

My Carer Ltd

My Carer

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected My Carer on 11 May 2015. My Carer is a domiciliary care agency providing support and care to people in their own homes living in the Wantage and Faringdon area of Oxfordshire. This was an unannounced inspection. This service was last inspected in October 2013 and it was meeting all the essential standards reviewed.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection, the service was applying for a shared registration with another senior member of the team.

Risks were identified in relation to people's support needs, and staff we spoke with understood these risks and what action to take to mitigate them.

Summary of findings

People told us they felt safe. Care staff had a good understanding of safeguarding and what action they would take if they suspected abuse.

Peoples medicines were managed in line with their assessed needs and staff received appropriate training and guidance in order to meet those needs.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training, supervision and support from the registered manager.

People described staff as caring. Staff went the extra mile to support people they cared for. Staff we spoke with clearly valued their relationships with people. People

were kept well informed of what was happening in the service and directly in relation to their care. There was a culture within the service that prioritised compassion, dignity and encouragement of independence.

People needs were assessed and these assessments were used to develop support plans with the involvement of people. Care plans were regularly reviewed and when people's needs changed the service responded in a timely manner.

People, their relatives and staff spoke highly of the leadership of the service. All described the service as well led. There was a positive person centred culture within the service that was kept under regular review by the manager. The service put people first and wanted to deliver outstanding care. The manager went the extra mile to ensure staff felt valued.

Summary of findings

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.

Risks associated with people's needs were documented and staff understood what actions to take to keep people safe.

Staff had a clear understanding of safeguarding and what to do if they suspected any form of abuse.

Medicines were managed in line with people's assessed needs.

Good



Is the service effective?

The service was effective.

Staff were well trained and supported through regular supervision.

People were supported to access appropriate healthcare when required.

People benefited from a culture that understood and embedded the Mental Capacity Act 2005 regarding decision making. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time.

Good



Is the service caring?

The service was caring.

People and their relatives described the staff as caring; many described their care as "Excellent" or "Outstanding".

Staff we spoke with valued their relationships with people they supported and regularly went the extra mile.

People benefited from a culture that kept them informed and encouraged their independence.

Outstanding



Is the service responsive?

The service was responsive.

When people's needs changed the service responded and accessed appropriate professional advice and guidance.

People's feedback was valued and used to improve their care and the service as a whole.

People at risk of social isolation were supported to gain confidence and access the community.

Good



Is the service well-led?

The service was well led.

The manager was consistently described as outstanding with a deep commitment to the service and people they supported.

Good



Summary of findings

Systems were in place to monitor the quality and safety of the service.

The manager created a culture that valued staff and encouraged people to be involved in the service.

My Carer

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 checked whether the provider was 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.

This inspection took place on the 11 May 2015 it was unannounced. The inspection team consisted of two inspectors and an expert by experience (ExE). An ExE is somebody who has experience of using this type of service.

At the time of the inspection there were 75 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with 15 people who were using the service and three people's relatives. We spoke with six care staff, two care coordinators and the registered manager. We reviewed six people's care files, records relating to staff supervision, training, and the general management of the home.

Is the service safe?

Our findings

People we spoke with felt safe. Comments included: 'Completely safe'; 'Very safe, friendly and very good'; 'I get the same set of carers I feel very safe'; and 'I feel safe, the carers are excellent.

People had support plans in place which clearly detailed their support needs and risks associated with these needs. Staff we spoke with had a good understanding of what actions to take to mitigate the risks in relation to people's needs. For example, staff we spoke with in relation to people at risk of pressure sores knew what to observe and what action to take if there were concerns. We noted that written guidance was not always in place for manual handling support and tasks delegated by district nurses, however immediate action was taken to resolve this. The service researched and developed clear pictorial guidance which was put into people files. In addition the service also now have two staff trained to deliver manual handling training internally.

People and staff benefited from environmental risk assessments that identified risks in their environment along with guidelines to manage those risks. There were emergency plans in place in the event of incidents that may impact on the service's ability to deliver people's planned care.

