

Praxis Care

West Midlands Supporting Living Service

Inspection report

184 Franche Road
Kidderminster
Worcestershire
DY11 5AD

Tel: 01562745963
Website: www.praxiscare.org.uk

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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

West Midlands Supported Living Service provides care and support to four people living in two 'supported living' settings, 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. There were four people receiving care and support at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place 20 June 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because we needed to be sure someone was available.

West Midlands Supported Living has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People continued to be kept safe with the care they received from the staff who supported them. Staff demonstrated good knowledge in how they were to protect people from harm, they recognised the signs of abuse and knew how to report this. The registered manager had identified potential risks to people and had put plans in place to support staff. This was to reduce the risk to people without taking away people's right to make decisions about their care. There were enough staff to support people's care needs. People were supported with their medicines in a safe way. Staff understood the importance of reducing the risk of infection to keep people safe.

People's care continued to be assessed and reviewed with external healthcare professionals involved from the start. People were supported to have a healthy balanced diet. Where people required additional support with their eating and drinking staff knew who required this support. People 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 support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people.

People were treated well which had a positive impact on their well-being. People and relatives felt the staff team were kind and friendly and treated them with respect. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People received personalised care which met their needs in a timely way. People were supported to

continue with their hobbies and interests which promoted their independence and confidence. People had access to information about how they could complain about the service. Where the registered manager had received complaints, these had been responded to, and was working towards a solution to resolve this.

The provider met people in their homes to understand if they were happy with the support they received. Relatives had the opportunity to raise their suggestions and ideas about how the service was run. Staff said they felt all worked well as a team and supported by the provider to carry out their roles and responsibilities effectively, through training and daily contact with the registered manager. Staff felt involved in the service and said they felt able to share their ideas about the way in which the service was run. We found checks the registered manager and the provider completed on the service focused upon the experiences of people.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

West Midlands Supporting Living Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the provider 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 20 June 2018 and ended on 22 June 2018. The inspection included speaking with people, relatives and staff and external health and social care professionals. We reviewed care records and policies and procedures. The inspection team consisted of one inspector.

The inspection was informed by feedback from questionnaires completed by a number of people using services. This complimented staff on their caring support offered to people. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the Local Authority and Healthwatch to understand if they had any relevant information to share with us.

We used information the provider sent us in the Provider Information Return. This is 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 spoke with three people who used the service and one relative who supported their family member with the management of their care. We spoke with five support workers and the registered manager. We spoke with two health and social care professionals who are involved in people's care. We looked at aspects of four people's care and medication records. We also looked at staffing rotas, complaints, incidents and accidents and checks of records completed by the registered manager and provider.

Is the service safe?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

All people confirmed they felt safe with the staff who supported them. We could see the interactions between people and staff were comfortable and relaxed. We spoke with staff about how they kept people safe from harm. Staff shared examples, such as ensuring the windows and doors were secure before people went to bed. Staff knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations. The registered manager worked with external agencies to ensure people were being kept safe from harm when concerns had been identified.

Staff were able to explain to us about potential risks for people they supported. For example, staff knew how to keep people safe while they were out in the community by supporting them at all times. A person told us they enjoyed going out with the staff. We saw there were clear plans of how each person was to be cared for and how they were to be supported.

Staff told us there had been a period of time where staffing levels were not always safe, and on some occasions they had lone worked on weekends when there should have been two staff. Staff told us this had since improved as the registered manager was actively recruiting and new staff were beginning to start work. The registered manager told us that agency staff were used, but ensured these were consistent agency staff who knew the people well. They also explained to us there was an additional staff member who worked between the two homes, and should a staff member be absent from work at short notice, they had a staff member who was available to cover the shortfall. The registered manager knew the people who used the service, their support needs and skill mix of their staff. We found that there was a good skill mix of staff on duty at the time of our inspection.

The relative we spoke with felt the medicines were managed in a safe way. Staff assisted people with their medicines and had a good understanding about the medicines they gave people and the possible side effects. We saw medicine records which were clear and completed in line with the provider's policy. We were unable to check the storage and stock control of medicines to see if these were managed in a safe way, however an external healthcare professional told us that people's support for their health and medicines were well managed by the staffing team. Where there had been a medicine error the registered manager had notified us of this, and we saw additional training and competency checks had been put in place to help prevent a further occurrence. The registered manager had contact the person's doctor to ensure the person was not at harm.

People and a relative did not raise any concerns with us about the cleanliness of their home. Staff told us they shared the cleaning tasks and had sufficient equipment such as gloves and aprons when required. Staff told us they had received training in food hygiene and infection control. The registered manager told us they

carried out spot checks of their staff to ensure they were following best practice in regard to preventing infections.

We were unable to review the safe recruitment of staff as these records were held in the provider's office.

Is the service effective?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People had used the service for a number of years and were involved in assessments of their care which covered different topics such as their interests and hobbies. A relative told us that staff knew their family member well and knew how to support them in the right way. We saw assessments of people's care was ongoing and where people's health needs had changed the provider had involved family members and health and social care professionals to ensure the person was receiving the right support and that the service could continue to meet their needs.

People confirmed that staff supported them in the way they preferred. A relative told us staff understood their family member's care needs and how to support them in the right way and were confident in the staff's knowledge and abilities. A relative told us their family member had a specific health condition and staff were aware of this and how to respond so this affect their health.

Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for. Staff told they had completed training for supporting people who displayed behaviour that challenged so they could ensure the person did not come to harm and staff were also protected. Staff told us they all worked as a team and had handover of information at each shift.

