

My Life Legacy

My Life Legacy

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

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

My Life Legacy is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people with various needs including, physical disabilities, sensory impairments, and people living with dementia or a learning disability. The service also provides care and support to people staying in the provider's holiday chalets. People who stayed in the holiday chalets were supported by their own staff but if required the service could arrange to provide care and support to people who came on holiday. At the time of this inspection 25 people were supported in the community and no one was accessing the holiday chalets. 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.

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

Right Support: Staff supported people to have the maximum possible choice, control and independence over their own lives. Staff supported people in ways that allowed people to make day to day decisions. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. 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.

Right Care: Person-centred care was promoted. The registered managers and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. People received kind and compassionate support. Staff protected and respected people's privacy and dignity. People were protected from the risks of abuse and staff were trusted to keep them safe.

Right Culture: The culture between leaders, staff and people was open and inclusive. Staff enjoyed their roles and the relationships between staff and people were positive. People received a good standard of care and support because trained staff could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. Managers evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 the service at the previous premises was good [published 28 September 2018].

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

My Life Legacy

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

The 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 and specialist housing.

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 were 2 registered managers in post.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 10 October 2022 and ended on 28 November 2022. We visited the location's office on 10 November 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 3 people who used the service and 4 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, safeguarding lead, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. People were involved in the recruitment process; appropriate staff were recruited and matched to meet people's needs. Staff had the necessary safety checks in place before starting work and completed a full induction. One person told us, "I interviewed all the staff and decided who I wanted."
- The provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits.
- People had consistency in their care staff as each person had a small staff team to support their day to day needs. The service had access to a peripatetic team and bank staff, if needed to manage staff absence.

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

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. Professionals from multi-disciplinary teams were involved in care planning as needed.
- Risks were considered on an individual basis. Staff were competent in supporting proactive risk taking to improve outcomes for people.
- Accidents and incidents were recorded and monitored. Staff managed accidents and incidents safely; first aid support was provided where needed, medical support and advice was sought, and management were kept updated. Systems were in place for recording and analysing any trends and looking at any lessons learned.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe with the carers", "I feel safe, I trust them [staff]" and "Of course I feel safe with them [staff], I feel content."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I would report any concerns straight away to my line manager and through [name of system of recording and reporting safeguarding concerns]. I would go above my line manager if needed and contact the nominated individual."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and medication administration records [MARs] were completed daily. A person told us, "They [staff] help me with my tablets

and give them on time." A relative added, "Medications are administered according to the prescribed instructions. We have not encountered any issues."

- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I had medication training before coming on shift, we can't come on shift without the training, I have had 3 medication observations before I was signed off to do them on my own."

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A relative told us, "Staff wear masks, aprons and gloves as needed."

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service, and training relevant to their roles and the person they supported had been provided. A staff member told us, "I had an induction, I started at the very beginning with their [provider's] values and intentions. It was 2 full days of intense induction. I did shadow shifts on the package I'm working on. The induction covered everything and one thing they [manager] kept saying was if I wasn't confident I could do more shadow shifts."
- Staff had regular training and opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "We get regular supervisions, and we can request them when we want one as well, we don't have to wait for the date. I requested one the other day." A relative informed us, "Initially when the team came, lots of training went on and we were involved in that. They really know [person]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs. A relative told us, "Staff are meeting [person's] needs, we've been really lucky we've got a great team and [person] is really settled. [Person] is really relaxing in and staff have been great with then."
- People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed. Relative told us, "I am fully involved in their care and care plans and assessments."
- Where people required support with their food, the level of support was agreed and documented in their care plan.
- Staff we spoke with had a good understanding of people's modified dietary requirements and had received personalised training to meet the needs of the person they supported. Daily food charts were completed regularly, although they lacked detail about the consistency of the food staff provided. During the inspection process the registered managers updated the food chart template to ensure staff were recording in more detail.

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

- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff were on time for people's visits, and generated alerts for managers to action when staff were running late for visits.
- Information was available to other agencies if people needed to access other services such as GPs, health

services and social services. Health passports (documentation that details people's health needs and contains other useful information) were used.

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.