People were receiving care from adequate numbers of care staff. There were no staff vacancies, however the registered manager told us the service was still recruiting staff, "In case there are times when lots of people are off at the same time, you never know". There were no missed visits and people we spoke with felt that staff took their time and did not appear rushed.

Staff had knowledge of the different types of abuse and signs of possible abuse. Staff we spoke with could tell us what action they would take if they suspected abuse. Staff also knew the arrangements for alerting external agencies such as local authority safeguarding and the Care Quality Commission. For example one person was at risk of financial abuse, the provider took immediate action to protect this person by raising an alert to Oxfordshire safeguarding adults team. We also reviewed other occurrence where action had been taken when abuse was suspected to ensure people were protected.

People's support plans clearly indicated if they took prescribed medicines. The majority of people we spoke with were responsible for their own medicines. One relative described how medicines were given to their relative, 'They record everything in the care record.' Another person told us, 'They [staff] give me my tablets and record it in my book.' Where specialist medicines were required such as warfarin or prescribed creams, staff were trained as competent by the appropriate professional. The registered manager had designed information leaflets for staff to carry around with them regarding medicines. The registered manager told us, "I don't think the standard ones were clear enough so made my own".

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff were entitled to work in the UK.

Is the service effective?

Our findings

People we spoke with told us staff understood their needs. People said, “Staff understand me, they’re nice” and “Yes I am supported well”. Relatives also told us that staff were knowledgeable and well skilled. Comments included, “Staff know my sister really well, some have known her many years and are well skilled, couldn’t be happier” and “Staff stay for a long time, this means they know my relative inside out and always look like they know what they are doing”.

People we spoke with felt that staff are well trained. One person in particular, described the training as, “Excellent” as “the staff are so confident and skilled”. Staff we spoke with showed a good understanding of the importance of seeking consent. People we spoke with said that staff always asked for their consent, in particular when supporting people with personal care. One person told us, “They [staff] always ask my consent, they are so respectful”.

All staff we spoke with told us they felt supported. Comments included, “Very supported, you can ask anything you need to” and “Support is excellent and on-going”. Staff told us they had formal supervision meeting to discuss and reflect on their practice. We saw supervisions were recorded in staff files. We saw that staff development was a key priority for the manager. Supervision was regular, comprehensive and used to improve practise.

Staff development was a priority for the service; staff were offered regular opportunities to attend training. For example, staff told us how they had been encouraged to go on a two day course, by the manager, and had all expenses paid. All staff had the opportunity to complete level 2 and 3 diploma qualifications in care. Staff felt able to suggest courses they would like to go on. The annual appraisal

process was an opportunity for staff to discuss their development and identify any skills they were not using. New staff received a comprehensive induction and were allowed to shadow a more experienced member of staff until they felt comfortable to work alone.

Each person we spoke with had been asked to sign their care plan and where relatives were present they were also involved in the process of signing the plan. This was supported by good knowledge of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. Staff had received training around mental capacity and were able to speak with us about the key principles of the MCA. We saw examples of best interests meetings for people who were assessed to not have capacity. These had involved the person, relatives and other professionals as required.

Most people we spoke with did not require any food to be prepared. People who did had clear information in their care plans. One person told us, “I cook my own meals, but if I am not well enough the girls will do it for me, they encourage me to eat well”. Another person told us, “The carers prepare the meals and take time to encourage me to eat enough food”.

People we spoke with had access to health professionals. One person told us, “I get all the help I need the staff sort it out for me, they are very good, I don’t have relatives that can do it you see”. One person had been referred to the service with mental health needs. The service worked with a number of professionals to support this person and provided a consistent staff team. We saw the support had improved the person's quality of life, their mental health had stabilised and they were beginning to do more for themselves.



Is the service caring?

Our findings

Every person we spoke with and all people's relatives described the care staff as outstanding. Comments included: "I love them, they feel like part of my family"; "They are all very nice, wonderful people" and "They are excellent, outstanding, there is no higher praise". People and their relatives consistently told us of the time each carer took to ensure relationships were positive. Comments included: "They show real respect and I look forward to them coming, they make you feel very special"; "You can tell caring properly is important to them, lovely warm people" and "I am very lucky to have carers that treat you like family, they care enormously".

