

PAL Home Care Services Limited

MyCare Services

Inspection report

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Tel: 08008620445

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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

This inspection took place on 12 and 16 May 2016 and was announced. This is the first inspection of MyCare Services following registration with the Care Quality Commission.

MyCare Services is a domiciliary care agency which provides personal care for people living in their own homes to meet their individual social care needs and circumstances. It mainly supports people living in the Sunderland area.

At the time of the inspection there were 56 people using the service who received the regulated activity of personal care.

A registered manager was registered with the Care Quality Commission at the time of the inspection. 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.

People told us they felt safe with the staff who visited them at home. One person said, "I feel safe with them, I have personal care and they make me feel safe and secure." They also said they knew the registered manager well and were visited by them at home to make sure they were happy with the care they were receiving.

Staffing levels were such that people's needs could be met and the agency worked with another care provider to ensure contingencies were in place should additional staff be needed.

Recruitment was effective and robust with necessary checks completed before staff commenced in their role. One person told us, "The people who employ the staff are very careful." Following the offer of employment staff completed a four day induction programme and shadowed a competent team leader who assessed their competency to provide direct care for people. One person told us, "They [staff] are all pretty competent. New girls are taken around by someone who knows it and they get to know everything. They come round and watch and listen and learn everything and they remember everything."

Staff understood safeguarding and knew how to raise concerns and seek advice.

Appropriate advice and guidance was sought from relevant healthcare professionals as needed. Any recommendations made were included in care plans and daily logs were audited to ensure the correct delivery of care.

People said staff were very kind and caring and that they were treated with respect and dignity. One person said, "They are absolutely respectful, very pleasant and very kind." They added, "I look forward to seeing

them, they are nice people, the carers are in the same category as nurses, on a level with them. A lot's expected of them but they are lovely girls, I really appreciate them."

Care plans were person centred and contained detailed information about how to deliver care to ensure people's preferences were met. People and their family where relevant, had been involved in writing care plans and risk assessments which were regularly reviewed and updated with people's involvement. One person said, "I've had a look at my folder [care plans] and everything is up to date, it takes a bit of reading but I'm happy with it. I'm very happy with the girls."

Staff told us the registered manager was very supportive. Quality assurance systems were in place and were being developed to ensure consistently high standards were maintained and managed whilst the service was growing.

There was a shared ethos amongst the staff of providing high quality care for people whilst encouraging people to maintain their independence. One team leader said, "I enjoy it, I like where the company come from and their ethos moving forward, they believe in independence, promoting skills and reducing care if we can. If we don't have the time to deliver the care that's needed people are reassessed."

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.

Recruitment procedures were effective in ensuring staffing levels met the needs of people. Appropriate checks were completed before staff commenced in post.

Staff understood safeguarding procedures and people told us they felt safe.

Medicines were managed effectively.

Is the service effective?

Good ●

The service was effective.

Staff said they were well trained and well supported.

People told us they thought staff were competent.

People were supported with eating and drinking. Where appropriate relevant professionals were involved in people's care and support.

Is the service caring?

Good ●

The service was caring.

People said they were happy with the staff who were kind, caring and treated them with dignity and respect.

People said they had been involved in writing their care plans.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and contained detailed information about people's preferences.

Reviews were held frequently and people told us they were involved in this process.

People knew how to complain and said they had not needed to. Where complaints had been made they had been investigated and actions taken.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they thought the management team were very supportive and open. They said they had a shared ethos which was to provide high quality care.

Audits and quality assurance systems were used to drive improvement and these were being further developed.

MyCare Services were presented with two awards at The Regional Great British Care Awards 2015.

MyCare Services

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 inspection took place on 12 and 16 May 2016 and was announced. We gave the provider 48 hours' notice of the inspection because the service is a domiciliary care agency and we needed to be sure they would be in to support the inspection. This meant the provider knew we would be visiting.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also contacted the local authority commissioning team and the safeguarding adult's team.

During the inspection we spoke with five people using the service and one relative. We also spoke with the registered manager, the branch manager, the training manager, three team leaders and three community support workers (care staff).

We reviewed five people's care records, including medicine management, and four staff training and induction files. We also viewed recruitment spread sheets and supervision and training information, as well as records relating to the management of the service.

Is the service safe?

