CSN Care Group Limited

MyLife Healthcare South

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 Healthcare South is a domiciliary care agency. The service provides support to people who live with complex care needs including people with physical disabilities and learning disabilities and autism. At the time of our inspection there were eight people using the service. People lived in their own houses or flats.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:
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. Staff supported people to make decisions following best practice in decision-making.

Staff supported people to access specialist health and social care support where this support was needed. Where people needed support with meals of drinks staff provided this support. Staff communicated with people in ways that met their needs.

Staff supported people with their medicines in a way that promoted their independence. People received their medicines as prescribed. Staff were recruited safely and received regular supervision. Staff focused on people's strengths and promoted what they could do.

Right Care:
Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care which was person centred. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were protected from the risks of infection.

People's communication needs were assessed, and they were provided with appropriate support where support was needed. Where people who had individual ways of communicating, such as using body language and pictures staff understood how people communicated.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and independence. Staff and people cooperated to assess risks people might face. There was detailed guidance for staff on people's needs. Staff were aware of the risks to people's health and knew how to support them to reduce these risks.

Right Culture:
People received good quality care, support and treatment because staff had the training, they needed to support people well. Staff knew and understood people well and were responsive to people's needs. People had their own care team and had consistent support from staff.

People and those important to them were involved in planning their care. People and their relatives were involved in regular reviews of their care to ensure staff were aware of changing needs.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Incidents were well managed, and action was taken to reduce the risk of re-occurrence. Notifications were sent to CQC as appropriate. The registered manager was aware of their duties under the law.

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

Rating at last inspection
This service was registered with us on 22 June 2021 and this is the first inspection.

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?

Good

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-led findings below.

MyLife Healthcare South

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 one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 the service is small, and people are often out, and we wanted to be sure there would be somebody in the office to speak with us.

Inspection activity started on 02 August 2022 and ended on 09 August 2022. We visited the location's office on 02 August 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 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 three people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager and care staff. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 of 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 the risk of abuse. Staff had undertaken training in safeguarding and knew how to identify concerns. When concerns arose, these were reported.
- There was a safeguarding policy in place and the manager knew how to report concerns to the local authority. Concerns were investigated when they arose. Staff knew how to blow the whistle if they had any concerns about the care provided by the service.
- People told us they felt safe with the support they received from staff. One person said, "Safety? This is one of their top priorities."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been assessed. The actions staff needed to take to mitigate these risks were set out in people's care plans. People were involved in taking decisions about how to keep safe. One person said, "I am involved in exactly how things are done, and I lead on my care."
- Staff were aware of people's risks and spoke confidentially about how they supported people to remain safe. For example, staff knew how to identify if there were concerns about people's catheters and how to address these concerns.
- People and their relatives told us staff provided safe care. One person said, "The staff know me well and I am safe with them."

Staffing and recruitment

- Most people using the service had live-in care and had 24-hour support. People had their own dedicated staff who provided support to them. There were enough staff to support people. There had been a small number of occasions where other staff were not able to provide cover where staff went off sick at the last moment. However, some people had support from multiple care companies and/or relatives. Other people had support from office staff who were trained to deliver care. People had not been left without support.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff and nurses were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were able to access 24/7 support including out of hours if concerns arose. Staff told us cover was provided and out of hours staff were responsive if they needed assistance.

Using medicines safely

● People received their medicines as prescribed.
● People told us medicine support was safe. One person told us, "I had a [new medicine] and that was all fine and they followed the directions and were able to support me with this well." Staff had also received training on how to administer this medicine which was given in a specialised way.
● People received supported from staff to make their own decisions about medicines wherever possible. People told us staff only provided the support they needed, and they made their own choices. One person said, "They don't really do very much [regarding medicine administration] but it's fine, I don't want them too."
● Medicine administration records were completed. Where medicines had not been taken the reason was recorded in the records. Regular audits were undertaken which ensure records were complete and accurate and medicine was safely managed.

