

My Support Worker (NW) Ltd

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Inspection report

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13 May 2021

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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

About the service

My Support Worker (NW) Ltd is a domiciliary care service providing care and support to young adults and older people living in their own homes, some of who are living with dementia, drug and alcohol dependence problems, sensory impairments and physical disabilities. At the time of the inspection, there were eight people receiving a regulatory activity.

My Support Worker (NW) Ltd also support people, who receive a direct payment or personal health budget, to ensure the staff they choose are recruited, trained and suitable for the role.

Not everyone who used the service received personal care. The Care Quality Commission (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.

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

People told us they were happy with the service they received, and they felt safe. They said staff were knowledgeable and kind; good relationships had developed between staff and people using the service. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Recruitment processes were safe. There were enough numbers of staff deployed to meet people's needs in a punctual, consistent and flexible way and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive support with minimum risk to themselves or others.

People were given choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Arrangements were in place to ensure staff received ongoing training, supervision and support. People were supported at mealtimes in line with their care plan and staff worked in partnership with healthcare professionals, when needed.

Management and staff had developed friendly, caring and respectful relationships with people using the service and their families. Staff knew about people's backgrounds and about their routines and preferences; this made sure people's care was tailored to their specific needs. People had been consulted about their care needs and had been involved in the support planning process. People had access to activities if this was in line with their care plan. People were aware of how they could raise any complaints, concerns and compliments and had access to a complaint's procedure.

Effective systems ensured the quality of the service was monitored and any noted shortfalls were addressed. The values of the service were known to staff. Staff told us they received support from management, and

they enjoyed working for the service. People's views and opinions of the service were sought and acted on. People told us the service was well-managed.

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 16 October 2019; this is the first inspection.

Why we inspected

This was a planned inspection as the service was not yet rated.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

My Support Worker (NW) Ltd

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats. They also support people to choose the right support staff to meet their needs.

The service had a manager registered with the CQC. 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.

Notice of inspection

This inspection was announced.

We gave a short period 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 12 May 2021 and ended on 13 May 2021. We visited the office location on 12 May 2021.

What we did before the inspection

We reviewed the information we received about the service since they were registered with us. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

We spoke with two people using the service and one family member, on the telephone, about their experience of the care and support provided. We also spoke with three members of staff and a health care professional.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. Staff had been provided with appropriate training and had access to policies and procedures. They understood how to raise any concerns about poor practice.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns to other agencies. Staff were confident the registered manager would act quickly to keep people safe.
- People told us they felt safe with the staff who visited their homes. One person said, "Everything is good; it feels safe." Relatives had no concerns about the safety of their family members.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care and support records included clear guidance about how to provide support in a safe way; risks had been kept under review.
- The registered manager ensured accidents and incidents were recorded, analysed and acted on. Staff had been provided with the provider's mandatory safety training to ensure people were safe.
- The provider had systems to ensure lessons were learnt from any accidents and incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

Staffing and recruitment

- There were enough staff to support people in a safe, flexible and timely way. People told us they received care from a team of staff who they knew and who knew them well. They told us staff arrived on time and never missed a visit.
- There were safe systems for staff recruitment. The registered manager carried out thorough checks on new staff to ensure they were suitable to work in people's homes. People confirmed they were involved in choosing new staff and in recruitment and selection decisions.

Using medicines safely

- Staff supported people, as they needed, to take their medicines as their doctors had prescribed.
- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. We discussed making improvements to the medication administration records in relation to external medicines.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Preventing and controlling infection

- Staff protected people from the risk of infection. Staff had received appropriate training and were

provided with appropriate protective equipment, such as disposable gloves, masks and aprons, to reduce the risk of infection.

- We were assured that the provider's infection prevention and control policy was up to date.

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; Staff support: induction, training, skills and experience

- The registered manager carried out a thorough assessment of people's needs before agreeing to provide support. People were included in developing their needs assessment. The registered manager used the needs assessments to develop individual care plans which guided staff on how to support people.
- The service used technology and equipment to enhance the delivery of effective care and support. An electronic call monitoring system allowed the management team to see via a 'live' system when calls had been made and how long each staff stayed for.