Our findings

We asked people whether they felt safe with the care staff provided by MyCare Services. One person said, "I absolutely feel safe, over the moon with them, they work really hard." Another person said, "I feel very safe, oh yes." Another person said, "I feel safe with them, I have personal care and they make me feel safe and secure."

Staff had received training in safeguarding. One staff member said, "If I was concerned about anything I'd ring the office and get advice on what to do. Signs might be mood, how they react to you and how they are might change. I always ask how people are and you can tell if they are having a bad day or if something's worrying them." A safeguarding file was in place and the registered manager said, "We haven't had any concerns or alerts yet." A policy was in place and the registered manager said, "We would access local authority guidance and procedure on-line so we know it's the most up to date information."

Risks had been assessed both for the environment people were being supported in as well as any risks to the person or staff. These included moving and handling and choking risks. Control measures for moving and handling included ensuring two staff were present, following the care plan and ensuring equipment was checked for faults. Agreed outcomes were recorded, such as 'to live independently and to promote independence.' Where a person had been identified as at risk of choking or aspiration, risk assessments and care plans were detailed. Risk assessments specifically mentioned any requirements in relation to thickened fluids, the position the person should be in to drink and whether they needed to remain in that position for a specific period of time after eating and drinking.

Care plans and risk assessments were in place to support the safe administration of medicines. One person said, "They help me with my medicines, they are very good at it and get it right."

One staff member said, "We did medicines workbooks and I observed team leaders doing meds then they watched we to make sure I matched medicines with records to make sure people got the right ones." A staff member said, "I did training in medicines, most people have NOMADs." A NOMAD is a monitored dosage system which supports the safe administration of medicines.

Medicine administration records (MARs) were completed by staff, and included a list of the staff who were administering medicine alongside their initials and signature so they could be identified on the MAR. A coding system was printed on the MAR however we saw occasions where this was not used and gaps were left on the MAR. The registered manager was aware of this and was able to explain that sometimes staff had not supported someone with medicines as the person was away. In these instances a code of N should have been used.

For another person we saw MARs were being completed appropriately however the person's care plan and risk assessment stated the person self-medicated, that is they managed their own medicines. We spoke with the registered manager about this who said, "Staff are signing to say they have offered the medicine box to the client, not that it's been taken." The MAR chart recorded the level of support as 'assist.' The registered

manager explained there would be a note on the electronic system to record that communication had been sent to all the staff in the person's team about the change. We checked the system and saw a note had been sent to all staff stating, 'due to decline in health support with medicines.'

An accident and incident book was in place. There was a policy for 'service user care following an accident or fall.' We asked the registered manager about this and they said, "We haven't had any incidents or accidents involving clients. Our staff are very careful and they know if there is an accident to get help and not to move the person."

The registered manager explained staffing levels depended on the hours of support they needed to provide. They said, "We work in small teams with a number of clients and the staff match those hours. Each team has a team leader. Currently the team leaders work on the floor (deliver care) but we are working on a training programme to upskill them so they will write care plans and risk assessments." One team leader said, "Yes we have plenty of staff. We work in teams so staffing depends on the team and the number of visits." The registered manager said, "We have a backup provider, so if we can't provide care they would and we would work together to provide a contingency." We spoke with one relative who said, "We have another provider for some nights, and that works really well, we know them well."

One person said, "The people who employ them (staff) are very careful who they accept to work here."

The recruitment process included an application form and a group selection day followed by individual chats. If applicants were successful at that stage they were then invited to attend a formal interview.

We saw that staff did not commence shadowing until the provider had received a satisfactory disclosure and barring service check (DBS). A DBS check is used to support providers to make safe recruitment decisions about staff who will be working with vulnerable adults. In exceptional circumstances staff had begun shadowing another staff member before their DBS had been received but a DBS first check had been completed. DBS Adult First allows an individual to be checked against the DBS Adults' Barred List. Depending on the result of the check, this service allows the individual to start work under supervision while waiting for their full CRB check results. In all circumstances the registered manager had ensured two satisfactory references had been received prior to staff starting to shadow or commence in post.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We asked the registered manager about mental capacity assessments. They said, "We don't currently support anyone who lacks capacity." The records we viewed confirmed that people did have capacity. We asked what the procedure would be if they felt someone's capacity was fluctuating. The registered manager said, "We wouldn't do capacity assessments, we have a policy but don't hold documents for assessment, we would need them from a health care professional." They added, "Some clients have lasting powers of attorney, more for finances than everyday living. People manage well, no one needs a capacity assessment." They went on to say, "If I felt someone was lacking capacity we would get the form from the GP or download it, but we've never had to do it."

