

My Care Ladies Limited

My Care Ladies

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 30 December 2016 and 6 January 2017.

My Care Ladies is a small domiciliary care agency providing personal care to people in their own homes. At the time of the inspection four people were receiving personal care. Visits ranged from half an hour up to two and a half hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

There was a registered manager in place who was also one of the providers. 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.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. People and their families had been given information so that they knew what to expect from the service.

Staff told us that they felt their achievements were recognised and that they felt valued. Staff had a clear understanding of their roles and responsibilities. We observed staff were confident in performing their jobs.

People who required assistance with their medicines were supported by appropriately skilled and qualified staff. They had received training and competency checks and had a good understanding of the risks associated with the medicine people were taking.

People, their families and other professionals told us they felt the service was safe. Staff had received safeguarding training and had their competencies checked. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

There were enough staff to meet the needs of the people using the service. Staff had been recruited safely.

People told us that the provider, registered manager and care workers were extremely caring, kind and compassionate and this made them feel valued and cared for.

Staff said they felt supported in their role. Staff told us they received regular supervision and had a yearly appraisal. Supervisions also took place with staff when they were supporting people. They included checking staffs dress code, their knowledge of the people they were supporting and any risks they lived with, health and safety and a check of record keeping.

People were supported by care workers that had a good knowledge of people's personal histories and who was important to them.

People, their families and other professionals had been involved in a pre-assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people

People who used the service felt able to express their opinions and views.

There were systems in place to monitor the quality of the service and continually improve.

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.

People were protected from harm.

Risks to the health, safety and wellbeing of people who used the service were assessed and acted on.

Care workers had the knowledge, skills and time to care for people in a safe and consistent manner.

There were safe recruitment procedures to ensure that people received their support from staff suitable for the role.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received effective care that met their needs and wishes.

People experienced very positive outcomes as a result of the service they received.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were supported with their health and dietary needs.

Is the service caring?

Outstanding ☆

The service was extremely caring.

The whole staff team were committed to ensuring people were at the centre of the service they provided.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received.

People felt care workers without exception treated them with kindness and respect and often went above and beyond their roles.

Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider promoted strong values and a person centred culture.

Staff were proud to work for the service and valued by the provider..

There were robust systems to assure quality and identify improvements to the service.

My Care Ladies

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 29 December 2016 and 6 January 2017. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was completed by one Inspection Manager.

Before the inspection, the provider 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We visited two people in their own homes. We also spoke with two staff. We contacted one person by telephone. We also contacted two social care professionals. We looked at care records for two people using the service. We looked at the recruitment records of two care workers; we reviewed a variety of quality assurance audits, staff and service user surveys, policies and training records. We spoke with both the providers; one of them is also the registered manager.

The service had not previously been inspected.

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Is the service safe?

Our findings

People told us; "They make me feel comfortable". Another person told us; "I always feel safe, they use the equipment confidently."

People were protected from harm. The provider had a safeguarding policy which all care staff had read and safeguarding training was an important part of induction. The registered manager told us that safeguarding was discussed during meetings. Care staff we spoke with were confident in how to recognise signs of abuse and knew their responsibilities if they were concerned about someone's safety. In the surveys returned to us everyone who responded said they felt safe and that they would come to no harm when being supported by their care workers.

Risks were managed safely. Risks were clearly assessed before the person received the service both individual risks such as use of a hoist and risks in the environment such as stairs which were narrow and steep. We could see that where risks changed such as a person's mobility, action had been taken quickly to update the risks such as use of a walking aid and ensuring it was by the person. For one person the guidance for staff on the risk was to ensure 'they did not trip over the cat'.

There were sufficient numbers of care workers available to keep people safe. The registered manager told us that they only took on packages of care which they knew they had the capacity to meet the person's needs. The registered manager and operations manager also completed care calls when needed. People told us that care workers always arrived on time and stayed the time expected. People told us they never felt rushed and care workers always had time to chat. People told us they valued the caring approach.

People supported by My Care Ladies and the care workers it employed lived locally. The agency planned 15 minutes travel time between each visit regardless of whether this was needed or not. This decreased the risk of staff not being able to make the agreed visit times. The registered manager informed us that the agency had not had any missed visits. On the few occasions care workers were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit they telephoned the agency office. Contact was then made with the person whose visit was going to be delayed in order that they were kept informed. This was confirmed by people that we spoke with who received a service.

The provider followed safe recruitment practice. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people started work at the agency. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Medicines were managed safely. When care workers gave people their medicines this was recorded on

medicine administration records. These had been completed to show that staff had administered people's prescribed medicines appropriately. Completed medicine administration records were always reviewed when they were returned to the office to ensure staff were following safe procedures by giving people their medicines as prescribed.

Is the service effective?

Our findings

People told us; "Staff know me really well". One person said, "I have had no reason to question their ability". People told us they thought the care workers who visited them were matched well to them personally.

