

My Life (Carewatch) Limited

# MyLife Living Assistance (Bristol)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: Mylife living assistance is a domiciliary care agency providing care to people in their own homes.

People's experience of using this service:

At the time of our inspection, the service was not correctly registered. A new company was running the service but their application was still in process. The application to register had only been made after the new company took over.

There were significant risks facing the service in relation to staffing levels. A number of care staff had left and two office based staff had also left. This had resulted in a situation where the service was continually struggling to meet the demands of their care packages. There were occasions when care was being completed by one member of staff when they had been assessed as requiring two. The provider was rating care packages Red/Amber/Green to help ensure that the highest priority care packages received the care they needed. Some care packages were also being handed back to commissioners. The manager was covering significant numbers of care calls in addition to their role as manager.

People expressed frustration and concern about the staffing situation. However, when care was delivered, people were satisfied with the quality of care they received and felt safe with the staff supporting them.

Due to the staffing pressures and lack of office based support, systems for monitoring the service had lapsed. There was no auditing of care and medicines records taking place, although there was some evidence that people were being asked for their views of the service they received.

Rating at last inspection:

The service was last inspected in July 2018 and received a rating of Good at this time. As a result of this inspection the overall rating for the service has changed to requires improvement.

Why we inspected:

This was a focused inspection in response to concerns we received about the staffing situation at the service.

Follow up:

We have found three breaches of registration at this inspection. The provider will be asked to provide an action plan setting out how they plan to address these breaches.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# MyLife Living Assistance (Bristol)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

The service was a domiciliary care service providing personal care to people in their own home. There was a manager in place, however they had not registered with the Care Quality Commission.

#### Notice of inspection:

We gave short notice of the inspection so that we could be sure there would be someone available in the office to support the inspection.

#### What we did:

Prior to the inspection we reviewed all information available to us, including notifications and any information of concern.

During the inspection we spoke with the manager and operations director. We received feedback from four members of staff. We spoke with nine people using the service and three relatives. We reviewed three care plans and risk assessments and reviewed a selection of medicines records. Following the inspection we received a protection plan that the provider had prepared for the local authority safeguarding team.

# Is the service safe?

## Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with carers, though they didn't always know who would be coming. "I always feel safe with the carers even though I get different ones they are all good and very polite", "I never know who is going to walk in, it is very disconcerting when you think a female comes in then a male shows up! I get on with all the carers have a good rapport with them" and "Always show up but sometimes late, they are short staffed so I can have anyone turn up, the carers are all good and I am safe with them"
- The provider told us there were no open safeguarding concerns for individual's using the service at the time of the inspection, however they told us about incidents they'd discussed with the local authority, for example in relation to one person where there were concerns about self neglect.
- Due to the current level of risk around staffing levels, the service is currently working with the organisation safeguarding team within the local authority to ensure people's safety. The provider has completed a protection plan in relation to how risks will be managed.

Assessing risk, safety monitoring and management

- Some people using the service required two members of staff to support them safely. This was outlined in their risk assessments. The manager confirmed that there were times when staff were completing these calls single handedly, or asking family members to act as the second staff member.
- Staff confirmed that this was the case. One member of staff commented "I've done one call singly, instead of a double up on one occasion, but I said I would be okay doing that call solo. I know however that other members of staff have frequently been asked or told they will have to do the entire run solo as they had nobody to help."

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- There were insufficient staff to ensure the safe running of the service. The manager and provider were open and transparent about the difficulties the service had experienced in losing both care and office based staff.
- Over a period of three months, the service had lost 13 care staff. The manager told us there was a variety of reasons for why these staff had left. At the time of our inspection, the service had also lost a care coordinator and a quality officer.
- The provider told us that in order to meet the demands of their care packages and ensure that people with

the highest priority needs were cared for, they were rating packages on a Red/Amber/Green scale.