One team leader said, "I think probably 90% of people have capacity and for those that don't, family members would be there so we ask them." One staff member said, "It's about putting plans in place to look after people and their affairs, like lasting power of attorney."

We recommend that the service considers current guidance in relation to the Mental Capacity Act.

We spoke with staff about induction, training and support. One staff member said, "It [induction] was about policy and procedure, we did training in moving and handling, safeguarding, risk assessment and we did two weeks of shadowing. It was great; the girls were lovely and really helpful." They went on to say, "It was a lot to take in and I was quite daunted by all the information but it was really thorough, and I just remembered it. The shadowing helped bring it all back. It was fantastic." One team leader said, "We go out with staff and they shadow us and we assess if they are competent. They could have extra training if they needed to or some more shadowing and support."

Another staff member said, "Ongoing support is really good, we have monthly meetings and review people's needs. They [management] are on the other end of the phone if needed; we can drop in to the office. They always ask if you are ok and how things are going, if you need more training or shadowing or anything."

One person said, "They [staff] are all pretty competent. New girls are taken around by someone who knows it and they get to know everything. They come round and watch and listen and learn everything and they remember everything." One team leader said, "Oh yes, we are definitely well supported, we have three

monthly supervision and team meetings every month."

We saw a supervision and appraisal matrix which showed staff had received one probation meeting a month during their first three months in employment. Quarterly supervision meetings had then followed with an annual appraisal when they had been in post for a year. The matrix also had meetings booked for staff until the end of 2017.

One team leader said, "We do lots of training, moving and handling, medicines, safeguarding, mental capacity, there's nothing I feel we need and don't get."

A training matrix had been completed and showed that staff training was up to date in areas such as moving and handling. All staff had completed an in-depth induction programme, followed by shadowing a competent staff member, normally a team leader before they were assessed as competent to lone work. The training manager said, "The new induction will be rolled out to all employees, so by the end of 2016 we will have all current staff and new staff fully trained within the new induction plan." They added, "Challenging behaviour training is to be rolled out as it was brought up by one of the staff teams. We are also developing a team leader development programme." We saw staff completed a reflective learning log following their induction and were given the opportunity to provide feedback on induction and training attended as well as make suggestions for future training.

Where appropriate, speech and language therapy (SALT) had been involved in assessing people whose needs related to eating and drinking. Any recommendations made were included in care plans, such as consistency of meals and the daily fluid intake a person needed. Daily logs showed that recommendations were followed and food and fluid charts were used to record people's nutritional intake. Care plans included information on the size of meals, and if people needed their food to be cut up the size was specified. Fluid intake was recorded in detail and where staff had noted that family or friends had supported with offering drinks this was recorded but the amount drunk was not as staff did not know the detail of this.

A staff member commented, "I support someone with diabetes, I got training in how to support and they administer it themselves." They went on to say, "I got information on hypo and hyper glycaemia and what signs to look for and what to do."

One team leader said, "I've spoken to people's occupational therapist and the district nurses to gain knowledge. I always ask why people take certain medicines so I can recognise any side effects."

Is the service caring?

Our findings

We spoke with people about the care and support they received. One person told us, "I'm very happy with the care, I have four carers each day, they are nice girls." We asked if they had regular staff who visited them, they said, "Oh yes, in the main." They went on to say, "They are absolutely respectful, very pleasant and very kind." They added, "I look forward to seeing them, they are nice people. The carers are in the same category as nurses, on a level with them. A lot's expected of them but they are lovely girls, I really appreciate them."

Another person said, "Oh yes, I'm very happy, with some of the older ones [staff] we have a few jokes together, I enjoy it." They added, "It's nice to have regular people [staff], I like to see the same ones as they all know me and we can get talking."

One relative said, "We are certainly treated with respect, they explain what they doing. Many of them [staff] we know very well, they've been serving our needs for some time now and we are very, very comfortable with them and how they work." They went on to say, "I know my [family member] is well looked after and I can sleep well knowing that."

