

CSN Care Group Limited

# MyLife (East Sussex)

## 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

MyLife (East Sussex) is a community-based care provider that provides personal care and support to people in their own homes. Not everyone who used the service received personal care. 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 the inspection, MyLife (East Sussex) were supporting 206 people with personal care.

MyLife (East Sussex) were also providing complex care to three people. This is where people require additional medical support which is overseen by a registered nurse. For example, a person at home who requires a respirator at night.

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

People were protected from the risks of harm, abuse or discrimination because staff had received appropriate training and knew what actions to take if they identified concerns. Staff had been recruited safely and were trained and supported to provide the best possible care for people. Medication was administered safely. We were assured that staff were following good infection control practices.

People were supported by staff who had the skills and knowledge to meet their needs.

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 were supported by staff who were kind and caring and people's equality and diversity needs were respected. People's support needs were assessed regularly and planned to ensure they received the support they needed. One relative told us, "Everything is planned and done at [person's] pace. Staff are very good at communicating with [person] and asking what they need."

The management team had good oversight of the service and frequent audits were completed. Regular telephone calls were made to people to gather feedback and their views. Spot checks were carried out to ensure the quality of the service was maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

MyLife (East Sussex) was registered on 4 November 2019. Prior to this, the service was two separate agencies which have now merged and been re-named MyLife (East Sussex). They remain registered under the same provider of care. This is the first inspection of MyLife (East Sussex).

### Why we inspected

MyLife (East Sussex) had not yet been rated. It is a large care agency covering Brighton and Hove, and surrounding areas. As such, it was important that we inspected to provide an accurate rating and gained assurance that people being supported were safe. The inspection was also prompted in part due to concerns received about infection prevention and control procedures due to the current COVID-19 pandemic and a potential lack of training for staff. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the full report below.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# MyLife (East Sussex)

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspection manager, an inspector and an assistant 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 pandemic, we needed to limit the time we spent at the service. Therefore, several documents were requested electronically before the site visit.

Inspection activity started on 15 December and ended on 18 January 2020. We visited the office on 17 December 2020. We also made further telephone calls to people and staff to obtain feedback on 15 and 18 January 2021.

### What we did before the inspection

We reviewed information we had received about the service since they had registered under their new provider. We sought feedback from the local authority and other professionals who work with the service. We also requested and reviewed several documents which were sent in advance by the registered manager, for example, training records, policies and procedures and team meeting minutes.

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.

We used all of this information to plan our inspection.

### During the inspection

We spoke with 17 people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, office staff, care workers and the registered nurse who oversees the complex care packages.

We reviewed a range of records. This included nine people's care records with a varied level of support and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of quality assurance 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 looked at policies, audits and quality assurance records. We also received feedback by email from a local authority quality assurance professional who works with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. One person told us, "I feel safe with them [staff]. I've had the same carers for a while now. It's a very good service."
- Staff demonstrated a good knowledge and understanding of safeguarding procedures. They were able to tell us what they would do if they suspected anyone was experiencing abuse or harm.
- A clear system was in place to report and record any safeguarding concerns. The registered manager had oversight of this and had made referrals to the local authority and CQC, as appropriate.
- The agency held a baking event to raise awareness of dementia and encouraged staff to challenge discrimination. People who received cupcakes during their calls enjoyed the event and this had a positive impact on their day.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. We saw that people's care records included risk assessments considering risks associated with the person's environment, care and treatment. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risk of harm.
- Risk assessments were regularly reviewed, often with a number of different healthcare professionals who were involved in the person's care. Any changes were communicated to staff and assessments were updated accordingly.
- The provider had an electronic call monitoring system where staff logged in and out of care visits. Where a visit is not logged into within an allocated time, the person using the service and/or staff are contacted to ensure they are safe and well.

Staffing and recruitment

- People told us they received support from regular staff. One person said, "They've never missed a call. They're late sometimes but [office staff] are friendly and will call me to let me know."
- Robust recruitment procedures were in place to help ensure people were safe. This included obtaining references and undertaking checks with the Disclosure and Barring Service (DBS).
- Appropriate induction and training programmes for new staff were in place.
- An electronic system was in place to monitor staffing levels and an alert would be sent if staff were running late to a call. This ensured that measures could be taken to ensure people were provided with safe care and support. For example, some office staff were trained and could provide care if required.

Using medicines safely

- People were supported to receive their medicines safely.
- We saw clear instructions in people's care plans regarding as and when required (PRN) medicines. This helped minimise the risk of these being given inappropriately.
- Staff had up to date medicines training and had their competency checked regularly. We saw medicine administration records were completed accurately and staff followed policy and procedures. One person told us, "[Staff] help me with my medicines as it's complicated. They are very meticulous".
- Regular audits of medicines were completed. These were effective in identifying any issues and enabled action to be taken to improve practice. For example, a staff competency check was seen to be brought forward where concerns had been identified.

