

My Care My Home Limited MCMH Cornwall

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

About the service

MCMH Cornwall is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 21 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. 19 people were receiving support with personal care.

People's experience of using this service and what we found

Staffing levels were low as some staff had left to return to jobs they had held prior to the pandemic. Remaining staff were working longer than their agreed hours in order to cover all visits. Some reported feeling 'stretched' but wanted to make sure people received their care as planned.

Some new staff had been recruited which would alleviate the situation. However, they needed to complete an induction and a period of shadowing before they were able to start working independently.

We identified an incident which should have resulted in a safeguarding referral being raised with the local authority and a notification. This had not been completed.

Audits and checks of the service had failed to identify foreseeable risks. Due to the low staff numbers the manager and co-ordinator were working in the community delivering care and spending less time in the office. This was beginning to have an effect on the record keeping and documentation.

Risk assessments were in place for risks such as falls and poor nutrition. These had not been developed for situations when people were distressed, and their behaviour could be unpredictable. We have made a recommendation about this in the report.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary about the staff team. They told us they were treated with dignity and staff were friendly and caring. They were confident their confidential information was respected.

Care plans were in place for everyone using the service. There were plans to invest in an electronic system which would support more effective monitoring and recording.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 25/04/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to staffing levels, safeguarding and oversight of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We have requested weekly reports to enable us to monitor staffing levels. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

MCMH Cornwall

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection there was no registered manager in post. The manager told us they were in the process of applying for registration.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 May 2021 and ended on 12 May 2021. We visited the office location on 11 May 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met the manager and nominated individual at the service office. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with eight people who used the service and seven relatives.

We reviewed a range of records. This included two people's care records, four staff files, staff rotas, incident reports and staff meeting minutes. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with seven members of staff and a professional who has experience of working with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant 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.

Staffing and recruitment

- There were not enough staff to ensure people would be supported in line with their needs and preferences.
- The manager and nominated individual told us retaining staff had been difficult. This had been exacerbated as staff who had joined the service during the pandemic returned to their previous jobs.
- An analysis of the rotas covering the three weeks between 3 May 2021 and 23 May 2021 showed some staff were working six or seven days a week. The manager and nominated individual told us no-one was pressurised to work more shifts than they wanted to. However, staff said they found it difficult to refuse to work extra shifts. One commented; "I don't want to let people down."
- The manager, co-ordinator and senior carer were all working shifts and were included on the rota. On each of the three weeks we looked at they all worked at least five days. During the week beginning 10th May 2021 the manager worked seven days on shift.
- As well as working more days, some staff worked long shifts. For example, on 16 May 2021 one member of staff was scheduled to work between 7.45 and 20.25 with a two-hour break.
- The manager and nominated individual told us they had recently recruited eight new members of staff. None of these were experienced and would need to complete an induction and shadow shifts before they were able to start working independently.

We were not assured the staffing levels were safe or sustainable. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager agreed to provide CQC with a weekly report in relation to staffing levels.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had not always been escalated appropriately. One person told us a carer had been rough with them when supporting them with personal care. This had been reported to the manager. No safeguarding referral had been made to the local authority. CQC had not received a notification in relation to the incident. The carer involved had subsequently left the organisation, no DBS referral had been made.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received safeguarding training and told us they would report any concerns to their manager.

Assessing risk, safety monitoring and management

- Risk assessments were in place covering a range of common risks such as falls and poor diet.
- When people first started using the service a member of the management team assessed their home to identify any risks. These were highlighted to staff with guidance on how to mitigate the risk.
- Some people found it difficult to manage their emotions which could lead to their behaviour becoming unpredictable. There were no risk assessments in place to reflect this. Staff did not have access to guidance on how to support people at these times.

We recommend the provider seeks advice and guidance about the management of risk for people whose behaviour could be challenging for staff.

Using medicines safely

- Staff received training on administering medicines. This was underpinned by regular competency checks.
- Medicine Administration Records were completed by staff. These were regularly audited by the manager so they could ensure they were being completed in line with good working practice.
- A relative told us; "They sort out all [relative's] medication, never had any problems."

Preventing and controlling infection

- There was no system in place for regularly testing staff for Covid-19. However, the manager said they had now ordered some tests and would be implementing regular testing in the near future.
- Staff had access to PPE and had completed infection control training.
- People told us staff wore PPE. Comments included; "They wear all their gear (PPE) all the time and it goes in the bin when they leave" and "Carers wear their PPE all the time and they do change their gloves after helping me wash. They take it away with them too, so I don't have to worry."

Learning lessons when things go wrong

- Any untoward incidents or accidents were recorded, and action taken to mitigate the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Needs assessments were completed when people were first referred to the service. These included information about people's preferences.
- The assessments were used to identify people's health needs, their preferences about when their visits were scheduled and any information about their routines.