Another person we spoke with said, "Oh yes, I'm happy, it's the best care company I've been with." We asked what made them the best, and they said, "They are very dedicated, professional, caring, dignity and respect is fine." They added, "They arrive on time and stay as long as I need them to, they do everything they need to." They went on to say, "I wrote my care plans with [team leader] to tell them about what I needed and the staff follow them. We can have a laugh as well; it's good, really good."

Another person said, "It's very good, they are very caring, kind and respectful." We asked about involvement in care plans and they said, "Oh well I just tell them what I want them to do, it makes it easier you see. I have the same girls unless they are sick or on holiday so I tell them what I want them to do." They added, "They know me well and it makes a lot of difference."

People told us they were involved in decision making around their care and had initial meetings with the registered manger or team leader to go through care plans and record how they wanted to be supported. On a day to day basis people said staff gave them choice and explained the care they were providing, asking if it was ok to go ahead with certain things before they did so. Staff told us they maintained people's dignity by closing doors and blinds when personal care was being delivered. One team leader said, "We always ask before we do anything and if people can do it themselves then they do. We always involve people and their family and work through the assessments and care plans."

We asked if anyone had the support of advocate. The registered manager said, "No one currently has an advocate, some people have a lasting power of attorney and there's family involvement." We asked if information was available for people on advocacy services. The registered manager checked the service user guide and statement of purpose but there was no information. They explained they had information leaflets in the office but were unsure if these included advocacy. We saw leaflets on community groups and engagement but there was no information on advocacy services.

There were many thank you cards and letters which included comments like, 'Nothing but praise,' 'we feel so relaxed when they [staff] are in,' 'they are all very kind,' and 'one in a million.'

Is the service responsive?

Our findings

We spoke with staff and people about care planning and person centred care. One staff member said, "Everything's in place, care plans are detailed and the risk assessments. There's effective rota planning so we have time to meet people's needs and travel to the next person."

A team leader said, "Knowing about people's history is really important, it tells you who they are and you know what is relevant for the person." Personal information about people's medical history was very detailed and included prompts with regards to allergies and diabetes. One team leader said, "Isolation can be the problem for some people rather than any illness they have." They explained they had been involved in organising activity days during carers week and had a dementia awareness day with a dementia champion. They explained about organising craft days and support people to gain confidence in using public transport or attending groups and activities so they could meet new people and reduce isolation.

Information in care plans was specific in relation to visit start and finish times and the length of time staff needed to be there for. There was information on the number of staff required to support the person and whether support or prompts with medicines were needed. Detailed care plans were in place which included person information such as how people liked to be cared for and their preferences for specific toiletries and where items could be found. Care plans for people who needed support with moving and handling were specific, particularly where people needed to be supported with the use of specific equipment.

An assessment of skills was completed which provided information on the person's independence or support that was provided by family members or significant others. This provided staff with a holistic view of the person, rather than there only being a focus on the support that needed to be provided.

One relative said, "We were involved in writing the care plans, we sometimes have a little conference and update them or change them if necessary."

One person said, "I've had a look at my folder [care plans] and everything is up to date, it takes a bit of reading but I'm happy with it. I'm very happy with the girls." Another person said, "[Registered manager] came out and updated everything in my care file and made sure everything was up to date, really good that way." We saw reviews were recorded and happened either face to face or over the telephone. One person had commented, 'I'm delighted with the care, I get on with everyone, girls do everything I ask them to and nothing is a bother to them.'

Where possible people had signed their care records to confirm involvement and agreement with the plan. If people were unable to sign, due to poor dexterity for instance, this was recorded.

The registered manager said, "During team meetings staff are asked to read care plans and identify if the plan is right, what works, what doesn't work, like a client review." They added, "Reviews are held with clients every three to four months, if complex we would do them monthly."

Questionnaires had been sent to people to gain feedback on the service. The registered manager said, "If they are negative they are dealt with as a complaint, we write to people and visit them if there are concerns." We saw one person had commented on the approach of a particular staff member. We saw this had triggered reviews with other people who the staff member visited to gain feedback and it was noted they said similar things. The staff member was spoken with about the concerns and their approach, which was followed up in writing with a requirement to re-do some aspects of the induction.

Positive comments from the questionnaires included, 'brighten up the day, can't praise them enough, do everything I ask,' and 'I normally get the same group of carers, they arrive on time, I trust them, my personal preferences are met.'