#### Preventing and controlling infection

- The provider had an appropriate infection prevention and control (IPC) policy in place. This had been enhanced due to the current COVID-19 pandemic. We were assured that staff were following the processes outlined in the policy as required.
- A system was in place to monitor the supply of Personal Protective Equipment (PPE). A good supply of PPE was available. We were assured the staff working for the agency were using PPE effectively and safely.
- Staff had undertaken additional training in infection prevention and control. The provider had conducted observations of staff to ensure they were following all appropriate IPC procedures.

#### Learning lessons when things go wrong

- There were systems and processes in place to ensure all accidents, incidents, complaints and safeguarding events were reported and recorded. These were investigated by the provider and lessons learned shared with staff to reduce the risk of them happening again.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's care and support needs were completed and provided guidance for staff to support people based on their needs and choices.
- Staff told us people's care plans helped them to provide care that met people's needs, and people confirmed their needs were fully met by staff.
- The service worked closely with people receiving care, but also provided support and reassurance to their relatives. This meant the service was able to ensure people's individual needs were understood and could be met during care visits.
- Regular reviews were completed to ensure people's outcomes were being met. A person told us, "Someone visited me not long ago to check how things were going."

Staff support: induction, training, skills and experience

- Staff received the training they needed to meet people's needs. For example, staff members had used their CPR training to sustain lives of people. One told us, "I have been given training I need to meet people's needs. We can always ask for extra training if we want it. Just recently I did some specialist training."
- Staff who were new at the service completed a structured induction. This included shadowing other staff, completing training and being assessed as competent before they worked alone. A staff member told us, "I was given enough time to make sure I was confident before I went to my own calls."
- The service regularly carried out spot checks and supervision of their staff to ensure best practice was followed.

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

- People who needed help in this area were supported to maintain a healthy and balanced diet. Their care plans contained guidance for staff to ensure their personal preferences were offered. One person told us, "[Staff] ask me what I would like to eat and if I say I don't know they bring the whole lot out of the cupboard and then I decide. I've got a big choice."
- We saw clear information in care plans for those with specific health needs linked to diet, for example, diabetes. This helped staff to ensure people's health was promoted by having an appropriate balanced diet.

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

- Staff monitored people's health and highlighted any concerns they had to the management team. One relative told us staff were observant of any changes in their family member's health.
- Staff worked alongside people and other professionals to support people to live healthier lives. Where

needed, care staff had supported people to access healthcare services. One person told us, "The carers always help me contact my GP when I need them to."

- The registered manager worked closely with health and social care professionals such as social workers, district nurses and GPs to help achieve good outcomes for people. They placed importance on developing these relationships. They said, "We have very good relationships with placement teams, district nurses, GPs and social workers. We have a good channel of communication."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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.

- People's mental capacity was assessed and detailed in their care plan. Information regarding Lasting Power of Attorney (LPA) was recorded, and staff worked closely with people's relative/carer to ensure that people received appropriate care and support.
- The registered manager and staff had a clear understanding of MCA and supported people to make their own decisions and choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. One relative told us, "Staff have a caring attitude and they're gentle with [person]. They treat him well and have a laugh and a joke with him. Even if he's having a bad time then they give him time and take a bit longer."
- Equality and diversity needs were assessed during the assessment process. We saw information relating to people's protected characteristics such as their gender, age, marital status, ethnicity, sexual orientation and religion. MyLife (East Sussex) were providing care to people who identified as transgender and non-binary.
- Staff had completed training around equality and diversity. They knew people well and respected their views and wishes.

Supporting people to express their views and be involved in making decisions about their care

- Staff had a good understanding of people's individual needs, preferences and personalities. A relative said, "They're very good with communicating with [person] and are always asking what they need". For example, care staff spent time building rapport with people where communication had been difficult previously in order to support them to express their views and wishes.
- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support. One staff member told us, "I do have regular people I visit, and this allows me to really get to know them. I also use the care plan and our electronic system to ensure I'm supporting the person the best I can."

