

Med Care Home Services Limited

Proactive Life - Birmingham

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:

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service:

- People were supported by staff who knew how to recognise potential abuse and who they should report any concerns to. People's care considered their risks and reduced the risk of harm and where required, had access to equipment to support them. People's medicines were managed safely and there were enough staff to meet people's social and care needs.
- People were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.
- People enjoyed positive relationships with the staff team and were treated with kindness and respect. People's independence was promoted by staff who encouraged them.
- People's needs and routines were known and supported by staff who ensured these were met and respected. People knew how to complain if needed, and were confident any comments or concerns were listened to and acted on.
- People and staff were happy with the way the service was led and managed and the provider worked well with external professionals to ensure people's needs were met.
- Service management and leadership was consistent and areas for improvements were identified. The manager gathered people's views and experiences and made any necessary improvements.
- We found the service met the characteristics of a "Good" rating; More information is available in the full report

Rating at last inspection: Good (report published May 2018)

Why we inspected: This inspection was brought forward due to information of risk or concern in relation to an increase in safeguarding notifications. During the inspection the provider and manager demonstrated they had acted to promote and protect people's safety.

Follow up: There will be ongoing monitoring

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

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.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Proactive Life - Birmingham

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 completed by one inspector.

Service and service type:

This service provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of applying to become registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people to ask about their experience of the care provided. We spoke with four members of staff, the manager and the nominated individual.

We reviewed a range of records. This included two people's care records and multiple medication records. Records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and the staff took steps to support people to keep them safe. One person told us, "Staff are always there in the building if you need them."
- People were supported to understand how to keep safe and to raise their concerns.
- The provider had reported abuse to the local authority and CQC when it had been identified.

Assessing risk, safety monitoring and management

- People were positive about how their risk or potential risks were managed and the steps they needed to take to minimise their risks. For example, associated risks with physical or emotional needs.
- Staff we spoke with knew the type and level of assistance each person required to maintain their safety.

Staffing and recruitment

- People had staff available to them when needed and as planned to meet their needs.
- People's hours of care were reviewed by the registered manager to ensure there were enough staff to meet people's care needs.
- Staff told us and files we looked at demonstrated, checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- Staff worked closely with people to make decisions about medicines. People were then involved in the management and administration of their medicines. One person told us, "I do all my own [medication], ordering and storing the whole lot."
- People were supported, and staff looked for new ways to promote independence. This included supporting people to manage their own prescribed or over-the-counter medicines and continually assessing this with people to ensure they remained able to do this.

Preventing and controlling infection

- People told us their homes were kept clean by them or with staff support.
- Staff told us they observed and practiced good food hygiene and ensured people's homes were of a good standard to help reduce the risk of infection. Staff told us there was personal protective items such as gloves and aprons for them to use.

Learning lessons when things go wrong

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team so they could be reviewed.

- The manager looked at how or why the incident occurred and whether a referral to other health professionals was needed. The manager learned from any untoward incidents, and records showed people's risk assessments had been updated in their care plans.

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 were asked about their needs and choices with the management team before moving to the supported living scheme.
- The manager completed an assessment of people's care needs to assure themselves they could provide the care needed.

Staff support: induction, training, skills and experience

- People were happy staff understood their care needs well and could provide the care they wanted and needed.
- Staff received an induction when they first began working at the service. Training had been provided to help staff understand and meet people's needs.
- Staff were supported in their role through staff meetings and individual discussions with their managers about their learning and development needs.

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

- People were supported to access food and drinks in line with their needs and choices. One person told us, "Staff can support me [meal preparation] if I need it."
- Staff knew who needed support and monitoring in order to ensure they had enough to eat and drink. Staff offered healthy eating guidance where people required assistance with their meals planning.

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

- There was a consistent staff team who reviewed people's care needs and adjusted the care plan accordingly when support needs changed.
- When people attended any appointments staff were able to offer support, for example, hospital appointments.
- Opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs. The provider also employed a psychologist to support people, one person told us, "I have had three years support from the psychologist, it's good and once a week."