- In order to support the safe running of the service, some care packages were being handed back to the local authority.
- The manager told us they had been covering care in addition to their role as manager.
- Staff were working hard to cover calls and ensure people received their care. However, this did mean they were working long hours. Comments included "I think that overall the care staff are doing the best they can with the low staffing numbers we have at the moment. Although, I believe things have been missed due to having to rush through the calls and having to stretch so thinly at times" and "They are making carers do far too many hours without breaks".
- Comments from people using the service and their relatives reflected frustrations with the staffing issues and communication around this. However, people also told us they were happy with the care and support they had. Comments included "Never on time, I sometimes phone but feel they don't care they rely on my relatives to cover which they are getting fed up with, one weekend they phoned to say they couldn't come at all and just said sorry", "Always show up but sometimes late, they are short staffed so I can have anyone turn up, the carers are all good and I am safe with them", and "no complaints, they are all angels. In the last six weeks, 2 times only one carer has turned up and we have needed my wife to help, the office know my wife is here but she doesn't like doing it."

The unsafe level of staffing was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Using medicines safely

- Some people required support with their medicines. Administration of medicines was recorded on a Medicine Administration Record (MAR) chart. When these were completed they were returned to the office. The manager told us these should be audited but due to the pressures on the service, auditing had lapsed.
- We reviewed a sample of MAR charts and found potential errors and omissions in the administration of some people's medicines. The manager was able to give verbal explanations for some of the issues identified but these had not been identified and investigated through any kind of audit.

#### Preventing and controlling infection

- One service user commented "they do they right things and wear aprons and gloves".
- No concerns were raised about hygiene and infection control practices.

## 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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At the time of our inspection, the service was not correctly registered with the Care Quality Commission. This is because the provider had changed. A new company had taken over the running of the service but an application to register the new company had only been made after the event. The application to register was under consideration at the time of our visit.
- The manager and provider were open and transparent about the difficulties facing the service and were actively looking at ways to address them. This included strategies to recruit and retain new staff. The provider was aware of the urgency of the situation.
- A quality officer and care coordinator had recently left the company meaning there was little office based support or infrastructure to support the running of the business. A new care coordinator had been recruited and was due to start shortly after our inspection.
- Staff expressed concern about the pressure they were under to work long hours. Comments included 'constant phone calls involving guilt tripping and making out as though you're not doing your bit, or being called because you're running late, when the reason you're late is because you've had to cope with 4 extra calls on a back to back run' and 'On Monday morning a carer had gone off sick and another carer had to do the heavy double up run on her own. They are making carers do far too many hours without breaks'.
- Due to the staffing situation, the systems in place to monitor the service had lapsed. For example, care records were not being audited as they were returned to the office. However, we did find evidence of people being contacted and asked for their views about the service. "I have filled out questionnaires a couple of times but never had any feedback from them" and "I have been asked over the phone before about them but not had a questionnaire".

The lack of robust monitoring of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- We received mixed responses from people and staff about the management of the service. Comments included; "(manager's name) is wonderful and very good, she does try to keep you happy but a lot of staff have left recently. I have no complaints, she has a hard job", "The manager is excellent, she will always ring me and tells me if they can't cover, which is fine if I know so I will get myself dressed as I will get cold" and

"when chasing a visit up the office could not even tell me if the visit was being covered, I was told one was in a car accident, one had a sick child, so I told them not to bother".

- The provider had undertaken meetings with staff to discuss the challenges facing the service. The provider had agreed to increase pay for care staff as a means to stabilise the staffing situation.

Working in partnership with others

- The provider was working with the local authority commissioners and safeguarding teams to manage the risks to people's care and support.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Safe care and treatment.</p> <p>People were not always being supported safely in accordance with their assessed needs .</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Good Governance.</p> <p>The systems for monitoring safety and quality of the service were insufficient to ensure the safe running of the service.</p> <p>Regulation 17 (2) a</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>There weren't sufficient numbers of suitably qualified staff to deliver a safe service.</p> <p>Regulation 18 (1)</p>