Respecting and promoting people's privacy, dignity and independence

- Treating people with dignity and respect was part of the culture and values of the service. This was apparent from how records were written, feedback we received from staff and from what people told us. One person told us, "Oh yes, [staff] respect me. I have total choice in what I do and I don't have to worry about them telling me what to do."
- Staff supported people to maintain their independence. Care plans reflected people's strengths and described tasks they liked to do themselves. One person told us, "Staff support me to be independent and live alone. They leave it up to me to decide what I want to do."
- Care plans included guidance for staff on how to support people to do things for themselves as much as they were able to. For example, guidance for staff to prompt people to take medicines independently rather than administering them to the person.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans demonstrated that their specific needs and preferences were assessed, planned for and met. This included support people required with their health conditions, such as diabetes and the dietary needs associated with this.
- People's care needs were kept under review and their care records were updated when changes were needed. People were included in reviews, as were their relatives, where appropriate. One person said, "Yes, they always talk to me about what I want."
- Staff spoken with had a good knowledge of people's individual needs. One person told us they had a regular staff member who visited who they know well. They said, "I can't wait for their visit, I'm 100% reliant on them and they are really good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded. For example, a person found it difficult to communicate verbally and there were details of how they would express themselves via facial expressions.
- People and relatives told us how staff took time to learn how best to communicate with people. One relative said, "[Person] has quite advanced dementia but the carers spend time and sit to talk with [person]. They talk about memories and share common interests."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When people required support to access social activities and accessing services in the community, this was identified in their care records. One person told us, "We went to [location] today and I had lunch with my carer. It was great. I wanted to do it before we go into Tier 3 (COVID-19 pandemic) again and everything closes."
- Care staff had used their knowledge of a person's interests in order to support them access the community and minimise social isolation.

Improving care quality in response to complaints or concerns

- The service had a robust complaints policy and procedure in place.
- People and relatives were given information about how to make a complaint. One person told us they had made a complaint and this had been resolved quickly. Another said, "I have not had any need to, but am aware of how to complain if necessary."
- We saw a complaints log that showed complaints had been acknowledged and investigated as per the policy. The registered manager completed an audit every three months to identify and address any patterns of concern.
- The registered manager kept a record of compliments they received from people using the service and their relatives. For example, one person had written, "[Staff name] has been my pillar of support, thanks to excellent care I made rapid progress."

#### End of life care and support

- The service was supporting people at the end of their life at the time of inspection. We saw that staff worked alongside partner agencies, for example, district nurses and other health professionals to ensure people received suitable care and support.
- The registered manager had received end of life training and they were able to share with other staff this learning as and when needed.
- Guidance about meeting people's end of life needs was included in their care plans where they were receiving support.
- People had their advance end of life wishes recorded in their care records, where they had chosen to share this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff raised concerns about the scheduling of care calls and how this can sometimes be different to the rota they received. We saw no evidence of this having a negative impact on people. This was addressed with the registered manager who was receptive to the feedback and has provided assurances that this is being improved.
- The management team had good oversight of the service. We saw evidence of regular audits taking place to ensure any issues were identified and addressed in a timely manner.
- The provider maintained good oversight. An area manager visited the office every three months to complete their own audits. This included care plans, medicine audits and infection prevention and control checks.
- When changes to care needs occurred, these were documented through the service's electronic systems. This was then accessible on the staff member's mobile phone. In the case of a short-notice change of care, it was also followed up with a telephone call to the staff member.

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

- People and relatives were confident in the leadership of the service. One person told us, "I've met them from the office. They're very, very good, there's no problems. They send you letters explaining things, tell you when there are changes."
- People were involved in their care planning. We saw details in the care plan of people's views and what was important to them, for example, one person had a number of animals and wanted to ensure they would be cared for in case of emergency.
- People and staff spoke positively about the registered manager. A staff member said, "It has been a delight to come into this job, everyone is really friendly. Another told us, [Registered manager] is really supportive, the best manager I've had."
- The service had a 'Carer of the Month' scheme in place. People and staff could nominate someone who they feel had gone above and beyond that month. They then received a reward.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be

open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

- The registered manager had good knowledge of the legal requirement to inform CQC about important events which occurred within the service and had sent us notifications as required.

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

- People had the opportunity to give feedback during telephone calls at least every three months. Unannounced spot checks of the care provided by staff had taken place. Actions was taken to address any concerns.
- People's equality and diversity needs were understood by the service and supported. For example, people who were unable to communicate via telephone were either visited or sent a postal feedback form to ensure they could still give their views.
- Regular staff meetings had taken place. Alongside these the registered manager had developed a 'Support Worker Participation Meeting', which gave staff an opportunity to be frank about concerns they had in relation to working at the service. These were newly implemented but staff had started to show more interest in attending. One staff member told us, "It was great, I could be really honest about how I was feeling and can already see action being taken [by management]."

Continuous learning and improving care; Working in partnership with others

- The registered manager promoted a culture aiming for continuous improvement of the service delivery and this was passed down to the support staff whenever possible. One staff member told us, "We can request any additional training about topics were interested in. I've just started a new training course."
- Three care staff reached the finals of The Great British Care Awards due to their continuous and innovative learning, and providing excellent care.
- The registered manager and staff team had developed good relationships with health care professionals to ensure people were receiving the appropriate care and support to meet their needs. We saw records of ongoing communication and information sharing with health care professionals, such as GPs and community nurses.