One person's relative told us of the effort existing staff took to help new staff settle in. The relative said, "The new staff settle in very quickly and always come with more experienced staff who help them fit in. It helps them understand what good care is, it helps maintain that relationship".

Staff demonstrated a caring approach. Comments included, "If people are smiling when you leave their house you have done your job" and "It's more than a job, I take great pleasure spending time with these people, privileged to know them". Staff explained that kindness, respect, compassion and dignity in care were key principles they were encouraged to display. The service were recognised dignity champions in Oxfordshire and attended regular 'dignity meetings'. This enabled the service to be aware of best practice and exchange ideas with other services. According to staff these initiatives had raised their awareness regarding dignity. One staff member told us, "when you do the job for a while you can take things for granted, the dignity information we've been getting helps keep you mindful". People we spoke with all described how staff respected their dignity. One relative told us, "you can tell people's dignity is a clear priority".

Each person we spoke with told us how staff encouraged independence. Comments included: "I appreciate how they [staff] don't just do things for me, they wait and see what I want to do for myself"; "Staff encourage me to do as much for myself as possible, taking the time to do that has helped me see I can do more than I think I can, makes you feel good" and "It would be easier sometimes for them just to do things, I'm not as fast as I was, but they are very patient,

never seem rushed". We saw one person who was discharged to the service unable to walk independently. This person was enabled, through the support of staff to walk independently again.

People were involved in their care planning; each person told us how they and their relatives, when requested, had meetings with the manager to discuss their care. One relative told us, "Nothing is too much trouble for the staff, they bend over backwards". Another person's relative told us, "People are in complete control of their lives, it's all planned and can change whenever we want or need it to". We saw people's personal preferences detailed in their file and where communication was an issue for people pictures were used to show staff how people wanted their support to be provided. For example one person had a clear preference for how they wanted their breakfast laid out, there was a picture of this to ensure all staff respected this preference.

People received a regular newsletter to keep them informed about the service. People we spoke with were very happy with this. One person told us, "I like receiving it, you feel like you are part of a big family, it's very reassuring when you live on your own".

Throughout the inspection and through speaking with people we were given a number of examples of how staff went the extra mile for people. When care involved taking a person their meal, the service always made an additional meal for spouses. The registered manager told us, "It's only right that families should have the chance to eat together". We saw one person who was about to lose their dog due to no longer being able to care for it. The registered manager worked with the local authority to seek additional time to take the dog for walks and also produced a support plan for the dog to ensure the person could set out how staff should take care of their pet. We were also given numerous examples of when staff would frequently check in on people that do not have the support of family or friends.

When people were nearing the end of their life they received compassionate and supportive care. People and their relatives contributed to their end of life care plan so that staff knew people's wishes. People were treated with dignity and respect at the end of their life. The provider had a compassionate and understanding approach to the support of people at the end of their life. For example one person wished to die at home. The person was not able to leave hospital due to unavailability of transport. The



Is the service caring?

registered manager told us, “This person's wishes were so important to him, I spent hours over a few days on the phone to the hospital. Eventually we got this person home for the last few hours of his life.”

Is the service responsive?

Our findings

People we spoke with felt the service was responsive. Comments included, "They care for me well, they can tell when something is not right and give me the support I need" and "I have assessments when I need them, they [staff] are very good like that, they let the office know". One relative told us, "They are constantly on top of things, speaking with us, reviewing, listening. It really is excellent, they let me know and keep me up to date".

People's needs were assessed when they began using the service. Assessments were used to develop care plans to ensure people's needs were met. Support plans were regularly reviewed and updated when people's needs changed. Care plans gave a clear information to staff where risks had been identified using a colour coding system. This meant if staff did not have time to read the full care plan, key information was visible and clear. People were involved in the creation of these support plans and also spoken with regularly to ensure they were up to date.

When people's needs changed the service responded. People's daily records were detailed and gave clear and accurate information. This meant when people's needs changed it was documented and passed to the office team to take appropriate action. For example we saw in one person's daily notes that staff had identified concerns regarding the person's skin. This was reported to the office

and appropriate health care professionals were called for advice. Recommendations were clearly updated into this person's file. Within a few days this person was reported to be 'Back to normal'.

