My Life (Carewatch) Limited

My Life Living Assistance (Gillingham)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 27 and 29 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

My Life Living Assistance provides personal care to people living in Gillingham and surrounding areas. In addition they also provide live–in care support and a sit in service.

There was a registered manager in post. 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.

At the last inspection of the service in March 2015. The service was not entirely effective in all key areas. Formal processes were not always followed consistently to ensure the service operated within relevant legislation concerning mental capacity and consent at all times. At this inspection we found the same concerns remained.

We found at this inspection we found people's rights were not fully protected as the manager had not followed correct procedures where people lacked capacity to make decisions for themselves. We observed where decisions were made for people the principles of the Mental Capacity Act 2005 were not always followed.

This was a very large service and most people and their relatives were complimentary about the quality of the service provided and of the management and staff team. One person told us, "They [staff] are all lovely. I look forward to them coming".

The quality officers planned visits to make sure staff arrived to each person at the agreed time. However some people told us they did not always know who was coming to see them.

People had positive relationships with the care workers who supported them. Staff knew people's individual histories, likes and dislikes and things that were important to them. People's privacy and dignity was respected and information personal to them was treated in confidence

A recruitment procedure was in place and staff received pre-employment checks before starting work with the service. New members of staff received an induction which included shadowing experienced staff before working independently.

The provider had effective systems to manage staff rosters, match staff skills with people's needs and

identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate. Support was provided for people to attend hospital and doctor appointments.

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns.

We have made a recommendation about staff training on the subject of Mental Capacity Act.

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's needs were assessed to ensure any risks were identified and safely managed.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

People were assured they would receive their care because there were systems in place to minimise any risks caused by late or missed visits.

There were sufficient staff available to meet people's assessed care and support needs

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always being assessed in line with the Mental Capacity Act 2015 as required.

Staff had the skills and knowledge to meet people's needs and received regular training to ensure their skills and knowledge were maintained.

Where required, people were supported, as part of their care package, to access food and drink and maintain their nutrition and hydration.

Is the service caring?

Good

The service was caring.

People received support from staff who were respectful of people's privacy and dignity.

Staff were committed to promoting people's independence and supporting them to make choices.

People were asked for their consent before support was

provided.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who were able to provide a responsive service to them because they knew people well.

People were fully involved and consulted when care plans were drawn up and reviewed.

There was an effective complaints process which people were encouraged to use if necessary

Is the service well-led?

Good

The service was well led.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The manager was proactive in taking steps to improve the quality of the service.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

My Life Living Assistance (Gillingham)

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 checked 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.

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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

This inspection was carried out by one adult social care inspector on the first day and two adult social care inspectors on the second day.

We looked at previous inspection reports and other information we held about the service before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

We visited seven people in their homes and also spoke with 4 relatives. In addition we spoke with three people and four relatives over the telephone following the inspection. We also spoke with nine staff members as well as the registered manager and business development manager, training officer, quality service improvement manager.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, six staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

At this inspection we found the service people received remained good. People told us they received safe care and support from My Life Living Assistance. When asked if they received a safe service one person told us, "Absolutely feel safe they turn up when they should ." Another person told us, "I feel very safe when staff support me. I always have two staff, which is what it should be". One relative told us, "My relative is very safe I could walk out the door right now and know they are safe".

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported. One carer told us, "I have done this in the past and I would not hesitate to report again if I thought someone was being abused".

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. When people were asked if they thought there was enough staff comments included, "They turn up when they should". "Sometimes it's a different carer but they are on time the majority of the time". "They change the staff around so much, I get my list but that could change". "Flexible service, if we need to change hours they accommodate us." Staff comments included, "We are pushed for time, but we are a good team and never let that compromise the care we give." "There has been a large turnaround of staff with lots leaving".

The Business development manager told us, "We are advertising and recruiting staff all the time, but we do have sufficient staff and keep the consistency right". Staffing levels were calculated to ensure people received care and support when they wanted it. The registered manager informed us they did not take on new packages unless they had the correct staffing levels to support.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were kept safe because the risk of harm from their health and support needs had been assessed. Relatives told us that staff supported their family members to do as much as they were able. Assessments of risk had been carried out in areas such as mobility, and nutrition and hydration. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Staff told us they were aware of the need to support people safely. One member of staff told us, "We know people and their requirements, for example we would never move anyone on our own if they need two carers. We always make sure we turn up if we are the second carer so nobody is at risk".

The manager told us that most people administered their own medicine. The approach was to encourage people to be as independent as possible. People would have an assessment to identify what level of support they needed with their medicines however the emphasis was on people or their families taking responsibility. There were a small group of people who had their medicines administered, staff had received the appropriate training and there was a system for checking that staff had signed to confirm people had taken the right medicine at the right time.

Staff were aware of their role and responsibilities for maintaining high standards of infection control. People confirmed staff used personal protective clothing to ensure they were protected from infection. Staff told us they always had enough supplies and were issued with uniforms disposable gloves, aprons and hand gel.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found the service was not working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found the concerns remained.

