

My Life (Carewatch) Limited

MyLife Home Care Maidstone

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

The inspection took place on 17th December 2019 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The agency is registered to provide a service to older adults, younger disabled adults, children and people who misuse drugs and alcohol. Not everyone using MyLife Home Care Maidstone receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'. There were 25 people receiving personal care at the time of our inspection.

There was a registered manager in place who managed another branch belonging to the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training about safeguarding and understood their responsibilities to protect people from harm and abuse. People told us they felt safe with the staff from MyLife Home Care Maidstone.

Potential risks had been mitigated. Contingency plans were in place to limit disruption to people's care during emergency situations such as, extreme weather.

Safe recruitment practices were followed to ensure staff were suitable to work with people. There were enough staff to fulfil people's assessed care needs.

People's medicines were administered by staff that had been trained and had their competency assessed. Systems were in place to monitor and audit people's medicines records. Staff used protective equipment to protect people from the risk of infection and cross contamination.

People's needs were assessed prior to receiving support from the agency. Care plans contained specific guidance for staff to follow regarding how to meet people's needs. People were supported to remain as healthy as possible with support from health care professionals. Staff supported people to maintain their nutrition and hydration.

People were given the emotional support they required. Staff knew people well and were aware of their likes, dislikes and personal histories. People's preferred method of communication had been recorded and acted on.

People were treated with dignity, respect and their privacy was maintained. Staff were kind, caring and promoted people's independence.

Staff received training, support and guidance to fulfil their role and meet people's needs. New staff completed an induction and worked alongside experienced staff before working alone.

The registered manager, management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People confirmed that they were asked for their consent prior to any tasks being completed.

People's views were sought and acted on to improve the agency. Systems were in place to enable people to make a complaint.

There was an open culture where staff were kept informed about any changes to the role.

Systems were in place to monitor the quality of the service people received. Action was taken when any shortfalls were identified.

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 agency was safe.

Staff understood their role and responsibility in keeping people safe.

Potential risks posed to people, staff and others had been mitigated.

There were enough staff to meet people's needs. Staff had been recruited safely.

People received their medicines as prescribed by their GP.

People were protected from the risk of infection and cross contamination.

Is the service effective?

Good ●

The agency was effective.

People's needs were assessed prior to receiving care from the agency.

Staff received the knowledge, skills and guidance to fulfil their role.

New staff completed an induction programme prior to working with people.

People's dietary needs were assessed and met. People's health was monitored and where necessary referral were made to relevant health professionals.

People's consent was sought prior to any care being delivered.

Is the service caring?

Good ●

The agency was caring.

People received emotional support from staff which had been detailed within their care plan.

Staff knew about people's personal histories, likes and dislikes.

People were supported to remain as independent as possible.

Staff treated people with respect whilst promoting their privacy and dignity.

People's personal information was kept confidential.

Is the service responsive?

Good ●

The agency was responsive.

Care plans were individualised and described the support the person wanted and needed.

People's documents were kept under constant review to ensure they continued to meet people's needs.

People knew how to make a complaint or raise a concern.

People's preferred method of communication had been recorded.

Is the service well-led?

Good ●

The agency was well-led.

Staff understood their role and responsibilities and who they were accountable to.

The registered manager promoted an open culture where staff were kept informed about any changes within the agency.

The views of people and others were sought and acted on.

Audits took place to monitor and improve the quality of the service people received.

The registered manager understood their role and responsibility.

MyLife Home Care Maidstone

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on the 19 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

Before the inspection, we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the agency, what the agency does well and improvements they plan to make. We looked at notifications about important events that had taken place, which the provider is required to tell us by law. We used all this information to plan our inspection.

We gained the views of five people and five relatives over the telephone. All feedback was positive about the quality of care and support that people received. We spoke with six staff, which included three care staff, the registered manager, the nominated individual and the quality officer.

We looked at the provider's records. These included five people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including four staff files. We also looked at a sample of audits, the electronic monitoring system, minutes of meetings and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them. Comments included, "Different people come all the time, but they are all very nice, very helpful. I always know who is coming, and sometimes they come with someone who is shadowing them", "It is the same person coming and I feel safe with them" and "Yes, I do feel safe, they always do tell me who is coming, even though it is different people. They wear name badges."