People were supported by staff with meal planning, shopping and preparation. People were supported by staff to prepare their meals and were offered choices of healthy foods they enjoyed eating. Staff shared with us people's preferences for food and confirmed that while people did not require a specialised diet they ensured they had a varied and healthy diet. We saw from people's care records that their weight was monitored regularly and this was stable.

One person we spoke with confirmed they were supported to see their doctor if they became unwell. Staff told us people were supported to their doctor each year as part of their health action plan. One staff member said, "The doctor said people's physical health is good. Everyone had their annual health check and the doctor is happy, said they were perfect." Staff told us how they supported people to chiropodist, audiology and the opticians. One person signalled to us that they had recently been to the opticians. A health care professional told us, "Staff members at the service have a good overview and understanding of the service users health needs and liaise appropriately for advice and support with a wide range of health and social care professionals in order to achieve the best possible health outcomes for their service users."

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 felt happy with the support offered by staff. A relative told us staff supported their family member the way the person preferred and respected the person's wishes. Staff understood people's non-verbal signs when they were happy to do something or when they refused and respected the person's choice. Where people lacked capacity to make specific decisions about aspects of their personal care relatives and external healthcare professionals were involved so that the care provided reflected what was in the person's best interests.

Staff were aware who may have a restriction in place and how this affected their care. The registered manager had recognised where they may be restricting people's liberty and had made applications for approval to restrict the liberty of people who used the service.

People lived in their own homes where people told us they had the items they needed. A relative told us their family members home was adapted to the person's needs, and had recently been refurbished and new furniture had been bought. Staff told us people had their own bedrooms, kitchen and living room area and other people living in the home respected the person's privacy.

Is the service caring?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they liked the staff and confirmed that staff were kind towards them. One person told us about the staff they liked and were happy when they knew they were working. A relative said to us the staff were supportive and brought out the best in their family member. There was a strong, person centred culture and people's wishes and choices were respected by staff. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible.

Staff spoke about people with and shared their knowledge of what they knew about people. Staff told us that with this understanding they could provide the right care which reflected each person's preferences. For example, staff told us they supported two people to the hairdressers and beauty salons to have their nails painted and enjoy a facial. Two people told us they enjoyed these experiences. Staff interactions with people were kind and respectful. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. A relative told us how their family member was supported to stay in touch with their friends. The relative told us they were welcome to visit their family member at any time with the person's consent.

During our time with people and the staff who supported them we saw they promoted their dignity. A relative told us their family member always looked well presented in clothes that were in line with the person's preferences. They continued to tell us how their family members personal space was respected and their living areas were decorated to the person's own tastes and was furnished with their personal belongings which reflected their interests. All staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information unattended where people who were not authorised to do so could read it.

Is the service responsive?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

A relative who was involved in their family members care told us that where appropriate they were included and felt listened to. People were supported by staff to maintain their interests and hobbies. A relative told us how their family member enjoyed watching the soaps on television. They explained staff had supported the person to visit the set where the programme is made. They told us how special this was to the person and how they treasured the memorabilia from the trip. Another person told us how staff supported them to visit their friend when they wanted. Other people told us they enjoyed going to the beauty salon for relaxing massages or the hairdressers to get their hair cut. Staff told us they supported people to go on holiday, they explained for one person it was about going a little further afield each time, to ensure the person was comfortable and relaxed about being in a different area they were not familiar with.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as picture books, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board.

Staff had good communication between each shift and were aware of any changes that had happened or may be happening for each person. Staff knew people well and recognised when they were not themselves. A healthcare professional told us, "When [person's name] recently had a period of quick onset poor health, staff responded swiftly and appropriately to ensure the person received the medical support [they] needed at hospital." They continued to tell us how staff had stayed with the person continually during their stay in hospital to minimise any distress that this may have caused the person. They told us how staff communicated well with the person doctor and Community Nurse to ensure the person's health continued to be monitored and reviewed.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. The relative told us they knew how to raise a complaint if they needed to. The provider shared information with people about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format suitable for people who used the service. We looked at the provider's complaints since our last inspection and found two complaints had been received, one of these was from a person who used the service and had been supported to raise a complaint. The registered manager acknowledged these complaints and was working towards a solution to resolve the concerns raised.

There were no persons who were need end of life care support. Staff told us that where there had been a person whose health had declined, they ensured they met the person's needs as much as possible. They

told us they recognised they were not able to continue to meet the person's needs and worked with the person, their family and healthcare professionals to ensure the person was cared for in the right type of service that had the equipment the person needed.

Is the service well-led?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People and relatives felt happy with the way the service was run and could not think of other ways to improve this. The registered manager told us that meetings involving all people had not been possible, but they made time to see people and speak to relatives.

Staff said they all worked as a team and supported each other. Three staff told us they felt the registered manager was supportive and communicated well with them. They told us they had opportunities to discuss different aspects of the service were useful, but also had daily communication. Staff had felt able to approach the registered manager about any concerns they may have, and we found the registered manager had listened and were working towards addressing staff's concerns. Staff told us they enjoyed working in their role and felt. One staff member said, "We have a good staff team, it's very supportive here."

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They visited people and would ask if they were happy with their support. They said this gave them an opportunity to see how their staff interacted and supported people. They showed us other checks that they had in place, such as spot checks of care records and spot checks of staff performance to ensure that appropriate and timely actions were being taken.

The provider checking systems took into account the experience's people had. The provider had spent time with people and staff to ensure they were happy with the service and the way it was run. Where the provider had identified an area to improve, such as 'as required medication' needing further detail to support staff, this had been addressed these. We found that where shortfalls had been identified these were responded to by the registered manager.

The registered manager understood the requirements of their registration. They submitted statutory notifications to us where this was required. The previous rating was displayed in the office should visiting people, relatives and staff wish to view.