

Med Care Home Services Limited

Proactive Life - Birmingham

Inspection report

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Birmingham
West Midlands
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24 July 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Proactive Life 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. Care is provided in across three linked houses with individual flats. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection four people were receiving personal care and support.

People's experience of using this service:

We identified concerns about how risks were recorded and reviewed to keep people safe. We found that although staff were aware of the risks posed to people, these risks were not always formally reviewed and recorded to ensure that people were safe.

Systems to monitor the quality and safety of the service had identified the areas for improvement such as medicine management, care plans and staff training and supervision. However, systems had not been effective at improving the quality of the service.

There were enough staff to support people as required, however we found improvements could be made in staff recruitment to ensure robust recruitment processes.

Medicine management to ensure people received their medicines as required needed improvement. The provider had identified this, and further staff training had been arranged.

Staff felt support to the staff team could be improved but acknowledged that management changes had been made. Some staff we spoke with felt that recent changes had started to make improvements in the way the service was run.

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

Rating at last inspection:

The last rating for this service was Good (report published 27 March 2019)

Why we inspected:

We received concerns that indicated people were not receiving safe care and treatment. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

After the Inspection:

We received information detailing further concerns around people's safety, record keeping and staff training. We have asked the provider to investigate these concerns and we will continue to monitor the service.

Follow up:

We will continue to monitor the service through the information we receive 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 as part of our regulatory functions. This inspection checked 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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Proactive Life 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 provider is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager had left the service and was in the process of de-registering. One of the provider's operations managers was covering the service in their absence and a new permanent manager had been appointed and was due to start in September 2019, when the provider advised they would apply to CQC to become the registered manager.

Notice of inspection

This inspection was unannounced and took place on 24 July 2019.

What we did before the inspection

We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We saw two people using the service and spoke with one person and one relative who was visiting on the day of our inspection. We spoke with the operations manager who is the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the operations manager and two members of staff at the service. We also spoke to four members of staff by telephone.

We looked at the care records for two people, four staff employment related records and records relating to the quality and management of the service. We reviewed further information you sent us following the inspection including staff training dates and the service management plan.

Details are in the Key Questions below.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Some regulations were not met.

Assessing risk, safety monitoring and management

- We received concerns prior to the inspection that risk management systems at the service were poor and that people were not provided with safe care and treatment. At the inspection, we identified concerns about how risks were recorded and reviewed to keep people safe. We found although staff were aware of the risks posed to people, these risks were not always formally reviewed and recorded to ensure that people were safe. One member of staff said, "If I want to look at changes [to people's care] I look in daily notes. Care plans are not updated." For example, we saw that where one person was at risk of choking and required a specialist diet, the required daily record of their food intake had not been completed as required by staff and clear guidance on foods that had been assessed as safe was not given in the person's care plan.
- Risk assessments did not give sufficient detail about how staff should act to keep people safe. For example, where one person was supported with the care of two staff, it was not clear how this support should be given. We saw a concern had previously been raised, however, the care plan had not been updated to give sufficient detail to staff to provide safe and consistent care.
- The training matrix showed that training to give support in a safe way, for example, moving and handling training, health and safety and fire safety training was overdue for some staff. We saw the provider had arranged a number of training sessions over the summer period to provide training for staff.

Learning lessons when things go wrong

- Lessons were not always learnt from incidents to reduce the risk of re-occurrence. Although the provider had systems in place to look at incidents for each person to identify trends; there was no overall management of the information. For example, we found that where action had been taken for one person to move flats to support their safety, the provider had also temporarily increased staff support to the person to support them through this change. However, the person's care plan had not been updated to reflect the change and there was no record of lessons learnt from the incident for example, how this would be picked up in future and action taken in a more timely way. Two staff told us that meetings were not held following incidents to discuss lessons learnt.
- The provider's audit of accident and incidents showed that improvements were required. For example, the audit shows in all four of the records checked in June 2019 the manager's investigation form been not been completed.
- The provider had a lesson learnt document in place to share learning across the group of services.

Staffing and recruitment

- We looked at four staff recruitment files. We found improvements could be made, for example, the inspection found gaps in employment history in two files had not been not addressed and provider had not ensured a reference was requested from the person's most recent employer in one file. We also saw that where a risk assessment was required for one member of staff, although this had been identified on 14 June 2019, the risk assessment had not been completed until 24 July 2019 (the date of the inspection).
- Staff told us there were enough staff to support people as required. One member of staff said, "People are safe there are enough staff to give people their allocated hours." When staff were on leave the provider used agency staff to cover. Staff and the management team told us that regular agency staff were used to ensure consistency of care. We saw that the provider had recently increased the staffing team to support people.

