My Life (Carewatch) Limited

My Life Living Assistance (Christchurch)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 31 January and the 1 February 2017 and was announced. The service was registered with the Care Quality Commission in July 2016 and this was our first inspection of the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection there were 17 people receiving personal care from the agency.

The service had a registered manager. 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 were not being fully protected from abuse as systems and processes were not being operated effectively to ensure concerns about abuse were reported and investigated. Although any incidents reported had been fully investigated by the agency they had failed to share information with external agencies.

Statutory notifications had not been made to CQC. This meant that we had not received information to support our monitoring of the service. People and their families were unhappy at not regularly receiving a weekly programme detailing visit times and names of carers.

People's risks had been assessed and care workers we spoke with understood the actions they needed to take to minimise these risks and to meet peoples care needs. However care plans did not always contain enough information to ensure risks or care needs were being consistently managed. At the time of our inspection the registered manager was in the process of writing more detailed care plans for people to ensure risks were consistently managed. Changes to peoples care needs were communicated to staff and people and their families felt involved in reviews of their care and support.

People and their families told us they felt the care was safe. People were supported by enough staff who had been recruited safely and understood their role in recognising and reporting any suspected abuse or poor practice. Staff had completed an induction and on-going training that enabled them to carry out their roles effectively and felt supported in their roles. Medicines had been administered safely to people including topical creams and pain relief. People had been supported to access healthcare when needed.

Staff supported people's ability and choices about their day to day care and obtained consent in line with the principles of the Mental Capacity Act (2005). People and their families knew how to make a complaint and felt they would be listened to and any actions needed would be taken.

People and their families described staff as caring, efficient and respectful. They found it helpful being

supported by regular care workers who understood their likes and dislikes. People felt involved in decisions about their care and felt staff respected their dignity, right to privacy and independence

Staff spoke positively about the manager and felt empowered to share views and ideas about the service. They understood their roles, responsibilities and boundaries and described communication within the service as good.

Quality monitoring processes were in place and used effectively to improve outcomes for people. When actions had been identified they were shared with staff and progress regularly reviewed.
Working relationships had been developed with health and social care commissioners which ensured partnership working led to positive outcomes for people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all systems and processes were being operated effectively to fully safeguard people from abuse. Allegations of suspected abuse were investigated internally but not reported to external agencies. Staff understood how to recognise abuse and to report concerns.

People had their risks assessed and staff understood the actions needed to minimise risk although this was not consistently detailed in care and support plans.

People were supported by enough staff who had been recruited safely.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff induction and on-going training provided them with the skills to carry out their roles effectively.

Staff supported people's ability and choices about their day to day care in line with the principles of the mental capacity act.

People had their eating and drinking requirements met.

People were supported to access healthcare when appropriate.

Is the service caring?

Good

The service was caring.

Staff were consistently described as caring, kind and patient.

People were involved in decisions about their care.

People had their individual communication needs understood and their dignity, privacy and independence respected.

Is the service responsive?

Good

The service was not always responsive.

Care and support plans did not always provide enough detail to ensure care was delivered consistently.

People were aware of the complaints process and felt confident that they would be listened to and appropriate actions would be taken.

Is the service well-led?

Requires Improvement

The service was not always well led.

Statutory notifications had not always been made to CQC which meant that we had not received information to support our monitoring of the service.

Staff described the culture as open and felt empowered to share the views and ideas about the service.

Quality monitoring systems were effective in capturing details and taking actions that led to improvements in service delivery.

Working in partnership with other health and social care agencies led to positive outcomes for people.

My Life Living Assistance (Christchurch)

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 used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

The inspection started on the 31 January 2017 and continued on the 6 February 2017 and both days were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners to get information on their experience of the service. The provider was completing a Provider Information Return (PIR) at the time of our inspection. A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make. We gathered this information during the inspection.

During our inspection we spoke with six people who used the service and four relatives. We spoke with the registered manager, the business development manager, care co-ordinator and three care workers. We observed care practice in four people's homes and checked care and medicine records. We read feedback from one social worker who had experience of the service and spoke with a district nurse.