One external professional told us, 'The outcome of discussions held with people receiving care from MyCare have been extremely positive, staff arrive on time, stay the full and agreed time and personal care tasks are completed to a very high standard.' One family reported, 'The staff have been sensitive to the situation, the care has been exceptional and staff have even supported family members at a very difficult time which makes dealing with (the situation) easier to manage.'

People and relatives said they knew how to make a complaint if they needed to. One relative said, "Oh yes, we have no complaints, very happy." They added, "We have visits a few times a day, there are occasional blips but no problems, they sometimes do a little bit extra." One person said, "I know I can complain there's information in my file about how to do it but there's nothing to complain about. I'm very happy with what I get."

A complaints file was in place and we saw that complaints were fully recorded and investigated with information on the outcomes and action taken. One person said, "I can't think of any concerns." They added, "Occasionally there may be a little something happens and they may be held up a bit but it's not very often."

Is the service well-led?

Our findings

The staff we spoke with told us MyCare Services was one of the best places they had worked. We asked them to explain why. One staff member said, "I love it, I really enjoy it, it's about giving something back, I always wanted to do it, it's like I've fulfilled an ambition. I love helping people and making a difference." Another said, "The organisation covers everything, it's still a young company but the goals and aims are there and things are in place to overcome any glitches, nothings failing, everything is a plus." One team leader said, "I enjoy it, I like where the company come from and their ethos moving forward, they believe in independence, promoting skills and reducing care if we can. If we don't have the time to deliver the care that's needed people are reassessed."

One team leader said, "We have a really nice boss, very supportive, helpful and kind. If we suggest something you can pretty much guarantee it's already in the pipeline." They added, "It's the best thing I ever did, I would never leave." We asked why and they said, "They are understanding of clients' needs and our needs, clients get the attention they need, everything's confidential."

One staff member said, "The management are great, they are always there for you, even if it's confidential they will sort things out, they get back in touch, there's no problems at all."

The registered manager said, "Happy staff means happy clients." They went on to explain the process they had used to update the format used for care planning. They said, "We got feedback from staff on the care plans so we developed the new version. There was an intermediate version and staff said they liked some things but not others so we changed it again to get the one we are currently implementing."

Staff told us about the communication system that was used. One staff member said, "Everything is on a phone that's provided by the company. It's all password protected but there's all the information on there that we might need like key codes, information on care, urgent messages or changes. It's a good system. We log in at the start and finish of visits and can send messages if things have changed. It shows the visit details, the address, the person's needs and their requirements. We also have the care plan in the house."

A team leader said, "We all have work phones and the rota's managed electronically. You can leave messages so communication is really good, you can always access advice or clarity if you need it. It means carers [staff] have access to speak to team leaders or to send a message whenever they need to."

One person said, "I know [registered manager] they are visiting tomorrow for a chat. They visit me regularly." A relative said, "We know [registered manager] well, they visit often. Problems are resolved and put right when there are any." They added, "I can't really think of any improvements at the minute."

Audit's and quality assurance systems were used and we saw new systems were being introduced and formalised. Following an audit of training records the training manager wrote to all staff with a list of any training that was required or any certificates or workbooks they needed to collect and complete.

Checklists were in place in the front of care files which detailed the dates of reviews, any additional care plans and risk assessments and the date of review. The information also related to the version of the care documentation used to ensure the most current version was in place.

Reviews that were held with people receiving care and support also included a review of their care plan and risk assessment to ensure the information was up to date and current.

The registered manager explained that written audits of MARs had been introduced in February 2016 in response to assessing the previous system and recognising the need to record issues and action taken to resolve them. We saw concerns were noted and action taken to address them. The registered manager explained new MARs had been ordered from the printers and included the audit form rather than it being stored as a separate document.

Daily logs were audited on a monthly basis and included an audit of food and fluid, choice, times in and out of visits were checked against the person's scheduled visits and medicine records. Daily logs were signed as being checked and audit logs were completed if any concerns had been identified.

The registered manager told us they were regional winners of the 2015 Great British Care Awards. Two awards had been received, one was the Care Innovator Award which had been presented to the founder of the organisation and the other for care employer award was presented to the registered manager. A statement in relation to the founder read, 'This person has had the courage to challenge care provision standards and offer a fresh new approach. By empowering and valuing the carer, new levels of care provision can be achieved.' In relation to the registered manager it read, 'In one year [registered manager] and management have set up MyCare Services and established it well in the community. Value drives this business which has grown into a fantastic provider of care. Well done!'