People were protected from the potential risk of harm and abuse. Staff had been trained and were able to describe the potential signs of abuse, and, the action they would take. Staff followed the organisation's policy and procedure and had access to the local authorities' protocol. The registered manager recorded and reviewed any alerts along with any action that had been taken.

Potential risks posed to people whilst receiving care and within their own home had been mitigated. Risk assessments were individualised depending on people's required care and support needs. For example, medicine management, falls prevention and maintaining skin integrity. Each risk had been assessed with guidance for staff to follow detailing how to reduce identified risks. Each person had a specific 'home safety risk assessment' that covered areas such as, fire safety, infection control, external lighting and whether anyone in the household smoked. The risk assessment included an assessment of the severity and how likely it was to occur. Each risk was then rated and control measures that are required identified.

There were enough staff to meet people's needs. The agency used an electronic rostering system which enabled forward planning to provide consistency of staff to people. The registered manager held a continuous recruitment process to ensure there were enough staff to cover sickness and holidays. An out of hours on call system was available to people and staff in the event of an emergency. Recruitment procedures ensured staff were safe to work with people. These included obtaining a full employment history, written references, identity check and checks against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Medicines were managed safely and administered by trained staff whose competency had been assessed. Each person had a medication assessment, care plan and risk assessment relating to the management of their medicines. Medicine administration records (MAR) were kept within people's homes and were completed by the staff administering the medicine. The management team completed regular MAR audits and action was taken when concerns or omissions were identified. For example, staff had received further supervision and support when the MAR had not been signed during the care call. Reasons had been recorded on the MAR chart when there had been any omissions such as, the person cancelled their care call or refusals from the person. Staff were offered the opportunity to attend a senior level of training relating to the management medicines to further develop their knowledge and skills.

People were protected by the prevention and control of infection. People told us that staff consistently used personal protective equipment such as, gloves, aprons and hand sanitising gel. Staff received training and

understood the importance of promoting good infection control procedures. Incidents and accidents involving people or staff were recorded and monitored by the registered manager.

The organisation used examples at other branches when things had gone wrong. These were sent in a memo to all branches to ensure the same mistake did not reoccur. For example, a briefing was sent to all branches when a data breach had been identified at another branch. This information had been shared with the care staff to ensure lessons were learnt and a reoccurrence did not take place.

Is the service effective?

Our findings

People told us they felt the staff were competent and understood how to meet their needs. Comments included, "Yes, they are good. We have a hoist and they can use that" and, "The staff know about my condition. We've got on. I would phone the office if they weren't suitable, but I haven't had to yet." Relatives comments included, "The staff understand her condition, and there are some [staff] she particularly likes" and, "The staff do understand her. They know she likes a routine, likes things done a certain way."

People's needs were assessed with them and a member of the management team prior to receiving a service. An initial referral came from the local authority, Clinical Commissioning Group or people could self-refer. The pre-assessment included the support the person wanted and needed during the care call and any specific risk assessments. The quality officer held responsibility for completing the initial assessments with people. They said, "During the initial assessment I ask if I can observe any support with mobility and equipment used, this ensures the correct guidance for staff to follow." People's individual protected characteristics under the Equality Act 2010 were considered during needs assessments and recorded within people's care plans.

Staff told us they felt supported in their role and received regular supervision. Staff received support and supervision in different formats which included face to face supervisions and spot checks within the community. These provided opportunities for staff to discuss their performance, development and training needs. As well as to receive feedback from the management team regarding their role. Staff received an annual appraisal with a member of the management team, this gave an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year.

Staff had been trained to meet people's needs including their specialist needs. For example, additional training for stoma and catheter care. The registered office contained equipment such as, a profiling bed, air flow mattress and a hoist that was used to train staff in their practical use. There was a rolling programme of training with was overseen by the registered manager. A new dedicated trainer had been employed between two of the providers branches. Their role was to ensure staff were competent and confident within their roles. The registered manager had arranged a staff workshop to share best practice and discuss changes in legislation. The next planned workshops agenda included a discussion about flammable lotions or ointments and how this had caused a recent death.