We reviewed five peoples care files and discussed with them and care workers their accuracy. We checked four staff files, medication records, management audits, staff meeting records and the complaints log.

Requires Improvement

Is the service safe?

Our findings

We read three separate records of incidents were people potentially had been placed at risk. We read a journal entry dated 9/8/16 where a person had asked that a member of staff not be sent back as 'they snapped at me'. Another person made a complaint that a member of staff had sworn and been rude. The third was a record of a missed afternoon call which meant a person didn't have their home secured for the night or receive an evening drink and snack. The registered manager had not shared the incidents with the local authority safeguarding team. They have the responsibility of determining how a concern should be investigated and whether by the agency or an external organisation such as a social worker or health professional. The provider had thier own procedures in place which included notifying the local authority but they were not being followed. This meant that people were at risk as systems and processes were not being followed that were in place to protect them.

Each of the incidents had been investigated by the service and issues of poor practice had been addressed in line with company policies and procedures. As a result one care worker had their employment terminated. The service had not shared this information with the vetting and barring agency. This meant that future employer checks would not have relevant information about the persons previous work practice. We discussed our findings with the registered manager who told us they would review practice to ensure reporting to external agencies took place in the future. They would also retrospectively send information to the vetting and barring agency about the care worker who had left their employment.

Systems and processes were not being operated effectively to prevent abuse of people. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their individual risks assessed but plans did not always contain enough information to ensure care workers were able to consistently carry out the necessary actions to minimise risk. An example was one person had a risk of falling from their wheelchair. The care plan simply said 'Support into wheelchair'. We spoke with a care worker who described more detailed actions needed to minimise the risk. They told us "When putting (name) into the wheelchair I make sure they are sitting right back. They've just had another wheelchair which is better. We always put on the lap belt". Another person had a high risk of skin damage. The care plan said 'Assistants to record and report any concerns'. The care worker was able to describe the actions they took to minimise the risk. They included ensuring the person was sitting on a pressure cushion provided by the district nursing service, encouraging the person to sleep in bed and applying barrier cream. We discussed with the registered manager are concerns. They explained they had identified that the care plans were not detailed enough and they showed us a new care plan system that they had started to introduce. We were shown examples of completed plans which contained the detailed information needed to provide consistent care. The amount of detail ensured staff had a clear understanding of their role in reducing risk to people. The registered manager told us that within eight weeks all care plans would have been rewritten in the new format.

People and their families told us they felt the care was safe. One relative said "I feel were in safe hands". Staff had completed training and understood what types of abuse people could be at risk from, what signs

to look for and the actions they needed to take if they suspected abuse. We spoke with a care worker who told us "I've got safeguarding paperwork with details of what to do and it includes details of external agencies". We read records that demonstrated that staff understood their responsibility and felt confident to report any incidents of poor practice to the registered manager and that these had been investigated and managed appropriately.

People were supported by enough staff who had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Barring Service to ensure that staff were safe to work with vulnerable adults. The registered manager told us "We have enough staff to meet needs of the current people we support. If we are short then staff are good at covering shifts or I will go out and cover a visit". We spoke with a care worker who told us "Staffing has improved. I find I get to calls on time. Call times are pretty good. It's worked out to a fine art". Procedures were in place for managing issues of staff poor performance. The registered manager was able to give us examples of where these had been effective in managing staff performance.

People had their medicines administered safely which included topical creams. Records of medicines administered were accurate and regularly audited by senior staff. We observed one person being given medicine in line with their care plan. This included placing the medicine in their hand, offering a clean glass of water and staying with the person until the medicine had been taken. The person had pain relief prescribed for as and when required. We observed the care worker asking the person if they needed pain relief. This meant that people were receiving pain relief when they needed it. Care workers were aware of actions they would need to take if a medicine error occurred. One care worker told us "I would ring the office and act on whatever they advised".

Good

Is the service effective?