Staff support: induction, training, skills and experience

- New staff completed an induction and shadow shifts before they started to work independently.
- New staff did not work independently until they felt confident and had passed competency checks.
- Senior staff carried out regular observations of practice to check staff were supporting people in line with their training and good practice.
- In addition to observations of practice staff received regular supervisions These were an opportunity to identify any gaps in training. Staff told us they were well supported and could always ask for support and advice if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included information about people's dietary needs and if they needed any additional support.
- People and relatives commented; "They prepare food for me and its better than I could do" and "If she doesn't fancy her [Brand name] meal, they will look in the fridge and cook her up something else she does fancy. If she is feeling low, they will sit with her and watch her eat it too. It's an unbelievable service."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager highlighted any concerns about people's health and well-being to the relevant agency.
- One person described an occasion when staff had noted they were in pain and had taken the appropriate action resulting in admission to hospital.
- Some people's lifestyle put them at risk of declining health. Staff encouraged and supported them to make changes and access appropriate support.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent before completing any personal care. Care plans had been signed to indicate people were in agreement with them.
- The registered manager understood her responsibilities under the MCA and was aware of the role of the Court of Protection for people living in their own homes.
- Staff told us they always checked people were in agreement before completing any care tasks. They provided examples of when people had refused care and how they had respected that choice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives all told us staff were caring in their approach. Comments included; "[Name] seems to enjoy the company of the regular carers and they brighten up her day", "The carers really treat me like a person, and we chat away when they work. I look forward to them coming" and "The carers bend over backwards to help you."
- Staff spoke about people fondly and demonstrated a caring approach. Several commented they agreed to work more than their agreed hours because they did not want to let anyone down.
- Staff had completed training in equality and diversity.
- Care documents included information about people's background. This enabled staff to develop an understanding of who people were and the events which had shaped their lives.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to contribute to the plan of care and feedback regularly. The manager worked to accommodate people's preferences.
- When people had expressed preferences about who delivered their care this was listened to and action taken to meet their wishes.
- During the inspection one person phoned the office for advice. We heard the manager speak with the person about what they wanted to happen and arrange for a carer to check in on them.

Respecting and promoting people's privacy, dignity and independence

- Staff were conscious of the need to protect people's confidential information at all times.
- People told us staff treated them kindly and with dignity. They were confident their personal information was respected. One commented; "They have never discussed other clients with me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been developed outlining the support people needed and what they could do for themselves.
- Staff told us they communicated well as a team and felt they were kept up to date with any changes in people's needs.
- Staff used an app on their phones to share information. They told us the system worked well and they were always up to date with any changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and any information about additional support they might need was recorded in their care plans.

Improving care quality in response to complaints or concerns

- The manager responded to complaints and took action to address them.
- Most people told us they had not needed to raise a complaint. When people had raised a concern, they were satisfied with the outcome. Comments included; "I don't remember every having to make a complaint. I am happy with the care they give" and "I feel I have a good rapport with the carers, and I complain if I am unhappy. They move pillar and post when they have to."

End of life care and support

- No-one was receiving end of life care at the time of the inspection. Where appropriate people's preferences at this time of their life were sought.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to prepare for the possibility of staff shortages occurring as staff returned to their previous jobs when lockdown restrictions were relaxed.
- There was no testing system for staff in place to help protect people from the risk of contracting Covid-19.
- As described in safe the manager had been made aware of a safeguarding concern but had not escalated this to the relevant agencies.

The failure to identify and mitigate risks was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post at the time of the inspection. Where there is no registered manager in post and an application has not been approved the well led question is always rated requires improvement.
- The manager was supported by a coordinator and a senior carer. Staff told us the support from the senior team was good.
- The nominated individual was in regular contact with the service. Although they had not been able to visit as often due to lockdown restrictions, they had weekly support calls with the manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to enable staff to raise concerns and discuss any issues with a senior member of the organisation. A dedicated whistle-blower email address was available if staff wished to raise concerns anonymously.
- The manager told us they monitored staff behaviours and working practices through supervisions, spot checks and regularly talking to people using the service and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed the manager contacted people following any incident to discuss any concerns and actions taken as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- A bi-monthly newsletter was circulated to all staff to update them on any developments in the organisation.
- Staff meetings were regularly held, and this had continued throughout the pandemic. The manager had weekly meetings with the co-ordinator and senior to discuss any concerns and plan for the week.
- Customer surveys were sent out annually to gather people's views and highlight any areas for improvement.

Continuous learning and improving care

- In light of the difficulties around staffing the manager told us they would not be taking on any new packages of care until they had successfully recruited and trained more staff. They commented; "We are really careful about what we take on and make sure we can cope."
- The manager completed quality reviews with people four weeks after they started using the service to check they were happy with how their care was being delivered.

Working in partnership with others

- A professional described the service as, "Really good, excellent."
- Records showed the service worked alongside other agencies and professionals.

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 must be established and operated effectively to prevent abuse of service users. 13 (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not established or effectively operated to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. 17 (1)(2)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of staff deployed.