

MyCareCrew Ltd

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Inspection report

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22 May 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

MyCareCrew Ltd is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection 12 people were receiving a regulated activity from this service.

People's experience of using this service and what we found

People told us they felt safe, and we identified some improvements had been made in relation to the implementation of formal risk assessments to mitigate risks to people. However, we found specific risk assessments had not consistently been completed, as required to provide guidance to staff on how to monitor and manage people's specific conditions.

Recruitment checks were not always fully completed to ensure staff were suitable to work with people using the service. People and relatives all confirmed staff were on time for care calls, they were not rushed and received support from a consistent staff team. People's safety was promoted through the prevention and control of infection. Staff had access to personal protective equipment (PPE), such as disposable aprons and gloves and worn these as required.

We could not be assured staff received an effective induction or appropriate training to provide them with the skills required to support people effectively and safely. Although it was evident staff had not received training in a timely way, all people and relatives we spoke with were highly complementary about the skills of the staff.

Where required staff ensured people were supported to have good levels of hydration and nutrition. Staff supported people to access healthcare professionals when they needed them and worked alongside health and social care professionals to ensure a joined-up approach to people's care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they were treated well by staff, who were kind and caring and treated them with dignity and respect.

Quality and safety monitoring systems had failed to identify the concerns we found in relation to recruitment, risk management, the induction process and training. These concerns had also been highlighted at the last inspection. The actions taken to address these issues following the last inspection had not resulted in effective improvement. This placed people at continued risk of receiving unsafe care and treatment.

At the last inspection we identified the registered manager was providing a high number of care hours each week which affected their ability to complete their management tasks effectively. This continued to be the

case.

The management team were open and transparent and understood their regulatory responsibilities to notify CQC of all significant events that occurred in the service. The registered manager understood their formal responsibilities regarding duty of candour. The management team kept in regular contact with people, checking if they were happy with the service they received and if any changes were needed. People, relatives, and professionals were exceptionally positive about the culture of the service. They described the service as well led and told us they would recommend this service to others.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 April 2022) and there were breaches of regulation. We also made 3 recommendations. These recommendations included the provider to review and implement best practice guidance in relation to individual risks; review and implement best practice guidance for the assessment of people's needs and the provider review their duty of candour policy so they are fully aware of their responsibilities in relation to this.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, effective and well-led which contain those requirements. No areas of concern were identified in the other key questions. We therefore did not inspect them. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement. 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 MyCareCrew Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified 4 breaches of regulation including, Regulation 19 (Fit and proper persons employed), Regulation 12 (Safe care and treatment), Regulation 18 (Staffing) and Regulation 17 (Good governance).

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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 effective?

The service was not always effective.

Details are in our effective 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 ●

MyCareCrew Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 16 May 2023 and ended on 26 May 2023. We visited the location's office on 16 and 22 May 2023.

What we did before the inspection

We reviewed the information we had received about the service, including the previous inspection report

and notifications. Notifications are information about specific important events the service is legally required to send to us.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided and 2 relatives. We spoke with 4 members of staff including the registered manager and 3 care staff. We also spoke to the providers representative. We reviewed a range of records, including 5 people's care records in detail and 3 staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including audits, training and policies and procedures were also reviewed. We received feedback from 2 professionals including 1 health care professional.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure that all necessary pre-employment checks were completed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 19.

- Recruitment checks were not always fully completed to ensure staff were suitable to work with people using the service.
- Information the provider sought about staff during the recruitment process was limited. For example, of the 3 staff files we reviewed, full employment histories for 2 of these staff had not been obtained. Additionally, for 1 staff member no references had been requested and for another staff member the provider was only able to evidence 1 reference had been acquired.
- The above issues were discussed with the providers representative and the registered manager who confirmed recruitment systems had not been robust in the past. However, for the most recent staff member employed all appropriate checks had been completed. The providers representative and registered manager agreed to review the recruitment files of all staff employed and address the issues identified.

The provider had failed to ensure that all necessary pre-employment checks were completed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

- We found other required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives all confirmed staff were on time for care calls, they were not rushed and received support from a consistent staff team.
- The service had a very small staff team which meant the registered manager was included to complete regular care calls. We discussed the size of the staff team with the providers representative and registered manager, who were able to provide reassurances people would receive appropriate support if staff

absences occurred. The service was also in the process of recruiting additional staff.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider review and implement best practice guidance to ensure individual risks are assessed and recorded. At this inspection we identified not enough improvement had been made in this area.