Staff support: induction, training, skills and experience;

- Staff had been trained and were skilled and competent to provide people's care and support. People told us they were happy with the support they received. One person told us, "Staff are well trained and know what they are doing."
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training and specialised training to meet people's specific needs. The staff said they felt well supported by the management team and office staff.

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

- People were supported at mealtimes in line with their plan of care. Staff provided people with the support people needed with preparing their meals and drinks. People told us staff gave them choices and respected the decisions they made.

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

- People's records included important telephone contact details for people's GP and next of kin and information about people's healthcare conditions. This helped staff recognise any deterioration of health and liaise with people's relatives and health and social care professionals if they had concerns.

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 confirmed they were asked for their consent before care and support was given and they were supported to make their own decisions. Staff understood the importance of giving people choices and their right to make decisions about their care and support.
- Staff had received training on the MCA and had access to appropriate policies and procedures.

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and without discrimination. Staff had access to a set of equality and diversity policies and procedures and had received training in this area. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of their care records. One member of staff said, "People are cared for safely and their equality and diversity is respected."
- Staff were aware of the importance of maintaining people's privacy; people told us their privacy was always respected. People told us staff supported and encouraged them to maintain and build their independence skills.
- People told us staff treated them with care and kindness and they were complimentary of the support they received. A relative said, "We work as a team; staff are part of the family." People valued the service they received and told us it enhanced their lives. One person said, "They are nice staff who help me a lot."

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

- People, and where appropriate families, were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing their care plans and their views were listened to and respected.

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

- The registered manager and staff provided people with person-centred care and support that met their needs and took account of their wishes. People told us, if they asked for any changes to the planned care, the registered manager and staff agreed to these where possible.
- The registered manager and staff developed people's care plans with them. The care plans guided staff on how people wanted their care and support to be provided. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care and support to be provided. People's care plans were reviewed regularly, and if their needs changed, to ensure they gave the staff up-to-date information.

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.

- Information could be made available in a variety of formats to meet people's communication needs and to give people more control over their lives.
- The registered manager assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information and communicate with people in ways that met their needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff supported people to attend the events and activities they valued, if this was in line with their plan of care. Care records included information about important relationships.

Improving care quality in response to complaints or concerns

- The registered manager had an effective procedure for receiving and managing complaints about the service. People knew how they could make a formal complaint if they needed to.
- The registered manager ensured people had the information they needed to raise their concerns. However, the information incorrectly advised people to contact CQC in the first instance. The registered manager assured us this would be addressed.

End of life care and support

- Where necessary and appropriate, the staff worked alongside other professionals to provide people with dignified care at the end of their life. There was no one receiving end of life care at the time of the inspection.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff had a commitment to providing people with positive outcomes. Staff were familiar with the aims of the service and the quality of care expected. Management and staff knew people well and encouraged people to make decisions about their care and support. People told us they were satisfied and happy with the service.
- Staff were committed to providing high standards of care and support and genuinely cared about the people they supported. Staff told us they enjoyed working at the service and received appropriate support from the registered manager; they described the service as 'fantastic'. Care records were person centred and people had been involved in their development and review.

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

- The registered manager understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager was aware of their responsibility to be open and honest when something had gone wrong. Any incidents were discussed with staff during meetings or in one to one support sessions and practices were improved.

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

- The registered manager had effective quality monitoring systems in place and there was a good standard of organisation within the service. All aspects of the service, including spot checks on staff practice were monitored. When shortfalls were discovered, improvements were actioned.
- The registered manager understood their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and to the local authority.
- The registered manager ensured records were accessible, organised and used for auditing purposes.
- The registered manager made sure staff understood their individual responsibilities and contributions to service delivery. Staff had access to an employment handbook and a set of policies and procedures.

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

- The registered manager sought feedback from people using the service to ensure they were happy and to

ensure their diversity and personal and cultural needs were met. People told us they were satisfied with the service provided. They said, "All the team are great. We are regularly asked if we are happy with the service."

- The registered manager had systems that ensured all staff were kept up to date and promptly notified of any changes. Staff told us they were kept up to date and they felt communication was good. They were confident the service was well managed.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development within the service. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place. Plans to continue improvements within the service were available. Staff told us they were comfortable in raising any issues or concerns.

- The registered manager and staff worked in partnership with a variety of professionals and other agencies to enable effective coordinated care for people. A healthcare professional said, "The service is well managed. They are very good and responsive."