

Praxis Care

# Warwickshire Supported Living Service

## Inspection report

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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

Warwickshire Supported Living Service is a domiciliary care agency which is registered to provide personal care and support to people in their own homes, with up to 24-hour support. The service is registered to provide support to younger adults with mental health needs who may have a learning disability or autistic spectrum disorder or sensory impairments. At the time of our inspection the service was supporting 4 people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

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.

**Right Support:** 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 policies and systems in the service supported this practice.

Where people lacked mental capacity staff worked within the remit of the Mental Capacity Act. Where decisions needed to be made, the Court of Protection was referred to on behalf of people. Local multi-disciplinary teams were involved in making decisions about people's support and any restrictions imposed on people to mitigate risks of avoidable harm.

Staff were recruited in line with the provider's policy with pre-employment checks completed. Staff had been trained and had the skills to complete agreed support tasks

**Right Care:** Care is person centered and promotes people's dignity, privacy and human rights. People's care, treatment and support plans gave staff the information they needed to provide safe care. Risk management plans provided detail on the safe actions staff should take to ensure risks of harm or injury to people were minimised and staff followed guidance.

Staff ensured people's rights and dignity were promoted and protected within the agreed risk management plans of care. Infection, prevention and control was managed well.

People and a relative said they felt safe with staff in their homes. Staff understood how to protect people from the risks of abuse and how to report any concerns.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using

services lead confident, inclusive and empowered lives.

The registered manager had good oversight of the service. Quality checks took place and identified where improvements were needed and actions were taken.

The registered manager had ensured we (CQC) were informed about incidents we should be legally told about.

Feedback was sought from people, relatives and staff about how they felt about the service they received. This feedback was positive about the hands-on caring approach by staff. The registered manager was open to feedback and was willing to learn lessons and make further improvements to strengthen the quality of the service. Staff were valued and said they felt supported by the registered manager.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 December 2020). Breaches of regulations 12 safe care and treatment and 17 good governance were found. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We had also received information of concern from Ofsted. Ofsted are responsible for inspecting the care standards of children's home and had found failings with the provider related to their children's services.

#### 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?

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.

# Warwickshire Supported Living Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 1 inspector.

#### Service and service type

This is a domiciliary care agency. It provides supported living and personal care to people living in their own homes.

#### Registered Manager

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 a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave short notice on 28 April 2023 to the registered manager. This was so they would be available to support the inspection process.

Inspection activity started on 28 April 2023 and ended on 10 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The local authority purchase packages of care when people do not purchase their own care and support. We used information the provider sent us in the provider information return (PIR). 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 used all the information service to plan our inspection.

### During the inspection

This inspection was carried out using technology such as video calls, telephone calls and email to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation. We also undertook a site visit to the provider's office.

We spoke with 2 people and 2 relatives to gain their feedback on the service. Additionally, we spoke with the registered manager and gained feedback from 15 care staff.

We reviewed a range of records. This included 3 people's full care plans and records related to risk management. We also looked at assessments, reviews of people's care and medicine administration records. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed 3 staff recruitment files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 - safe care and treatment.

- People's risks were assessed, and detailed management plans were now in place to protect people from the risks of potential harm. Where new risks emerged, the registered manager worked with the mental health crisis team and other secondary mental health support teams to establish guidance for staff. This guidance was implemented into people's risk management plans which staff understood and followed.
- Risks of people leaving their home without the necessary staff support were assessed and strategies put into place to reduce risks. The Herbert Protocol was in place and used, for example, by staff to record the clothing a person was wearing each day in case they later went missing. The Herbert Protocol is a risk reduction tool used in the event of an adult with support needs going missing.
- People's risk of anxiety had been assessed and staff were trained to manage risks associated with this, such as self-harm or violence toward others. A staff member told us, "The anxiety management training provides ideas and techniques, including management of breathing, distraction and when to leave people alone. During my work I have used multiple techniques to benefit the people I support."
- Staff knew people well and how to reduce the risks of people self-harming. A staff member told us, "[Name] enjoys listening to music which is often a very good distraction technique." Staff told us about the importance of ensuring all sharp objects were locked away, which was in line with people's agreed risk management plans.

### Using medicines safely

- Staff had received training in the safe administration of medicines and understood when people's medicines needed to be stored securely to protect people from risks of taking too much. Medication Administration Records (MARs) had been completed by staff to record medicines were given following the prescriber's instructions.
- Some people were prescribed 'when required' medicines and protocols were in place to direct staff on maximum dosages in any 24-hour period and when medicines should be given.
- Body maps were available to staff when people were prescribed topical medicines, such as creams for their skin, so they had the information to tell them where creams should be applied.
- One person had a prescribed medicine with an identified risk if it was not taken with enough water. We

found there was no information to remind staff of the importance of this. The registered manager took immediate action to add this information for staff to refer to.