Preventing and controlling infection
● Risks to people from infection were managed to ensure they were minimised.
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. People told us staff had access to enough PPE and wore it appropriately. One relative said, "Everyone complies with PPE. They did protect my [my relative] well from Covid"
● Staff were complying with guidance around COVID-19 testing and tested twice weekly. The registered manager checked this. Staff had undertaken appropriate training in infection control and hygiene.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Where incidents had occurred, they had been recorded and reported. The registered manager had investigated incidents appropriately.
● Action was taken to reduce the risk of concerns arising again. For example, following an incident where one person had a minor injury from a hot drink a new table was purchased to reduce the risk of this happening again, whilst the service user waited for a visit from the occupational therapist.
● The registered manager had oversight of incidents and reviewed them to identify of there were any trends.

Good

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

- People's needs had been assessed. Assessments were used to develop people's support plans. People's support plans were personalised, holistic, strengths-based and reflected their needs. Plans included physical and emotional needs. People, those important to them and staff reviewed plans regularly together.
- Where appropriate, best practice tools were used to assess people's needs. For example, staff used tools to assess people's risk of pressure sores.
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, gender and religion, these needs had been identified during the assessment process.

Staff support: induction, training, skills and experience

- Staff had the training they needed to support people safely and effectively. This included undertaking the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had completed training on people's specific needs to enable them to support them with their health needs and, where applicable, any learning disability. Staff were positive about the quality of the training they received. One staff said, "Initially it was online. Then we did training at the office about complex care. It's really very good." One person said, "They have the skills they need to provide care." One relative said, "I am happy with the standard of care. The staff are all very good."
- Staff received regular supervision and these were to check staff performance and provide support to staff. Staff competency was checked to ensure they were safe to provide support with a number of risks including medicines, manual handling and supporting people with gastrostomy tubes. Gastrostomy tubes are tubes which go in through the stomach and are used for nutrition, fluids and/ or medicines when people cannot take these orally.

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

- Most people needed limited support with eating and drinking. Where this was the case, people told us this support was provided. One person said, "They bring me my food, and regularly offer me drinks."
- Where people had risks in relation to eating and drinking, staff were aware of the support they needed. For example, where people needed to be encouraged to eat or drink well.
- People's eating and drinking needs and any concerns about weight loss were regularly reviewed and discussed with people to ensure the support they were receiving was up to date and identify any issues. Staff used alternative methods to monitor people's weight when they were not able to weigh people due to their health conditions. If there were concerns, staff liaised with the dietician where people consented to this or it

was in their best interests.
● People's oral health needs had been assessed. Staff knew what support people needed to maintain their oral health and provided this support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Most people made and managed their own health appointments or did so with family support. Where people did need this support, it was provided. One person told us, "When I was unwell, they called the doctor." Another person said, "They help support me to access healthcare when I need them to."
● Some people had complex health needs where staff needed to regularly monitor aspects of their health such as monitoring people's blood pressure. Where this was needed staff undertook these tasks.
● Staff worked with other agencies to support people with their health. For example, where health care professionals had been involved in planning people's care staff had access to the advice given by those professionals.

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 had a good understanding of the principles of the MCA. Most people had capacity and made decisions for themselves. Staff understood people had the right to make decisions they themselves might consider unwise.
● Where people needed support to make decisions staff had followed the principles of the MCA to ensure decisions were made in people's best interests. Where people did not have the capacity to make large decisions, staff recognised they should continue to be offered day to day choices and offered this support to people. This included supporting people to decide what to eat and what to wear.

Good

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 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 were kind and caring and treated people with respect. One person said, "They are kind. They always do everything I ask." Another person said, "The staff know how to support me really well. They all have different strengths and I have no concerns."
● Staff spoke about people in a compassionate but professional way. They used respectful language when talking about people they provided support to.
● People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, staff respected one person's religious beliefs and there was guidance in place to support staff with this.

Supporting people to express their views and be involved in making decisions about their care
● People, and those important to them, took part in making decisions and planning of their care and risk assessments. One relative said, "We have a collaborative way of working." One person said, "If there is something I don't like, I tell them and they take it on board. I am in charge of things and direct my care. They do as I want them to do."
● Staff supported people to express their views using their preferred method of communication.
There was detailed information for staff on how people communicated their decisions. Staff were aware of this guidance and knew how people expressed their views.

