good understanding of the person's individual needs. When asked how they would rate the knowledge of the registered manager and staff with regard to people's needs, two community professionals answered on the recent survey with a 5 (high). They both indicated on the form they felt the score should be higher, although they had given the maximum rating. One of them added a comment, "... [Name of registered manager] has excellent knowledge of the client I was seeing."
- The care plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. People and relatives thought staff had the training and skills they needed when supporting them. When asked on the recent quality audit how satisfied were they that their support workers could do their job properly they answered, "Very satisfied."
- The service provided training in topics they considered mandatory, such as moving and handling, first aid and fire safety. All training the provider considered to be mandatory was up to date.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people with mental health needs and dementia.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff received formal supervision every three months to discuss their work and how they felt about it. We were told by staff they felt this enhanced their skills.
- In addition to the formal supervision, the registered manager carried out three monthly 'spot check' observations of them working with people. This enabled the registered manager to ensure staff were following current best practice and company policies.
- Once a year staff had a formal appraisal of their performance over the previous 12 months.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies to understand and meet people's individual and

changing needs. When asked on the recent quality audit how happy were they with the level of help given by staff when they visited their clients, both community professionals answered with the highest rating of 5 (high). They also gave the highest rating when asked if they were able to have time with the management to discuss issue about which they may be concerned.

Supporting people to live healthier lives, access healthcare services and support;
supporting people to eat and drink enough to maintain a balanced diet

- People received effective health care support from their GP and via GP referrals for other professional services, such as community mental health teams.
- People were able to choose their meals, which they planned with staff support, if needed. Where there was concern that someone was losing weight, staff would request referrals to dietitians via their GP.
- The care plans incorporated advice from professionals when received.

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 with appropriate legal authority. The registered manager was aware that where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

- Staff received training in the MCA and were clear on how it should be reflected in their day to day work.
- We checked whether the service was working within the principles of the MCA and found that they were.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.

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.

Good: People were supported and treated with dignity and respect; and involved as partners their care.

Ensuring people are well treated and supported; equality and diversity

- People said they were treated with care and kindness. When asked on the recent quality audit how satisfied were they that their support worker was caring one person answered, "Satisfied."
- One relative said they thought staff were caring when they supported their family member.
- We saw a thank you card sent by a relative in April 2019. They said, "Thank you for supporting [Name]. I appreciate the attentiveness and professionalism of the staff when dealing with my queries and concerns."
- People's equality and diversity needs were identified and set out in their care plans.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People's views on the support they received was regularly sought.
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. When asked on the recent quality audit how satisfied were they that the support workers respected their space and belongs, one person answered, "Very satisfied."
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible.
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.
- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice in people's homes.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People received support that was individualised to their personal needs. A relative said they felt their family member received the care and support they needed.
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. The daily notes demonstrated staff provided personal care based on the way individuals liked things done.
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and the package of care adjusted to meet those needs if necessary.
- When asked on a recent survey what was their impression of the general wellbeing of their clients, two community professionals answered with a 5 (high).

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans. The communication needs of the one person using the service were complex and well set out in the care plan for staff to refer to.
- The registered manager was aware of the specific requirements of the AIS and was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff worked hard with people to help them maintain relationships that were important to them. A relative told us staff worked with them to help them maintain contact with their family member. Staff were actively and sensitively looking for ways for this family contact to be increased in line with the person's wishes, being careful to go at the person's own pace.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in different activities they were interested in. They could choose what they wanted to do and were also able to try out new activities when identified.
- People had access to activities that took into account their individual interests and links with different communities. A relative complimented the service in a thank you card in April 2019

saying, "In particular I would like to thank [registered manager] for going above and beyond the call of duty. E.g. offering to collect items that [Name] requested from home."

- Where possible the staff were working with and encouraging the person to be involved in the local community.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint. When asked in a recent survey how well they thought the complaints procedure worked if they were not happy with something, one person answered, "Well." They also felt that their complaints would be taken seriously.
- A relative said they had not needed to complain but that they were confident the registered manager would take action if they did.

End of life care and support

- At the time of this inspection the service was not supporting anyone with end of life care. However, people's preferences were sought as part of the assessment process and when appropriate.

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. Good: The service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

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

- Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a high standard. One member of staff commented, "Great job and enjoyable."
- People received a service from staff who worked in an open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised.
- Staff said the managers asked what they thought about the service and took their views into account. All staff said they would recommend the service to a member of their own family.
- A relative also told us they would recommend the service to another person.

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 registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong.

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

- The registered manager was clear about their role. All the registration requirements were met and, although none had occurred, the registered manager knew what incidents required to be notified to the Care Quality Commission.
- Records were up to date, fully completed and kept confidential where required.
- There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included case files and care planning, medicines, stakeholder consultations and any accidents or incidents. Where issues were identified, actions were taken to ensure everything met the required standard.

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, six monthly surveys of people and visiting professionals.
- A relative felt the service was well managed and that the management listened and acted on what they said.

- A staff member commented, "Staff meetings are organised quite often in order to share points of view and opinions on how to better care and support the residents."

Continuous learning and improving care; working in partnership with others

- As well as internal audits carried out by the registered manager, the provider employs external auditors to carry out a full compliance audit. We saw the report for the audit that had been carried out in April 2019. Although very recent, we saw that the majority of improvements identified for action had already been completed. Work was underway for any that were longer term, such as developing a process for people who use the service to be involved more in future staff recruitment.
- Community professionals were clear in their feedback to the provider's survey that the registered manager and staff worked well in partnership with them.