- At this inspection we identified some formal risk assessments had been implemented to mitigate risks to people. However, the risk assessments developed had not always considered specific needs to people where they were at high risk of harm.
- On review of 3 people's care records we identified these people were at high risk of skin damage due to limited mobility, continence needs and/or limited nutritionally intake. For 1 of these people no risk assessment had been completed detailing how staff should safely support this person to reduce the risk of developing skin conditions. For the other 2 people risk assessments had been developed in relation to skin integrity however, these lacked detail and clear guidance for staff of how to mitigate the risk of skin damage.
- From discussions with the registered manager it was clear 1 person was at high risk of malnutrition due to limited dietary intake. This had not resulted in care plans and risk assessments being developed in relation to this specific risk.
- Within a person's care records we found the person was potentially at risk of choking. The person's care plan did not contain enough guidance for staff and a risk assessment had not been developed about how to safely support this person to mitigate the risk of choking and actions staff should take should the person's airway become compromised.
- Due to our finding, we could not be assured risks to people were assessed, managed and mitigated effectively.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate individual risks were or would be effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above concerns were discussed with the registered manager and the provider's representative, who agreed to review all care plans and risk assessments and rectify the issues identified.
- Furthermore, feedback we received from a health care professional was extremely positive in relation to the care people received. They told us, "I feel reassured people are being supported by the service, all actions to support a patient would be looked at, in a timely manner, very efficient."

Using medicines safely

- People told us, where staff supported them with medicine this was done safely. A person said, "They [staff] help me with my medicine, they [staff] give it to me and check I have taken it, they are very good." A relative told us, "They [staff] will check [person] has all the medicine they need and will often go to the chemist and collect it."
- People were supported to be as independent as possible in managing and administering their own medicines. People's care records included information about the level of support they required with their medicines as well as details of their prescribed medicines.
- Where people were supported with medicine administration by staff this was recorded on medicines administration records (MAR). The registered manager reviewed the MAR regularly to ensure people had been provided with their medicines as prescribed.

- On review of staff training records and discussions with staff we could not be assured all staff had received formal medicine training or staff competencies had been completed in relation to medicine administration. This is further discussed in relation to training within the effective section of the report.

Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves were available and used by staff when supporting people with personal care.
- People told us staff wore PPE when carrying out tasks. Staff confirmed they had a good supply of PPE.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with said they felt safe with all aspects of the service and the care they received. A person told us, "I feel very safe with the staff, I really trust them." A relative told us, "I couldn't be happier, we have no worries or concerns at all."
- People, relatives, and staff where confident action would be taken by the management team if they raised any concerns relating to potential abuse.
- Although we could not be assured all staff had received safeguarding training or training updates in a timely way, staff were able to demonstrate they were aware of how to identify potential abuse and described appropriate actions they would take should abuse be suspected. One staff member said, "If I had a safeguarding concern, I would report it to [Name of registered manager and name of providers representative]. If I needed to, I would go straight to CQC or the local safeguarding team."

Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents over the last 12 months.
- The registered manager described how, should any incidents or accidents occur, that these would be recorded, investigated and action taken where possible to reduce the risk of recurrence.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate induction, training, supervision, and appraisals. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 18.

- We could not be assured staff received an effective induction or appropriate training to provide them with the skills required to support people effectively and safely.
- Since the last inspection some consideration had been given to help ensure there was an effective induction process in place however, this process had not yet been formalised.
- The provider's training records showed that staff had not received adequate training in a timely way to equip them to do their roles, safely and effectively.
- We reviewed the training matrix which highlighted of the 4 staff employed, 1 of these staff had not completed any training since being employed by the provider and all but 1 other staff member's training was out of date.
- We compared the training dates recorded on the training matrix with the staff training certificates kept within the staff files and found the dates recorded on the training matrix did not always correspond with those on the staff certificates. The training certificates for 1 member of staff demonstrated all training was out of date however, this was not reflected on the training matrix.
- Out of date training and training not received included, infection control, moving and positioning, medication awareness, the mental capacity act and safeguarding.
- Some staff confirmed they had not completed any training since working for the provider but had carried over training from previous employment.

The failure to ensure staff received appropriate training was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Issues noted in relation to training were discussed with the providers representative and registered manager who immediately took actions to source training for staff and agreed they would review all staff training.

- Although it was evident staff had not received training in a timely way, all people and relatives we spoke with were highly complementary about the skills of the staff. People's comments included, "The staff are well trained, particularly [name of staff member]" and "They're definitely well trained." A relative told us, "We have three regular carers, they're well trained in every conceivable way."
- Staff were well supported by the management team and received regular supervisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended the registered person reviews and implements best practice guidance for the assessment of people's needs and keeps this under review throughout the provision of care. The provider had made improvements in this area; however, work was still ongoing.