Staff had suitable training and development to ensure they could support people they cared for. The registered manager showed us the training plan detailing the core training all care workers had. This training covered essential areas such as moving and handling and medicines. All care staff received induction training when they start and then regular supervision and appraisal. Care staff also completed an appraisal self-assessment where they are asked to list their personal strengths, their understanding of their role and responsibilities. One member of staff wrote 'the clients opinion is paramount'. Care workers were encouraged to complete the care certificate. Where care staff had identified additional training that would support their learning and development such as end of life care this had been actioned by the provider and suitable training arranged to support staff in developing their skills and knowledge.

People were supported at mealtimes to have the food and drink of their choice. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. For example, one person we met had their meal prepared by care staff. They told us that the care worker was a good cook and always made them something they liked.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. Consent to care was sought from people in line with legislation and guidance. Staff showed understanding of the Mental Capacity Act 2005. Staff had clear guidance about how to support people to make decisions. For example, a person receiving the service was assessed as having variable capacity to choose what they wanted to eat. Staff were advised to always ask them what they wanted to eat but when they were not able to make this choice staff relied on information provided by the person and their relatives about their dietary preferences.

The agency was clear about who had authority to make decisions on behalf of people who lacked capacity to consent as they had obtained evidence when family members had acting powers of attorney with authority to make decisions about people's care and welfare.

Staff were aware of people's health care needs and liaised health care professionals, such as district nurses and GPs when necessary. When we spoke with people they were reassured that care staff would contact when they were unwell. One person said the care worker asked them before they rang the district nurse and that they were grateful for the support as they were too unwell. Another person told us that when their health needs had changed and they needed more support the agency immediately put extra visits in to assist them.

Is the service caring?

Our findings

Without exception the people we spoke with were full of praise for the care staff describing care as compassionate and thoughtful. People told us they felt valued. People also told us care workers were very caring. One person told us; "They (staff) are always thoughtful". A relative told us, "Care workers go above and beyond what they are contracted to do." Another person told us, "They don't time watch it is like family coming in, I trust them."

Staff had built caring relationships with people. For example, one care worker took a person receiving the service to dinner with their relative. They did this in their own time because they knew the person was anxious as their relative was unwell and they felt the visit would give the person reassurance and peace of mind. The registered manager told us that the agency gave each person a card and present on their birthday. One person we spoke with told us that a care worker had been doing their shopping for them and couldn't get their favourite ready meal as it was out of stock. So they had gone to a different branch in their own time to get the meal they enjoyed. The person told us it had made their day. Staff were highly motivated to provide the best care they could.

People were treated with kindness and compassion in their day to day care. Everyone that we spoke with, without exception told us they valued the visits from care workers who they trusted and valued the relationship. There were numerous examples where care workers had used their initiative, small acts of kindness had made a big difference to people's lives. For example, one person had lost their false teeth so they arranged for the person to go to the dentist and get a new set. This was not part of the care plan but the care worker recognised the importance of arranging this visit for the person. Another person used a magnifying glass because of their poor eyesight but could not find the right strength. A care worker took time to find the one they needed and gave it to the person as a Christmas present. The person appreciated the kindness and care the member of staff had taken which made them feel more than just a visit. On Christmas day the provider took Christmas dinner round to those people who were on their own so they felt valued and cared for on a day when relatives were not able to visit.

People valued the fact care workers knew them well. For example, one person told us that staff knew his family history and they understood how important living at home was. He also told us that because it was a small agency it was a small group of care workers you got to know and they all took time to have good conversations because they knew you so well and knew how you wanted things done.

Care workers were respectful of people's privacy and maintained their dignity. During one visit care workers ensured that the person's dignity was maintained at all times. They did this by ensuring the person was covered before and after they had personal care. The person told us, "They always make sure I am comfortable."

People were supported to express their views and to be involved in making decisions about their care and support. People we spoke with told us the agency focus was always on their wellbeing. One person told us

"from the minute they arrive they ask how I am and are genuinely interested in me." Another person told us, "When my legs were really bad they made sure the district nurse came to visit me straightaway."

Care workers understood the importance of promoting independence and this was reinforced in people's care plans. Care workers told us that their focus is on what the person can do. For example, one relative told us, "they have never judged, they have always encouraged and this is the reason my relative still lives independently."

The agency provided compassionate end of life care. The registered manager told us that they had supported one person who lived with family. They had arranged for Marie Curie nurses to become involved with the person's consent because they were concerned that the person needed specialist support at the end of their life. They wanted to be sure they were able to give the right support and care and that their care staff received the support and guidance of the Marie Curie Nurses. The registered manager told us, "We provide the quality of care we would want for ourselves and our families." The agency values the needs of the individual over anything else. For example, they were concerned that the person who was at the end of their life was on their own and they wanted to ensure there was always someone from the agency with them as family were not able to be present for large parts of the day. The registered manager told us they sat with the person ensuring they had their needs met for 12 hour shifts and that the person was supported at night. They did this because it was the right thing to do and to ensure the person died with dignity and with people they knew and trusted close by.