Two people's care records showed they were at risk of social isolation due to complex care needs. One person who had not been out of their home for three years was supported by staff to attend the Christmas party. Another person was supported to develop their confidence and had begun leaving the house and regularly attended a day centre.

People and their relatives told us they felt able to make complaints and would know how to raise them. We saw the service responded to complaints. For example one person's relative had complained about their family member not getting enough support. The registered manager acted immediately and arranged a meeting involving a number of social and healthcare professionals to discuss the concerns and see what additional support may be required.

People had meetings with the manager or care coordinator on a regular basis to discuss their care and give feedback. This feedback was used to improve the service. For example one person asked if correspondence from the service could be copied to her relative as mail had been missed. We spoke to this person who told us, "they listened immediately, they go out of their way to help".

Is the service well-led?

Our findings

People and their relatives described the service as well led. Comments included: “It's clearly well led you can tell the manager wants high standards”; “Leadership is outstanding, so important, the quality of care I see is reflective of that” and “Excellent, the quality comes from top all the way to the care staff”. These views were supported by recent awards and award nominations. One senior carer was awarded care coordinator of the year at the national care awards and the manager had been nominated for the employer of the year award at this year's event. The National Care Awards are a series of regional events throughout England and are a celebration of excellence across the care sector. The purpose of the awards are to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work.

Staff we spoke with valued the leadership. Comments included: “Best I've ever worked for, they are carers at heart themselves and that trickles down”; “Very good leadership, firm but fair and you know it's because quality is important to the manager” and “I would have to say the leadership is outstanding, they get to know their staff, you feel valued”.

The culture in the service was promoted by clear leadership and clear expectations of staff. Where the registered manager received reports that staff were not adhering to policies they spoke with staff immediately and reminded them of the services policies and standards. Staff we spoke with appreciated this culture. One staff member told us “It's just a nice place to work, the team are on the same side. The manager won't have any gossiping she wants people to be open. I work better in places like that”. Another staff member said, “The manager won't have any disrespect for people or staff, she's very fair but makes it clear we are here for the people we support and gossip goes against that”.

The service had an on-going system to review the quality and safety within the service. Staff reviewed support plans at each visit. Senior staff carried out formal reviews monthly. Senior staff conducted unannounced spot checks on staff to observe the quality and safety of staff practice. We reviewed numerous checks that had identified where staff needed additional training, or just reminders regard appropriate clothing.

The registered manager also identified through the monitoring of the services support plans that they did not have enough information with regard to people's preferences and personal histories. Plans were updated to ensure information was clearer. The service had a pressure safety calendar to monitor people who had pressure sores. This system enabled staff to monitor pressure areas using the same system as hospitals to ensure staff reporting concerns were “Talking the same language as professionals”. People using the service have not had any pressure area concerns since this system had been in place.

The service had a system in place to learn from incidents and accidents. For example, we saw a recent incident where a visits had been declined on staff arrival and this person was later found on the floor. The service amended their procedure to ensure that relatives were always called if carers did not enter the premises. This was to ensure people were supported in the absence of the care being provided.

The service had a number of community links with health professionals. This included working closely with the district nurses, GP's, continuing care team, community matrons for end of life, hospices, day centres, community occupational therapists and physiotherapist teams, social services, community mental health team and SALT team (speech and language team). One professional we spoke with told us, “I have nothing but praise for the service, very on the ball, well led, very good service”.

The service had signed the social care commitment and were in the process of developing staff awareness of these commitments. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care.

The service valued feedback from staff to help improve the quality of the service. Staff received questionnaires annually. Team meetings were used to discuss feedback on how staff felt the service could make improvements. The registered manager told us, “Everyone's opinion matters and we treat all the staff as individuals and we get to know their views”.

Is the service well-led?

The manager had been nominated by her staff for employer of the year at the upcoming national care awards and the service was decorated with numerous pictures of activities and events such as parties and fundraisers that

staff and people being supported had attended. These had been arranged and resources by the service themselves. One staff member told us, " This isn't a business it's a family and the manager would do anything for all of us".