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.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.

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 in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care and staff had developed positive relationships with people. One person was very proud they now, for the first time lived in the community and how staff had supported them to achieve this.
- People's well-being and happiness was promoted. The risk to some people of experiencing social isolation was recognised by staff and addressed where it could be.
- Staff told us about signposting people to different groups and charities they could contact for support.

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

- People were supported to express their views and were actively involved in decisions about their care.
- The service engaged with people through regular reviews of their care. The service asked for people's feedback through regular surveys and questionnaires. One person told us, "I have my care plan which staff write in and I read this."
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported and their choices listened to by staff.

Respecting and promoting people's privacy, dignity and independence

- People's differences were respected and they were supported to maintain their identity and personal appearance in accordance with their own wishes.
- Staff understood equality, diversity and human rights issues, and staff were aware of the provider's anti-discrimination policy.
- People's confidentiality was respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.
- People's private information remained secure. Care documentation was held confidentially and systems and processes protected people's private information.

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 meet people's needs, preferences, interests and give them choice and control

- People were at the centre of care planning and were involved in the process. Where appropriate, relatives and advocates were consulted. Care plans were formally reviewed every six months, and the provider also undertook quality assurance visits.
- People said they had support plans in their homes and these included risk assessments which identified how the risks in their care and support were minimised.
- People's care plans were personalised and reflected people's needs and choices. For example, one person's care plan was detailed in respect of their background and staff were aware of the person's history.
- Staff told us they recorded and reported any changes in people's needs to their managers. Their managers listened to them and took action immediately.
- People spent time in their apartments or going out in the local area. Social activities such as bar-b-ques and coffee mornings had been arranged to support people's social needs
- The service identified people's information and communication needs.. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and included in care plans. These needs were shared appropriately with others. The manager told us they were able to provide information, including the service user guide, in any language or pictorial format to meet the needs of people.

Improving care quality in response to complaints or concerns

- People told us they had seen information about the service's complaints policy and were very clear about who they would talk with if they had any problems or difficulties.
- Where people needed to raise concerns, the provider remained responsive. The providers complaints procedure was available for people and their relatives., There had been no recent formal complaints in relation to care and support.

End of life care and support

- Staff had a good understanding of what care and support people might need as they were approaching the end of their life. Where required, end of life support plans were created which gave people the opportunity to express their preferences.

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 high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us their wishes were at the heart of the service. The management team focused on people's happiness, health and wellbeing and these were at the forefront of the support given. One person told us how the care provided had impacted so positively on their well-being.
- People expressed great satisfaction with the leadership at the home and said it was managed well.
- There were consistently high levels of constructive engagement with people and staff from all equality groups.
- The provider and registered manager were committed to providing an excellent person-centred service for people.
- There was a strong framework of accountability to monitor performance and risk, leading to the delivery of demonstrable quality improvements to the service. The provider and managers saw this as a key responsibility.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Continuous improvement was underpinned by a range of audits in place which focused on positive outcomes for people. Any identified improvements were put into place in a timely way to improve people's quality of life.

The registered manager and provider spent time with staff and people who used the service. The provider and registered manager used their comprehensive knowledge of people's needs when planning further the development of care.

- The management team together delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care.
- Staff told us learning from concerns and incidents contributed to continuous improvement. Involving people in decisions following incidents, such as in house nursing and psychologist support was embedded.

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

- The views of people who used the service were used to as quality monitoring and assurance arrangements.
- People said they were consulted in the way their care and support was delivered.

- The providers constantly communicated with staff directly, attended meetings with them and took an interest in them as an individual.
- People held and led regular meetings to discuss the care and support which included group activity suggestions.

Working in partnership with others

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences. For example, with the local school and hospice.
- Social workers, commissioners and professional were welcomed and very positive feedback had been received.