The 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.

The registered manager and staff had received training in the MCA however people who lacked capacity were not having their capacity fully assessed. For example one person had been identified as lacking capacity. Their care plan identified that their medicines needed to be kept in a locked box. Although the person's family had been involved in developing their care plan, there was no capacity assessment or information to demonstrate what options had been considered or whether this had been the least restrictive option made in the person's best interests. The person's care plan identified that a health professional had completed the capacity assessment. A copy of the assessment was not available in the person's care plan.

Although staff told us they had received training in regards MCA, senior staff seemed unsure how to ensure the principles of the act were followed. One senior staff member told us that the service "Do not complete mental capacity assessments as this is the responsibility of the GP". This demonstrated that there was a lack of understanding about the legal framework and the responsibility of the service to make decisions within this. We discussed our concerns with the registered manager who told us, they would ensure new paperwork was in place with immediate effect, and would identify which people may require an assessment of their capacity. People told us that staff sought their consent and respected their choices as a matter of course in carrying out their duties.

We recommend that the service seek advice, training and guidance from a reputable source, about current best practice in relation to following the principles of the Mental Capacity Act.

People felt staff had the skills needed to provide effective support. One person told us, "They know what they are doing. They notice when I need extra support, I don't even have to say". One relative told us, "They [staff] are very good with my [relative name] New staff are trained before they come alone".

Following induction newly employed staff worked alongside a more experienced staff member until they were confident in working alone. One member of staff told us," My induction was good, I was not confident for a while to go out on my own. I was told to take as long as I needed. I'm fine now". Staff confirmed they had completed an induction programme linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of indication training to new care workers.

People received support from staff who received on going training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. The training officer told us, "We keep a record of all staff training and when refresher training is due. We have a fair amount of autonomy about how training is delivered". On one of the days of inspection staff were receiving induction training. One relative told us, "The staff are well trained they wear badges that show they have received dementia training."

Staff received supervisions and annual appraisals, all were confident they could contact the registered manager or quality officers if there were any issues they wished to discuss before their supervision was due. Staff also received spot checks whereby senior staff completed unannounced visits to ensure competency within their roles. People told us they were confident staff had the correct skills and knowledge to support them.

People were supported, as part of their care package, to access food and drink and maintain their nutrition and hydration according to their needs and preferences. One person told us, "Some of the care staff don't just give me the meal from a microwave they will add gravy if it looks dry. They always check what I want to eat". Another told us, they always make sure I have a drink before they leave".

The provider monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. Support was provided for people to attend hospital and doctor appointments if requested.

Good

Is the service caring?

Our findings

At this inspection we found the service people received remained good. People said they were supported by kind and caring staff. Everybody said the staff were very caring, one person said, "They [staff] are all lovely, I look forward to them coming". Another person told us, "I am hard of hearing so staff always look me in the eye and make sure I have understood their question".

People were able to build positive and caring relationships, one person told us, "The staff go above and beyond for me. They know me so well. I have some health issues, I don't have to tell them they know when I am in pain and fetch me a hot wheat bag". One relative told us, "Communication is very good, they support [relative] to do as much for themselves as they can".

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out. Staff were seen to treat people with respect and were aware not to enter people's homes without knocking on doors first. Where people were unable to open their own front doors, staff used key codes to enter and called out to announce their arrival. Quality officers planned visits to make sure staff arrived to each person at the agreed time. However some people told us they did not always know who was coming to see them. One relative told us, "The staff are lovely, but we don't always get told who is coming."

People were supported by staff who respected their privacy and dignity. Staff were committed to promoting people's independence and supporting them to make choices. Staff told us they saw their role as being supportive and caring but were keen not to disempower people. One relative told us, "I can hear the staff talking to my [relative] behind closed doors, they are always saying what they are doing and checking everything is ok". On care worker told us, "I make sure I treat people with respect and think how I would want to be cared for." People spoken with all agreed the carers who visited them were polite and respectful of their privacy. One person told us, "The staff are so respectful. They ensure they talk to me and make sure I am covered up when helping me". People confirmed personal care was provided in private and in the room of their choice.

Positive comments we received included, "When the carers are running late they ring the office and tell them to let us know". "Very kind and caring staff, I have my favourites but they are all nice". "Always pleased to see them we have a laugh". "Some of the men are particularly helpful and will reach up and get things out of the cupboard for me."

The care provider kept a record of all the compliments they received. Compliments included, "Thank you for all your support and being awesome carers" "Thank you very much for everything you have done to help us".

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

At this inspection we found the service people received remained good. People received care that was responsive to their needs and personalised around their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. People were able to choose how much support they required and when it was delivered. A quality officer informed us, "When we do the initial visit we ask what time people would like their care. If we can't do the hours they request we try to accommodate their request at a later date".