The provider cared about their staff and valued the job they did. For example, the provider ensured that care workers travel time to visits was paid, they also paid their care workers car tax. The registered manager told us that all care workers were given time off over Christmas to be with their own families and the operations manager and the registered manager covered all the care calls over Christmas. They told us this was because they valued the work their staff did on a daily basis ensuring people received a caring person focused service.

Relatives valued the caring approach by the agency. For example, we saw numerous cards and letters from people expressing their thanks for the service, such as 'Can't thank you enough for being such good friends to X and for caring for her so wonderfully' another relative expressed the view, 'reminded me what an excellent job My Care Ladies had done during a difficult time' Another person wrote 'My mother felt always very safe with the carers. ... they made her feel cared for.' One person wrote, 'To receive a personal card and gift at Christmas time is a very strong factor in the client feeling satisfaction in the service.'

Is the service responsive?

Our findings

People told us; "The carers go above and beyond what is expected. It is the little things that make the difference".

People receive care personalised to their needs. Assessments were completed before people received any care. This meant that care plans included relevant information about people's individual wishes. Care plans detailed how people liked to be supported and were specific in their individual preferences. For example, this included information about specific steps to go through to support someone with a shower. For another person the care plan described the exact way the person liked their morning personal care routine and why this was important to them. For another person the care plan was detailed in why care staff had to wait 5 – 10 minutes after someone had their medicine before they supported them out of bed for their personal care.

The provider responded quickly to people's changing needs. For example, for one person their health improved so the provider reduced the number of visits each day. However when the person's health deteriorated quickly the agency took action immediately to increase the number of visits and their duration. The person told us they valued the agency's quick action as it meant they could stay at home. The service was flexible and could respond at short notice in an emergency even when the emergency was not care related. For example, one person had a plumbing problem late at night and their first thought was to ring the on call service because they trusted that the agency would know what to do. The registered manager told us how they responded and although it wasn't to provide personal care. They were able to ensure the person's anxiety did not affect their health but making arrangements for a plumber to call.

The agency had a good reputation in the community and did not need to advertise its services. The registered manager told us that new clients usually come to them through personal recommendation. We received comments from a social care professional who told us that they were impressed with the responsiveness of the agency and would not hesitate in using them.

People told us they felt the agency listen and acted when they were unhappy with the service. For example, the registered manager told us the common theme is non-compatibility with staff members. When this had happened the registered manager visited the person listened to their concerns which were about not feeling comfortable with the care worker in their home. The provider took time to understand the situation and work with the person using the service to find a solution they were happy with. They found a care worker with similar interests and the outcome for the person is very positive as they have a care worker they feel comfortable with and they feel valued by the agency.

Is the service well-led?

Our findings

People told us; "It is not just one thing it is everything together".

The provider promotes a positive person centred culture. The registered manager told us how hard they work to ensure that the care worker and the person being cared for were matched so that they were the right person to support the individual. The registered manager was very clear on the care staff they wanted to employ and the values that were important to the agency such as being kind, caring understanding and most importantly treating people as you would want to be treated.

The agency values both people using the service and care staff working for them. In the provider information return (PIR) it said 'As the Registered Manager, I promote a service that is caring, responsible, approachable, honest & open. Both staff & clients are encouraged to communicate - with us as well as each other- so encouraging teamwork, continuity of care & trust..' We found this to be accurate as people we spoke with confirmed this philosophy was delivered in practice.

The registered manager and provider understood the importance of quality. They expected a high standard of care from their staff and took action when this was not met. For example, it had been reported to the registered manager that someone's kitchen had not been left clean, following a care visit, as the agency expected. The registered manager took a photograph of the way the kitchen had been left. The registered manager also took a photograph of the way it should have been left as a visual reminder to all staff of the standard the agency expected. The provider ensured that oral feedback from people using the service was sought at visits so they could guarantee My Care Ladies always operated at the highest level taking into account people's views of the quality of the care and the professionalism of care workers. The agency had recently sent out a client survey asking how they would rate the service. Of those returned, the majority of people rated the service very positively. The agency strives to deliver good quality care.

Staff valued the support they received. For example one care worker had said in their appraisal, 'Management always support in a wonderful way'. The registered manager and provider completed spot checks on all care staff and worked alongside them which care staff valued.

The provider and registered manager ensured that systems were in place to drive improvement. The provider information return told us that the agency were planning on developing some more responsible job roles such as "Senior Carer" for those members of staff that have the knowledge, professionalism & confidence associated with such a position. They were also introducing, "Carer of the Month" to give the staff recognition for excellent work and any outstanding contributions to My Care Ladies. They were also planning on asking care staff to look at signing up to the Social Care Commitment to ensure good practice.

The Operations Manager and Registered Manager attend local 'get-togethers' through Partners in Care -

sharing knowledge and ideas with other agencies and health professionals which they feel results in a deeper understanding of their roles and responsibilities.