New staff completed a five-day classroom based training that covered the providers mandatory training and any role specific training that was required. New staff completed a role specific workbook that was assessed and formed the Care Certificate which all new staff completed. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector. Staff were offered the opportunity to complete a formal qualification during their employment. For example, The Qualifications and Credit Framework (QCF) in Health and Social Care, this is an accredited qualification for staff working in the care sector.

People were supported to maintain their nutrition and hydration if this was part of their package of care.

Staff received training regarding nutrition and diet so they had the knowledge to support people to eat healthily. Some people told us they received support from staff with their breakfast and lunch. Other people received support from a loved one in relation to their meals. Staff followed people's care plans which detailed the support they required with mealtimes.

Some people required additional support to manage their nutrition with specialist equipment such as, percutaneous endoscopic gastrostomy (PEG). This is when a tube is placed through the abdominal wall when people are unable to maintain their nutrition orally. Guidance was available to support staff when people required assistance to eat their meals and to maintain their nutrition and hydration.

Staff were vigilant to supporting people to maintain their health. During the inspection a member of staff contacted the registered office to raise concern regarding a person's skin. The office staff contacted the person to see how they were and whether they wanted the doctor to be contacted. The person chose not to and this was respected, however, the office said they would contact the person later in the week to see how the person was. The office team were also trained as members of the care team. People's health needs including their medical history had been recorded within their care plan. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids. People could be assured that their health would be taken seriously and supported by the staff.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People told us the staff gained their consent prior to carrying out any tasks. One person said, "They are very polite. They always ask, for example, if they can put the gloves in the bin." Staff understood the importance of gaining people's consent daily and offering people choices. People's capacity to consent to care and support had been assessed and recorded. The registered manager kept a log of any decisions that had been made with the relevant health care professionals in people's best interests. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity.

Is the service caring?

Our findings

People told us they felt the staff were kind, caring and patient. People were pleased with the service they received and complimented their individual member of staff. Comments included, "They are all very nice, very polite, and very helpful", "I am very happy with the service. No fault with it at all" and "I wouldn't change it for the world. No, I wouldn't change it for anything."

People were given emotional support from staff when they needed it. A relative told us that their loved one required a member of staff that was empathic due to their needs and this had been arranged. People's emotional needs were recorded within their care plan along with any specific communication needs. These were clearly documented to enable staff to communicate effectively with the person.

People's care plans contained information about their likes, dislikes, preferred name, personal histories and background. The agency promoted consistency with people's care staff. This enabled people and care staff to build a rapport and provided continuity of care to people. People told us that care staff knew their routines and how they liked to be supported. Staff treated people as individuals and respected their choices and wishes.

People and/or their relatives told us they were involved in the development and review of their care plan. Care plans gave staff the information and guidance they required to meet people's needs. People told us the staff encouraged them to be as independent as possible. One person said about independence, "Yes, they help me to do that and we talk about what they are doing. They help me with all sorts of things, like doing the washing, and are flexible." Relatives told us staff encouraged their loved one to be independent and do as much for themselves as possible. People told us they were given a choice of gender preference for their staff, which was respected.

People and their relatives said staff respected their privacy and dignity at all times. Promoting people's privacy and dignity was included within the provider's induction. Staff gave examples of how they promoted these whilst delivering personal care such as, closing doors, curtains, knocking on doors before entering and covering people up when supporting them with personal care. People and their relatives confirmed staff did this in their everyday practice.

Information about people was treated confidentially. Staff understood the importance about maintaining people's confidentiality. People's care records and files containing information about staff were held securely in locked cabinets. Computers and the electronic data were password protected. The organisation had sent a memo out to all staff ensuring they were aware of the new General Data Protection Regulation (GDPR). This is the new law regulating how companies protect people's personal information.

Is the service responsive?

Our findings

People received an individualised service that was responsive to their needs. People's care plans were personalised and placed their views and needs at the centre. Care plans were detailed and informed staff what the person's abilities were and the support they required from staff. Some people had chosen to be known by a particular name. This was detailed within their care plan and was used throughout their daily visit log. Visit logs were detailed and matched the support that was outlined within the person's care plan. Staff were knowledgeable about people's preferences, needs and how people wanted to be supported.