- Staff received training in MCA. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "I have had training in MCA, everyone has to be assumed as having capacity, and people may need an assessment to decide if they can make an informed decision."
- Mental capacity assessments and best interest decisions were considered. People's care plan contained information about people's cognition. Formal capacity assessments and best interest decisions were completed by external health and social care professionals in conjunction with the service, people and their relatives.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff had received training in equality and diversity and they were committed to ensuring people were treated well.
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. People told us, "Staff are kind and caring" and "Staff always treat me with respect, can't get any better staff, [they go] beyond duty." A relative added, "All of the staff we have had contact with have been extra special. The support, patience, and kindness they have shown my relative is by far the best we have experienced. The staff appear to be genuinely pleased to see and work with [person]."

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

- People's views and decisions about care were incorporated within their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. A relative told us, "It is not easy to support [person] as they are non-verbal. It is very subtle the way [person] lets you know what they want you to do. Different noises mean different things [staff know this] it is the best team we have ever had."
- People were involved in making decisions about their day to day care. A staff member commented, "You treat [person] as you would want to be treated yourself, we ask [person] what they want."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. People told us, "They [staff] treat me with respect" and "Staff respect me and treat me with dignity." A relative added, "[Staff are] kind and caring, they all care very much about [person] is it obviously apparent."
- People's independency was encouraged where possible. A staff member told us, "Person can sit up on the bed by themselves and can pull themselves up, [person] helps whilst we dress them, we encourage [person] to do these things by themselves." A relative added, "Staff always encourage [person], like to push their arms through their clothes, reach out for their spoon, they [staff] encourage and give recognition."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs.
- People and relatives were involved in the care planning and regular reviews. A person told us, "I have meetings and reviews about what is working." A relative added, "I am fully involved and informed [in reviews]. I have contributed verbally and in writing."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records. A staff member told us, "We can read [person] very well through non-verbal communication, their body language and facial expressions."

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

- Staff provided person-centred support when helping people with everyday living skills, maintaining relationships, hobbies and meaningful activities. One person told us, "I like playing my [name of console] at home, when I go out I like looking at old buildings and trains, going to the club, looking at health and safety regulations and looking at graveyards. Staff help me to get there." A relative added, "Person wants experiences and enjoyment and they [service] have delivered a hundred percent. The types of activities [person] is doing demonstrate they [staff] are listening to [person] because they are in line with [person's] likes and preferences. They [staff] include activities that I hadn't suggested, such as leaf blowing, mowing, trips to Southport on a Saturday night in summer for fish and chips."

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- Care plans did not consider people's end of life wishes until people were poorly. We fed this back to the

registered managers who assured us end of life wishes would be discussed and incorporated in people's care plans as part of their initial care planning.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the provider's complaints policy. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.
- People and relatives felt able to raise concerns and were confident these would be addressed. Relatives told us, "I know how to make a complaint, I have no complaints" and, "So far so good, no complaints so far and I am aware of how to make a complaint."

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 good. The rating for this key question has remained 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

- Person-centred care was promoted. The registered managers and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A relative told us, "I would recommend the service. When you are in this position it is difficult in the early days, they [staff] have had the patience to put up with us and we have found the best way forward. [Person] is very well looked after, I wouldn't want anyone else supporting [person].".
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. Staff told us, "I would recommend this service. We are a good staff team. We get on with each other and support each other. It is an amazing team" and "It is a good staff team with good culture."

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; Working in partnership with others

- The registered managers understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health teams.

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

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Feedback from people was positive and any negative comments were followed up.
- Staff views were sought through regular meetings, supervisions and surveys. A staff engagement survey had been completed this year and an action plan had been developed. Part of the action plan involved awards for staff recognition, which had recently been rolled out.

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

- Governance systems were in place to monitor the standard of care people received. Staff had regular contact with people and completed regular reviews, meetings and quality checks, which also reviewed the quality of care people received.
- Various auditing systems were in place and timely action was taken if follow up work was required.

Regular audits of people's care plans, medicine records, recruitment files and daily records took place. An audit of the service was carried out by an external company in April 2022, and during this inspection we found the issues noted had been actioned or were ongoing as part of their action plan.

- Staff praised the registered managers and wider management team. They felt supported in their roles. Staff told us, "They [managers] are absolutely lovely, approachable, they will help with whatever needs doing" and, "I love them both [registered managers], they are helpful and approachable, they are both on the other end of the phone."