Using medicines safely

- Where people received support with their medication, staff told us they knew how to safely administer these. However, the provider's audit records showed the medicine management needed improvement. For example, the provider audits identified a number of gaps in records and where medication had been refused a record of this had not always been completed. In response to their audit findings the provider had arranged medication training for staff.
- We looked at medication records for the week prior to the inspection, we saw gaps for one person therefore we could not be assured they had received their medication as required. A check of medication indicated the medication had been administered. The manager advised they would address this directly with staff.
- We saw that guidance for PRN (as required medication) were in place but these were not person centred and could be improved to give more detailed guidance to staff. For example, they could contain more information on how each individual person would express their pain.

Systems and processes did not support the safe care and treatment of people. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with demonstrated a good understanding of the types of abuse people could be at risk from.
- Staff told us they were confident to report any concerns with people's safety or welfare to the management team or with external agencies. Staff said they were confident that action would be taken. Staff also told us the provider had a whistleblowing policy which could be used.

Preventing and controlling infection

- We received mixed feedback from staff about the availability of personal protective equipment such as gloves and aprons. Whilst some staff told us gloves were readily available, two staff told us stocks of gloves were limited and staff had to ask the management team when these were needed. On the day of the inspection we saw gloves were available when required.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Continuous learning and improving care

- The provider had quality assurance systems in place, however they were not fully effective as they had failed to ensure action had been taken in a timely way to address the areas requiring improvements.
- We saw that the service audits identified areas for improvement in several areas for example, care plans, medication and staff training all identified that requirements were required to meet the providers required levels. In response to the audits the provider had put a service improvement plan in place, however some of the actions were not in place at the time of the inspection. For example, we saw the provider care planning audit for June 2019 highlighted that care plans had not been reviewed at appropriate intervals. The provider showed us that a new format of care plans had been developed and discussed with visiting healthcare professionals, however these were not in place at the time of the inspection.
- Systems in place monitor and audit the staff recruitment had failed to identify gaps in employment history in two files and that a reference had not requested from the staff member's most recent employer in one file. Systems had also failed to ensure a staff risk assessment was completed in a timely way.
- Staff told us they felt the service could be improved. One member of staff said the care provided was, "Adequate," whilst another member of staff said, "More could be done for clients [people]."

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

- Staff told us they did not receive regular supervision. One member of staff said, "I couldn't tell you when I last had supervision. It should be more often." We asked the provider about this, they acknowledged that staff supervisions needed improvement. We saw a provider audit that identified this. In response the provider had arranged a new schedule of supervisions.
- Staff gave us mixed feedback about the support they received from the management team. Three staff told us they felt the improvements were required in the support to staff. One member of staff said, "We've [staff] not had a registered manager for a while therefore we go to team leaders, but they are busy, so support is not there sometimes."
- Some staff we spoke with felt that recent changes had started to make improvements in the way the service was run. This was acknowledged by the provider who advised us of recent management changes which were yet to be fully embedded.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory

requirements

- The provider audit of staff training, and supervisions showed that these both needed improving and did not meet the provider's required levels. For example, the audit of staff training in June 2019 showed the service had not attained the provider required training levels of over 85%. We asked the provider about this, they showed us that following the audit a number of training courses had been arranged in response.
- All staff we spoke with told us there had been a number of changes in the staff structure. Three staff commented that the service needed stability in order to embed changes. One member of staff commented, "There's been new managers and trouble is a new manager equals new rules.The service needs stability in the managers."
- The current CQC rating was displayed within the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The providers systems had not been effective at improving the quality of the service. This is a breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had sent a service user questionnaire to all people living at the service in December 2018. The response rate was quite low (25%) but did show that some people rated areas such as how they were treated by care staff and their ability to talk to the management team, as areas that needed improving. In response an action plan had been put in place, we saw for example a new easy read welcome guide had been developed. However, at the time of the inspection we were not able to fully assess if the action plan had been effective in addressing the issues highlighted in the questionnaire.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations such as GP's, and community mental health teams to support care provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes did not support the safe care and treatment of people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems had not been effective at improving the quality of the service.

The enforcement action we took:

We have issued a warning notice.