Some people's care package included support to access activities within the community. Specific guidance was in place for staff to follow during the activity and any specific equipment that was used out in the community. Records showed that one person had been supported to access the local shopping centre.

People's care plans and risk assessments were kept under continuous review to ensure their needs were being met. Reviews took place with people in their home and a member of the management team, every six months. Telephone reviews were completed with people or their loved one every three months. Records showed that action was taken when a concern was raised during a telephone review. The registered manager told us that these were the minimum amount of reviews people would receive however, reviews would be more frequent if there was a change in the person's needs or if staff reported any changes to a persons' needs.

People told us they knew how to make a complaint and would feel comfortable doing so. Information about how to make a complaint had been included within people's service user guide. People were also given a copy of the complaints policy and procedure. An electronic system was used to log, monitor and track any complaints that had been received. The system alerted the registered manager and sent prompts when tasks were due to be completed such as an acknowledgement letter or an investigation letter. The registered manager completed an analysis of the complaints that had been received to identify any patterns or trends. There had been six complaints raised in the past 12 months. Records showed that the procedure had been followed with the complaints that had been made; these had been investigated and responded to with any action that had been taken as a result.

The agency and individual members of staff had received many compliments from people, family members and health care professionals. These were in a variety of forms such as over the phone, cards and letters. A letter sent in read, 'A big thank you for all your support Friday evening when my wheelchair broke down. [Staff] was so kind and caring, she stayed with me.' During a telephone review a relative when speaking about a member of staff said, "[Staff] always goes the extra mile and nothing is too much trouble for her." Another relative said during a telephone review, "[Staff] always goes above and beyond and she can't ask for anything more."

People's preferences and needs were recorded regarding their preferred method of communication. This supported the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It

is now the law for the NHS and adult social care services to comply with AIS.

No one using the agency was receiving end of life care at the time of our inspection. However, staff received training and followed the organisation's policies and procedures; if this support was required.

Is the service well-led?

Our findings

People told us they felt the agency had improved with the recent change in management. The registered manager had worked for the organisation for a number of years, managing another branch. The registered manager added this branch to their registration, and, managed this branch in addition since November 2018 with the support of a deputy manager.

Staff told us with the recent change in the management team they felt there was clear visible leadership. One member of staff said, "If we ever have to report anything or anything like that, they are always at the end of the phone." Staff said they understood their role, responsibility and what was expected of them. Staff knew who they were accountable to and understood the management structure within the agency.

Staff told us they felt there was a culture of communication where they were kept informed about their role and any changes in people's needs. Daily meetings were held within the office to ensure people were updated with any changes to people's care and any emergency on-call contact for the previous evening. Monthly newsletters were sent out to staff informing them of any changes within the branch and highlighting any achievements. The registered manager used memos to inform staff of any urgent changes or additional training that had been arranged. For example, the recent changes within the office team and the purpose of the on-call.

The organisation valued staff via rewards and recognition. People and colleagues could nominate staff that had gone over and above their role for the 'carer of the month' award. The registered manager received regular support from the senior management team. The senior management team visited regularly to complete audits, provide one to one supervision to the registered manager and to check the safe running of the agency.

People and their relatives were involved in the development of the service being provided. Views about the agency were sought through questionnaires. These were written in a way people could understand. The results were collated and people were informed of any action that the agency had taken. People and those acting on their behalf had their comments listened to and acted on.

Systems were in place to regularly monitor the quality of the service that was provided. An audit schedule was in place to monitor the quality of the service being provided to people. Audits were completed by the registered manager and the senior management team. An electronic system was used to collate the data and track any actions that required completing.

The agency worked in partnership with other health care professionals to ensure people were receiving the appropriate care and support to meet their needs. For example, where concerns had been identified regarding a person's health, the person's GP had been informed.

The registered manager and the management team were clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality

Commission (CQC) when reportable incidents had occurred. For example, when a person had died. All incidents have been reported correctly. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard.