

Med Care Home Services Limited

Proactive Life Midlands

Inspection report

46 Park Avenue
Hockley
Birmingham
West Midlands
B18 5NE

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Proactive life is a supported living service with 36 self-contained flats people rent. The service offers personal care to adults of all ages with a learning disability/autism or mental health needs. Personal care was provided to three people at the time of the inspection. People's flats are within a complex of three attached houses. The service is on a main road in a residential area in Hockley.

Not everyone who used the service received personal care and 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

Systems and processes to keep people safe were in place, staff understood and knew how to use these. Risks to people were assessed and control measures to mitigate risks were detailed and known by staff. People's medicines were safely managed and administered as prescribed.

There was a new management team who maintained and developed their oversight of the service delivery through robust audits and involvement of staff and people in the way care was provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People lived in their own homes and were supported and involved in all aspects of their care so far as was possible. People were supported to develop confidence and live as independently as possible. Staff did not wear anything that suggested they were care staff when supporting people.

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 Requires Improvement (published 13 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's safety in relation to finances and medicines management. A decision was made for us to inspect and examine those risks.

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 Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Proactive Life Birmingham on our website at www.cqc.org.uk.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Proactive Life Midlands

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 Care Act 2014.

Inspection team

This 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received information of concern from whistle-blowers, the local authority and professionals who work with the service prior to the inspection in respect of people's safety. 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 used all of this information to plan our inspection.

During the inspection

One person who used the service consented to speak with us. We spoke with five members of staff including the operations manager, the registered manager, the new manager and two carer staff.

We reviewed a range of records. This included three people's care records and medication records. Two people's finance records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives about their experience of the care provided and one professional who supports a person receiving the service.

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 Requires Improvement At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding and whistleblowing systems which the staff knew how to effectively use.
- Staff received training to know how to safeguard people from abuse; they understood how to recognise abuse and action to take. One staff member told us, "We have a duty of care to support people and ensure they are not a victim of any type of abuse. If I saw someone being abused, I would report it."
- Relatives we spoke with told us people were safe. One relative told us, "[Person] is safe, the staff are great and provide [person] the care they need."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Our last inspection found the control measures in risk assessments to keep people safe was not consistently detailed in everyone's records. At this inspection we found control measures to reduce risks to people were consistently detailed in all risk assessment records we viewed.
- Staff we spoke with understood the risks to people and how to mitigate against them. A staff member told us, "[Person] is vulnerable, is at risk from others and would not see dangers."
- Where risks to people changed, assessments were reviewed and updated. For example, risks to one person in the evenings had changed and control measures to reduce these risks had been implemented by the registered manager.
- Our last inspection found the providers systems to learn from incidents had not been embedded. At this inspection we found the providers systems to reduce the likelihood of incidents reoccurring had been embedded and managers had oversight of incidents which they communicated to staff.

Staffing and recruitment

- Staff and relatives told us there was enough staff to meet people's needs and keep them safe though there was a high turnover of staff. One relative told us, "There are enough staff though they have had a lot of new staff." A staff member told us, "We have enough staff to meet people's needs, we are not short of staff."
- The provider continued to recruit staff safely through the requirement of references and applications to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

Using medicines safely

- Our last inspection found a concern with medicines not being ordered in time which resulted in gaps. This inspection found people's medicines were ordered timely. The registered manager told us since our last inspection a small group of staff have been specifically allocated and trained to order and administer

people's medicines, this had been successful in preventing errors when ordering medicines.

- Peoples medicines were managed safely by staff trained to administer medicines. Records of people's medicines were recorded electronically and administered timely.
- People's records detailed how they preferred to take their medicines including clear protocols for medicines as and when needed.

Preventing and controlling infection

- Staff received regular training in infection prevention control, had access to and knew how to don and doff personal protective equipment (PPE) to help reduce risk of infection.
- The provider had an up to date policy for infection prevention and control which included the very latest government guidance. We saw staff wore PPE in the course of their duties. For example, all staff always wore a face mask.
- The registered manager ensured regularly testing for COVID-19 was carried out to minimise and reduce the possible spread of infection.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff we spoke with told us they enjoyed working for the organisation. One staff member told us, "I love it here, I like helping people; I feel I am making a difference in people's lives." Another staff member told us, "The environment is comfortable and there is good communication."
- Relatives we spoke with told us people achieved good outcomes and worked towards greater independence. One relative told us, "[Person] is much happier and more engaging since moving to Proactive Life. Proactive has been integral in developing [person's] independence."
- The management team had a clear goal to support people to be empowered and to be as independent as possible. The registered manager told us how they are supporting people to learn new skills, to self-medicate and shop for themselves where appropriate.

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 provider and registered manager understood their legal responsibility in relation to the Duty of Candour to submit statutory notifications relating to key events when they occurred at the service and to act in an open and transparent way with people in relation to the care and treatment they received.

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

- Our last inspection found governance improvements were required to ensure oversight of medicine records, care records through a dedicated audit and more in-depth analysis of incidents. At this inspection we found oversight had been improved in each of these areas through improved audits and audit scheduling which improved oversight of service delivery.
- There was a new management structure within the organisation with the appointment of a new manager who had commenced the process to register with CQC, a new operational manager had also been appointed to provide additional management support.
- The management team ensured all staff received one-to-one supervision regularly. One staff member told us, "I have regular supervisions, the managers deal with issues efficiently and effectively."

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

- People were involved in the care they received and how their needs were met. For example, one person

wanted to manage their own medicines and were being supported by the organisation to work towards achieving this.

- We saw staff communicate effectively with people using their preferred communicative methods and support people to express their views to be involved in the care they received.
- Staff told us they felt involved, listened to and could approach the management team when they needed. One staff member told us, "We have meetings and surveys, but we can speak to the manager at any time."

Continuous learning and improving care

- We found the systems developed by the management team following our last inspection had been embedded into practice and developed to provide oversight of the service delivery.
- The provider was preparing to introduce a digital medicine system to further improve their oversight of the administration and recording of people's medicines.
- The provider was in the process of introducing new digital care planning and daily recording systems to further ensure people's needs were met while independence was promoted as much as possible.

Working in partnership with others

- The registered manager ensured the service worked with external professionals to promote healthcare including district nurses and GP's.