- Assessments of people were completed prior to the commencement of the service to ensure their needs could be appropriately met.
- Information gathered during assessments was used to create individual plans of care and support. However, on review of 5 people's care plans details about people's needs and abilities was lacking. This was discussed with the providers representative and registered manager who agreed to review these records.
- Due to people having a consistent staff team, the lack of detail did not impact on people's care as staff know them well and understood their needs. Additionally, all people, told us they were very happy with the care they received which was highly person centred.
- Care and support was planned proactively and in partnership with the people using the service, their families and healthcare professionals where appropriate.

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

- Where required staff ensured people were supported to have good levels of hydration and nutrition.
- Information about the level of support people required with food preparation and eating and drinking was fully understood by the staff members and included in people's care plans.
- Where staff were required to prepare food, people confirmed suitable food and drinks were provided and they were included in making decisions about what they ate and drink. A person told us, "We always pick what I want to eat together."

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

- The registered manager and staff were proactive in ensuring people had access to other agencies and health and support services where required.
- The registered manager would liaise with health and social care professionals if required, to ensure people's health and social care needs could be effectively met. This enabled people to enjoy healthier lives in their own home.
- On a number of occasions during the site visits we heard the registered manager communicating with outside professionals to ensure a person would be provided with appropriate and effective equipment to meet the person's needs.
- A healthcare professional told us, "[Name of registered manager] will email me with any concerns and call the surgery [directly]. I have seen improvements with patients they are taking care of."

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of their responsibilities under the MCA and the role this might play in care delivery.
- Where people had capacity to provide consent, we saw they had signed consent forms and care records to confirm their agreement with the proposed plan of care.
- People told us the staff respected their views and asked for consent.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of services. Record keeping was poor and records were not always available. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since the last inspection some actions had been taken by the provider's representative and registered manager to improve the overall running of the service. However, we continued to identify shortfalls in this area.
- Although concerns in relation to recruitment, risk management, the induction process and training had been highlighted at the last inspection, actions taken to address these concerns had not resulted in effective improvement. This placed people at continued risk of receiving unsafe care and treatment.
- The provider's representative provided us with a copy of the staff handbook which stated some staff training was mandatory. There was no information on training records provided by the service to highlight which training was mandatory or the frequency of this training. We discussed this with the registered manager who was unable to confirm this.
- The provider contracted with a company which provided a full range of policies and procedures as well as supporting documents to aid the smooth running of the service. However, these had not always been fully utilised or followed. For example, the registered manager had not ensured they were aware of and following safe recruitment practices and systems were not in place to prevent the risk of unsuitable staff being employed who were supporting vulnerable people. This had also been identified at the last inspection.
- At the last inspection we identified the registered manager was providing a high number of care hours each week which affected their ability to complete their management tasks effectively. This continued to be the case.

The failure to ensure processes are in place to assess, monitor and improve quality and safety is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were responsive to our feedback during the inspection and appeared committed to making the necessary improvements. Where we identified areas for improvement, we saw actions had commenced to make some of the necessary improvements including sourcing a new training provider. However, we were not assured that these improvements would have been made had we not undertaken this inspection.
- The registered manager was fully aware that CQC were to be notified of all significant events that occurred in the service.

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

At our last inspection we recommended the provider review their duty of candour policy, so they are fully aware of their responsibilities in relation to this. The provider had made improvements.

- The provider had a duty of candour policy that required staff and management team to act in an open and transparent way when accidents occurred.
- The registered manager understood their formal responsibilities regarding duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and professionals were exceptionally positive about the culture of the service and described how the management team and staff went the extra mile to empower and engage them. A person told us how staff would notice if they were low of provisions such as milk and would pop round with some even if they were not due a care call. Another person told us how the registered manager would come and help them when they were struggling to use their television.
- From discussions with the providers representative, registered manager and staff it was clear staff really cared about the people they supported and wanted to support people to live fulfilled and happy lives.
- Staff spoke positively about leadership and management, felt valued and well supported.
- Feedback was gathered from people using the service and their relatives in a range of ways, these included quality assurance surveys, one-to-one discussions with people and their relatives, and telephone contact.
- People felt confident to contact the registered manager and speak to them about their care.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals. This helped to provide joined-up care.
- Feedback received from professionals demonstrated trusting and positive relationships had been built.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure systems were in place or robust enough to demonstrate individual risks were or would be effectively managed.</p>

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 provider failed to operate effective systems to assess, monitor and ensure the quality of the service.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that all necessary pre-employment checks were completed.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate training.

The enforcement action we took:

Warning Notice