Our findings

Staff completed an induction and on-going training that enabled them to carry out their roles effectively. Induction included completing the Care Certificate. The Care Certificate is a national induction designed for people working in health and social care who did not already have relevant training. New staff also shadowed an experienced member of staff for a minimum of 15 hours. A care worker told us "There is always training on offer. We're doing more in-house which is good as we're lone workers and you get to meet workmates". They explained that they had received dementia awareness training and told us "It's helped with communication and I have shared my experiences with other staff". Staff files contained certificates of completed training which included dementia awareness, health and safety, diabetes and medicine administration. A training programme had been developed which recorded what training staff had completed and when they were due for a refresher. People and their families told us they felt the staff were well trained. One relative said "They seem well trained and we work well together". Another told us "They seem well trained, they do the job they're here to do".

Staff told us they felt supported. One care worker told us "I have supervision with (name) and an appraisal. I do feel supported". Supervision records showed us that spot checks were carried out regularly in people's homes to observe care practice and check records as well as planned one to one supervision sessions.

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 found the service was working within the principles of the MCA. Staff understood how to support people to make their own decisions. People who were able to consent to their care had done so and told us they directed the care they received. One person told us "I get cared for in a way that I choose". Staff provided care in people's best interests when they could not consent. This was recorded as having been decided within the framework of the Mental Capacity Act 2005 and decisions had included family members and social and health professionals who had knowledge of the person. Files contained copies of legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

People had their eating and drinking needs understood by the care workers supporting them. We observed one care worker serve breakfast in exactly the way the person had requested. We read a food plan that described the persons likes and dislikes and the approaches care workers needed to use that would encourage them to eat.

People were supported with access to healthcare and records showed us this had included opticians, dentists, GP's, district nurses, chiropodists, and dieticians.

Good

Is the service caring?

Our findings

People and their families described staff as caring. One person told us "They are very respectful and efficient and they care". We spoke with a relative who said "No complaints at all. They are wonderful ladies". Another relative told us "Staff are caring and my (relative) would soon say if they weren't".

People and their families told us that they normally had the same care workers and that this worked well for them. We spoke with a person who told us "I do get three carers regularly, they are perfect. Nothing gets forgotten; I can completely relax with them. Never embarrassed when they are there. They leave the house nice and I'm happy". One relative said "Approach and attitude is good to excellent. We have the one main carer and she is a treasure. (Name) struggles with new people so it's good we have the same carers. It's brilliant and makes the difference". Another person told us about a care worker who usually visits them. They said "(Name), there's nobody like her. She is special. We have a laugh and a talk. We have things in common".

Staff understood people's communication needs. One person was living with a dementia and their communication plan included phrases they used and how staff needed to respond. This meant that the person was enabled to communicate in a way that promoted their ability to express their thoughts and feeling.

People and their families told us they felt involved in decisions about their day to day care needs. We read journal entries that demonstrated people were involved in discussions and decisions about who provided their support. One person told us "I ask for (name and name) and I get them. I get on well with them both they are good".

Staff understood their role in respecting people's privacy and dignity. A care worker told us "You respect their home and you don't put your values on to how they live and if you are giving personal care be aware of curtains and closing them". It is respecting them and making them feel good about themselves. You need to recognise you could seem a stranger coming into a person's home". A relative told us "The carers are respectful of our home; it's always left nice and tidy". We spoke with another relative who told us "They treat (name) with dignity. They are like part of the family; they are brilliant".

We observed staff interacting with people and their families in a relaxed and professional way. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them.

Support was provided to people in a way that encouraged independence and involvement. We read one review where the person had been quoted as saying "Staff remind me I should be more independent". We observed staff checking with people whether they needed assistance before providing care. We observed staff being patient and they encouraged people to do some things for themselves at their own pace. This meant that people were supported and given opportunities to retain their individual levels of independence.

Good

Is the service responsive?

Our findings

Assessments had been completed prior to a person receiving support from the provider. The information had been used to determine what areas of day to day life a person needed support with. Care and support plans had been written but they did not always provide enough information to support staff in meeting people's care needs. We found one example where someone had changed from using a zimmer frame to a wheelchair and their plan had not been updated. However, staff told us this had happened recently and that normally they would have notified the office of the change immediately so that changes could be made to the care plan. When we spoke with care workers they were able to tell us how people needed to be supported. The registered manager showed us the new format being introduced for care and support plans. We saw one that had been completed and it contained more depth of information about the person and how they needed to be supported. The care and support plan had been written in a simple to follow format that provided the detail needed to ensure person centred care would be provided consistently.