Respecting and promoting people's privacy, dignity and independence
● People's care plans provided staff with guidance on what they could do for themselves. Staff encouraged people to increase or maintain their independence where possible. For example, following a long stay in hospital staff were supporting one person to regain skills they had lost whilst being seriously ill.
● One person told us they were seeking to increase some manual dexterity in one of their limbs. They told us staff were supportive with this. People told us staff respected their independence. One person said. "They support me to do things for myself. They realise how much that I can do."
● Staff told us they would ensure personal care was provided in a dignified way, such as covering people us as much as possible and closing doors. People confirmed staff did this. Care plans prompted staff to respect people's privacy and dignity. One person said, "They respect me and treat me with dignity".

Good

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

● Care plans were personalised and centred around the person. They included a good level of detail on how people liked things to be done, on people's likes and preferences, life history and what was important to them. Staff had read people's care plans and had a good understanding of people's needs, likes and preferences. One relative said, "They confirm that they have received and read the care plan. They are supportive of how the care plan is actioned."

● Care plans were updated when people's needs changed and were reviewed frequently. People were involved in updating or their care plans. Nursing staff regularly visited people to discuss if people's needs had changed and review aspects of people's support. One person said, "I speak to them when they come and visit to see if everything is okay for me."

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 had been assessed. Where appropriate people had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

● Where people needed this support, staff used communication tools to provide information to people and ask them about their care. For example, staff used pictures to support one person to make choices.

● People told us staff made information accessible. One person said, "Accessible information is sorted out for me."

Improving care quality in response to complaints or concerns

● There was a complaints policy in place. People and their relatives knew how to make a complaint if they needed or wanted to do so.

● Where complaints had been raised, they had been investigated and dealt with appropriately or were in the process of being dealt with. For example, there had been complaints earlier in the year about missed visits for one person. The registered manager had undertaken a number of actions to address this and had made improvements.

● The registered manager reviewed and analysed complaints to seek to identify any trends which may need

action to resolve.

End of life care and support

● At the time of the inspection, no one using the service was at the end of their life.

● People had been offered the opportunity to discuss how they wanted to be supported at the end of their life. However, people had not wanted to do so.

● There was clear information on people's care plans on whether they did or did not want to be resuscitated in the event of a health incident such as a heart attack where life would not be sustained if there was no intervention.

Good

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.

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

- The registered manager worked to instil a culture of care in which staff valued and promoted people's individuality.
- Staff felt respected, supported and valued by senior staff which supported a positive culture. Staff often spent two weeks providing live-in support and told us office staff kept in touch with them. Staff said, "Oh I definitely feel supported. The service calls me and keeps me up to date and supports me."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 understood their responsibilities under duty of candour. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- We did not identify any incidents that qualified as duty of candour incidents.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Staff knew and understood the vision and values and how to apply them in the work of their team. The registered manager had a clear vision based on promoting independence and staff were aware of this. Staff frequently talked about the importance of ensuring care was person centred and focused on independence. Care plans also reflected these values.
- There were systems in place to check the quality of the service. The registered manager undertook regular audits such as checks on late and missed calls.

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

- Staff took people's views into account. For example, one person wanted minimal contact with the office to enable them to live a life as an ordinary citizen. They told us staff respected their decision about how much contact they wanted with office staff.

● The service undertook an annual survey for staff and people. However, these were in progress at the time of the inspection and the results were not yet available.
● The nurse visited people regularly and people were contacted by phone on a regular basis. During these visits and calls, people were provided with the opportunity to feedback their views.

Continuous learning and improving care
● The registered manager was supported by the provider to undertake learning to improve care for people. They attended events such as conferences on specific health conditions to share information and update on best practice.
● The service supported people with complex needs and some people had health conditions which were related to spinal injury. Staff had undertaken training and learning about these conditions.
● The registered manager met with other registered managers and providers of complex care to share learning.

Working in partnership with others
● Staff worked well in partnership with health and social care professionals as well as staff from other agencies. Some people had support from multiple care agencies. One person's relative told us staff had worked well with other agencies staff to enable their loved one to go on holiday. One relative said, "We worked with all the agencies to make this happen. They were helpful with that. They were really good at supporting us and their staff. This was really good at pulling all the agencies together to achieve this."
● Staff worked in partnership with relevant health care professionals. For example, with nurses who provided support with people's gastrostomy tubes and with people's medical consultants.