The care files of people showed that an assessment of their needs was completed by appropriately trained staff at the start of the service, which included specific risk assessments. These were completed with the full involvement of the person and where necessary with the involvement of their relative or other people important in their lives. One quality officer told us, "We find out what kind of service the person wants to receive, their likes and dislikes what other health professionals are involved and build the care plan around them. We then hold an initial review within six weeks followed by telephone reviews and full review at three, six and nine months. One person told us, "I told them what I wanted, we agreed my care package. The staff have always tried to follow it, sometimes they are late but always apologise". The registered manager told us, "We have five quality officers and they are the first point of contact for care staff". The quality officers each had a dedicated area and supervision of staff within their area. One quality officer told us, "I also do care at weekends which helps me to see and hear what is happening and ensure I can see clients support is being completed as agreed".

People told us they were happy with the care provided and were involved in their care. One person who had live-in carers told us. They were fully involved in their day to day care and would tell the provider if they wanted to change the support they received. They said, "Yes I do get a responsive service my carer knows me well". The carer told us "There is a marvellous communication book in place, it great as we can communicate and then I know what [person's name] wants. The person and their family member confirmed they were "Fully involved in day to day decisions about their care." The provider told us in their PIR, "Staff are trained to encourage customers to make independent choices in their day to day lives and ensure that time is afforded for customers to reach their own decision".

People were encouraged and supported to maintain their independence. They ensured people had inclusive methods of communication, tailored to their needs. For example one person who was non-verbal was being supported by his carer through the aid of a communication book to inform the quality officer they wished to have a new risk assessment in place to enable a carer to take them out. The quality officer assured the person they would come back to do the risk assessment the next time the carer was visiting.

The service was responsive to people's changing needs. Staff would inform the registered manager of changes in people's health and mobility. The registered manager confirmed quality officers visit the person to assess the changes and discuss the need for any additional support or equipment. The registered manager explained if there were changes to people schedules or needs care workers were informed of changes immediately using the phone app which contained all the information they required at a glance.

This meant people could be reassured that changes to things like medication could be acted on immediately. Care workers confirmed they were kept up to date in this way.

The provider successfully supported people to overcome the risk of social isolation. They organised regular events to bring people together and encouraged social interaction. The registered manager told us, "We have close community, for example we hire a local hall Christmas day and invite any customer who does not have anyone to spend Christmas with to join us for lunch. We also get involved with local events such as Gillingham in bloom, local schools and the local rugby club". The business development manager told us they keep in touch with staff and people within the local community by way of Facebook, Twitter, and job boards in local supermarkets. There were plans in place to have smaller satellite offices in local areas so more local people could "Pop in for a chat".

People told us they had no reason to complain about the service they received, however they knew where to find the provider`s complaint procedure should they wished to complain. One Person told us, "I would complain if I was not happy but I have never needed too". The provider had a complaints policy, records showed where people had made complaints the provider had responded in line with their policy.

Good

Is the service well-led?

Our findings

Since the last inspection the service had undergone a period of change. Although the registered manager had worked for the provider for a number of years, they took over as registered manager in March 2016. One carer worker told us, "There have been a lot of changes lately." Some staff told us they were leaving due to the changes. The registered manager and business development manager told us they worked closely together to ensure they offered an open culture whereby all staff and customers were able to speak with them at any time. The registered manager told us, "My office door is always open and if someone wants to speak with me they are always welcome".

There was a staffing structure which provided clear lines of accountability. Quality officers explained how they all knew each other's roles and if they were unable to provide a care worker for a person they would cover the shift themselves so also knew the people they were providing a service for. Care workers told us they felt supported by the quality officers and registered manager. One care worker told us, "The manager is very supportive; there is always an open door. I receive good guidance and direction. There is always a senior on duty".

All staff checked into a person's home using the app on their mobile phone. This was then relayed to the office which allowed times and durations of calls to be monitored throughout the day. The registered manager and office staff monitored these during the day to make sure staff were arriving at the correct time and staying for the allocated amount of time. The quality officers told us they contacted people if care workers were running late.

The management team undertook regular self- audits and produced an action plan of the changes and improvements they wanted to achieve. The provider had a clear vision, which was to provide a service which was influenced by the needs and wishes of the people who used it. Their vision and values were communicated to staff through staff meetings, and supervisions. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys. The registered manager told us, "Our vision is to ensure all our staff understood and follow the values of the service. Which is to ensure people using our service are valued and treated with dignity and respect at all times." One member of staff said, "We hear about the values at our staff meetings.

The provider had systems in place to check the quality of the service. Regular audits were carried out, looking at areas such as the completion of MAR charts, training and recording. Quality officers reviewed care packages and monitored the quality of the service through the completion of unannounced 'spot checks' and observed supervisions in people's homes. There was an on-call rota and out of hours support which meant someone was always available to deal with concerns and offer advice to staff. One care worker said "It works well there is always a senior member of staff on call". The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display around the office.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager told us they had not received a very good response to their last satisfaction survey. We saw only one person had replied. The registered manager told us, "We are changing the format of our satisfaction survey to make it more user friendly". People told us they had received surveys. However nobody we spoke with had completed it. One relative told us, "I always mean to, but never get around to it".

The Service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.