#### Systems and processes to safeguard people from the risk of abuse

- At our last inspection, the previous registered manager had not submitted legal notifications to us as required about numerous specific incidents. Since our last inspection, improvements had been made and the current registered manager understood their responsibilities to notify external agencies including the local authority and us (CQC) of certain events, these include allegations of abuse and serious injury. Notifications were submitted as required.
- People felt safe with staff in their homes and protected from the risks of abuse. A person told us, "Staff are kind and do not shout at me. If I was worried I would tell the manager." A relative said, "I am happy with the staff in my home, they are very good supporting [Name]."
- The provider had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. Staff members told us they would report any concerns to their manager. Staff could also tell us how they would 'whistle-blow' any concerns to external organisations such as us (CQC), if they felt their concerns had not been acted on.

#### Preventing and controlling infection

- There was an infection prevention and control policy available to staff to refer to. Staff were trained in infection prevention and followed the training given to them.
- Staff had access to stocks of personal protective equipment (PPE) and used these when supporting people with personal care.
- Measures had been taken to protect people from the risks of COVID-19. A COVID-19 risk management plan was in place and a pictorial guide was available to people to inform them about the pandemic.

#### Staffing and recruitment

- The provider carried out pre-employment checks on new staff. We reviewed 3 staff employment records and found DBS (Disclosure and Barring Services) checks had been obtained. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Whilst pre-employment reference checks on staff had been completed, references had not always been obtained from previous employers. For example, 1 staff file recorded a 'good friend' giving a reference. Following our feedback about this to the registered manager took immediate action to address this. Other files reviewed contained references from previous employers.
- There were enough staff employed to support people as planned. Where people were required to be supported by 2 staff, this took place. No one had experienced missed or late support from staff. The registered manager told us, "As most services are 24-hour, staff would not leave until the next staff arrived and if there was any problem, staff would contact me."
- The registered manager told us they had not faced recruitment challenges but ensured staff were recruited in advance of any new services being agreed with commissioners of care.

#### Learning lessons when things go wrong

- The registered manager told us lessons were learned from accident and incidents. Detailed individual incident analysis took place, which meant actions could be taken to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- At our last inspection we found improvements were needed to ensure people's care records contained important information related to the MCA. At this inspection we found care records and staff knowledge had improved.
- Staff worked within the remit of the MCA and understood the importance of gaining consent from people. People were supported in their own home and they were not restricted by staff in how they lived their lives; other than by agreed risk management plans. For example, 1 person's kitchen was locked by staff. This risk management plan had been discussed and agreed with the person and their wider multi-disciplinary team to promote the person's mental and physical wellbeing and they accompanied staff into their kitchen to prepare food and drinks.
- A staff member told us, "Every adult has the right to make his or her own decisions and must be assumed to have capacity unless it is proved otherwise. I need to gain consent for a person before providing personal care."
- Where people did not have capacity to manage their own finances, measures had been put into place in line with the MCA. A staff member told us, "[Name] has a deputy (appointee) in place for their finances."
- The registered manager understood their responsibilities to work with the Court of Protection when Orders were in place for people.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills they needed for their role. A relative told us, "[Staff's Name] is very good and helping [Person's Name] gain some confidence in going outside in the community."
- Staff received an induction and training and felt this gave them the skills they needed for their role. A staff member told us, "I completed mental health first aid which gave me lots of practical information." Another staff member told us, "I have received training in working with people who have autism and learning

disabilities, I use therapeutic intervention techniques to help people in crisis, following my training and the person's agreed risk assessment."

- Whilst staff were positive about the training, some felt there were provider-level delays to additional training to aid career progression. We discussed this with the registered manager who told us they were escalating the staff group's wishes to the provider and seeking local training providers who were able to provide funded level 5 management training for their aspiring staff members.

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. A person told us about their weight loss and how happy they were with this, and the support received from staff to achieve this.
- Staff knew people's likes and dislikes well and supported them with grocery shopping or accessing food banks. A person told us, "Staff take me to the food bank and to shops as well."

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

- Staff were able to give examples to us of when they would seek help and support from other healthcare agencies. Staff said they would report any concerns to the manager or if needed would contact district nurses or a person's GP on their behalf.
- Staff knew how to access emergency mental health support from NHS Crisis teams.