Staff told us that changes to people's care was communicated to them effectively using a text message service. A care worker told us "They are more instant. You get your messages and you will have updates on change of medicines for instance. I find messages are better because you can read it and it goes in better". We saw that each person had a communication journal which was accessible in people's homes and in the office. They included information about accidents, incidents, changes to risk, medicines and shopping. People using the service felt staff understood their care and support needs. Each file contained emergency contact details which included next of kin and the persons GP. Staff told us that there was always a senior staff member on call who knew the people they were supporting. This meant that people's changing needs could always be assessed and actioned by staff that knew them.

People and their families when appropriate were involved in care and support reviews. One relative told us "There is a review every six months and I feel listened to". Records showed us that telephone reviews took place three times a year. Reviews included quotes from people that corresponded with the information recorded on their care and support plan. One example was a person who at their review stated "I don't always feel like washing". A care worker told us "If I felt a review was needed I would speak to a senior to arrange". Care workers completed written notes for each visit they made to people. We saw that the notes were descriptive, detailed and specific to the person who they had supported. This meant that records kept staff informed of peoples changing needs and provided information to support reviews of care and support needed.

A complaints process was in place which people and their families were aware of and felt if they needed to use would be listened to. The complaints log demonstrated that when complaints had been raised they had been dealt with appropriately. One relative told us "Niggles get resolved to your satisfaction".

Requires Improvement

Is the service well-led?

Our findings

Statutory notifications had not been made to CQC. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. We found three incidents of potential safeguarding concerns that had not been submitted to CQC as a statutory notification. This meant that CQC had not received information to support their monitoring of the service.

People consistently told us they were unhappy that they were not receiving information in advance detailing the planned time they would be receiving care and the name of the care workers who would be supporting them. One relative told us "The sheets with care workers names on have not been arriving. (Name) misses it. It's nice to get one; it gives me confidence somebody is coming". Another person said "It irritates me not knowing who is coming and times". The registered manager told us there had been changes in how the information had been produced and they were aware of teething problems. They told us they would review this immediately to ensure people received this information prior to the week starting.

Staff spoke positively about the management of the service and described the culture as open and inclusive. One care worker explained "You have to share your ideas or the service doesn't build. If I notice something I speak to others and you often find they may have the same concerns. Sometimes it's not enough when you just notice it but when more people do it can trigger change".

Staff described communication as good. They told us they were kept up to date through visits to the office, text messaging and quarterly staff meetings. People and their families described communication with the office as efficient. They knew how to contact the office and told us somebody was always available or returned their call. One relative said "I can't fault the office; feel they're quite organised". The registered manager told us about a pilot scheme being introduced whereby people could communicate with the office through their TV's.

Staff had a clear understanding of the management structure and also their own role and responsibilities. This meant that staff understood the boundaries to their decision making and understood when to escalate issues to senior staff.

Quality monitoring processes were in place and information gathered was used to improve outcomes for people. Audits included people's care journals, medicines and staff files and actions identified had been included in a working quality improvement plan. Records showed us that actions were promptly taken and regularly reviewed. An example included one audit identifying that better recording was needed. We saw that the findings had been discussed with the staff team, records reviewed and further improvement identified and actioned with the staff individually. This reflected a commitment to quality assurance systems leading to improvements for people. Care plan audits had led to more robust care plans being introduced.

Working relationships had been developed with health and social care commissioners which ensured positive outcomes for people. One person had required support from a range of services and the social worker had written complimenting the agency on partnership working. It read 'I thought all agencies

worked well together and things went as smoothly as possible'. One person received support from an additional agency. We spoke with staff who told us "We have a communication book and if we need to pass on information we can write a message".

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not being operated effectively to fully safeguard people from abuse.