# 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.

At our last inspection we rated this key question good. At this inspection this has continued to be rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives gave positive feedback about the caring approach of care staff.
- Staff had a caring attitude. A staff member told us, "I have learned to be understanding and patient and put myself in the shoes of the people I support."
- The registered manager demonstrated a caring approach toward people, and visited them to gain their feedback. A person told us the manager talked with them on visits to their home and about any concerns they might have related to their mental wellbeing.
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity were respected. One person expressed a wish to be supported by female staff and this was met.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. One person wished to spend some time away from their home and staff team and stay in a hotel. A staff member told us about the risk management plans in place so this person could achieve this with staff on stand-by to support them if needed.
- Staff demonstrated an understanding of why people's independence was important and worked toward this using small steps. One person wished to manage their own medicines in the future but agreed with staff there were known risks to them related to this. Smaller steps were in place for this person to take their medicines when these were prepared for them by staff and they were involved in the ordering and collecting of their repeat prescriptions.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- At our last inspection we found improvements were needed to ensure people's involvement in their care took place and was recorded. At this inspection we found improvements had been made.
- People's needs were assessed prior to them receiving care and support from Praxis Care. The registered manager undertook an initial assessment which included gaining a detailed understanding of the person's needs from multi-disciplinary teams involved in people's on-going support.
- Staff understood the importance of personalised care. A staff member told us, "From my training I have learnt that each and every individual is different and to always support with a person-centred approach."
- Staff responded to people's needs. For example, one person liked to go out on walks. However, these were not always planned for but staff were responsive in going out to support the person on their walk.
- People had individual plans of care. A staff member told us, "The care plans are very in-depth and give staff a good overview of people's characters and what they struggle with."

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 had been assessed and was documented in their plan of care.
- Staff understood the importance of effective communication. A staff member told us, "A key element of supporting people is to communicate using the simplest word repeatedly with the person."
- The registered manager was in the process of discussing accessible format care plan styles with the provider to ensure these were in place for people where needed. Whilst further developments were taking place, people continued to be fully supported in discussing their care and support with staff and their multi-disciplinary support team.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were led by what activities people wished to do. Care plans provided staff with guidance around hobbies and interests and how to encourage people to engage with these.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints about the services they received. A

- relative told us, "I would always contact the manager if I needed to about anything I was not happy with."
- People were provided with an accessible format which told them how they could complain about something if needed.
  - The registered manager told us they used any complaints and concerns received as a way of learning to improve the services they provided.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection this rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture did promote high-quality, person-centred care.

At our last inspection the provider's systems and processes did not always effectively identify where improvements were needed. Quality checks had not ensured robust risk management was in place or that staff had the information they needed to reduce risks of harm to people. Opportunities for lessons to be learnt had been missed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection there had been significant improvements made by the registered manager in their oversight and governance of the services provided.
- The registered manager had recognised improvements had been needed to ensure staff employment files contained all the information needed. For example, they had taken action to ensure full employment histories were included.
- Audits and quality checks were undertaken on a daily, weekly, monthly, or annual basis. For example, care staff completed daily checks on medication, and these were spot-checked by the registered manager on their visits to services. Records we looked at were accurate.
- People's plans of care were reviewed on a monthly basis. This helped the registered manager used these to review any incidents or changed needs so actions could be taken to ensure new risk management was implemented where needed.
- Systems effectively identified and addressed any record keeping issues. For example, where omissions by staff were identified actions had been taken to address these. Where a medication error had occurred, action had been taken by the registered manager to reduce any reoccurrence of this.
- Competency checks on staff's skills took place. This included ensuring they were following their training on the safe handling of medicines.

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 aware of their legal responsibilities under the duty of candour. They told us, "Since the last inspection, when the registered manager had recently left and I had just stepped up to the manager role, there has been much learning by me and I hope you will find things have improved a lot."

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

- People and their relatives were asked for their feedback on the service they received. They told us managers phoned them and they were able to contact office staff if needed.
- The registered manager had a system in place for gaining feedback from people in the form of survey. During 2022, surveys had been sent to people and feedback analysed reflected people were satisfied with the service.
- Compliments from people and relatives had been recorded and reflected their satisfaction with the service received.
- Staff were positive about working for the provider. A staff member told us, "Praxis Care offers a lot of opportunities to staff. Office staff are very helpful and friendly. I think the organisation goes above and beyond for their staff and people they support."
- Staff felt verbal communication from the registered manager was good. However, some staff felt they would benefit from a less complicated IT system. The registered manager explained their IT system had only been in place for two months and they acknowledged there were some areas that needed changing. They told us they were due to attend an IT workshop to ensure the system met their service needs.
- An out of hours on-call system was in place to support staff. Some staff told us about challenges due to the system being a nationwide (England) on-call system. A staff member told us, "As the support is coming from all over England, there isn't always someone who knows the person." The registered manager told us about actions they so every person had a 'pen portrait' of key information that was accessible to any supporting on-call staff member, this reduced potential risks.
- The registered manager had recognised the need for support for themselves and discussed this with the provider. A position of deputy manager was being advertised at the time of this inspection.

Continuous learning and improving care; Working in partnership with others

- This inspection was in part prompted by information of concern shared with us from Ofsted. Ofsted are responsible for inspecting the care standards of children's home and had found failings with the provider.
- The registered manager told us learning had taken place within the organisation from the failings in the provider's children's services. The registered manager told us the provider had openly shared information so learning could take place and managers had attended a 2-day learning event on safeguarding people from abuse. The registered manager felt this had added to their knowledge on safeguarding people. This also showed the provider had taken opportunities for lessons to be learnt.
- The registered manager worked in partnership with other healthcare professionals involved in people's care. For example, contributing to multi-disciplinary team and crisis mental health teams working to support people's mental health wellbeing.