My Life (Carewatch) Limited

My Life Living Assistance (Canterbury) and My Life Specialist Care Services (Canterbury)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding ☆
Is the service responsive?	Good

Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15, 16 and 20 March and was announced. We gave 48 hours' notice of the inspection, as this is our methodology for inspecting domiciliary care agencies. This was our first inspection to the service since it was registered with us on 15 July 2016.

My Life Living Assistance (Canterbury) and My Life Specialist Care Services (Canterbury) provides personal care and support to people in their own homes in Whitstable, Herne Bay, Canterbury, Ramsgate and surrounding areas. At the time of the inspection the service was providing care for 65 people. This included older people, people living with dementia and people with a learning or physical disability. It also provided a live in care service. The service is also registered to provide nursing care to people in their homes, but was not doing so at the time of the inspection.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe whilst being supported by them. Staff had received training in how to safeguard people. They knew what signs to look out for which would cause concern and how to report them so the appropriate action could be taken to help keep them safe.

Comprehensive checks were carried out on all potential staff at the service, to ensure that they were suitable for their role. People had their needs met by a regular team of staff who were available in sufficient numbers.

Assessments of potential risks had been undertaken in relation to the environment that people lived and worked in and in relation to people's personal care needs. This included potential risks involved in moving and handling people, supporting people with their personal care needs and with managing medicines. Guidance was in place for staff to follow to make sure that any risks were minimised.

A medicines policy was in place to guide staff. Staff had received in-house training in the administration and storage of medicines and a system was being rolled out to check they had the knowledge and competence to manage people's medicines safely.

New staff received an induction which helped ensure they had the skills they required, before they started to support people in their own homes. Staff undertook face to face training in essential areas, shadowed senior staff and feedback was sought from people who used the service to ensure they were competent. People said that staff had the specialist skills and knowledge they needed to support them.

Staff had undertaken training in The Mental Capacity Act (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's health care and nutrition needs had been comprehensively assessed and clear guidance was in place for staff to follow, to ensure that their specific health care needs were met. Staff were knowledgeable about people's health care needs and liaised with health professionals when appropriate.

Staff were kind, caring and compassionate, and treated people with dignity and respect. Staff had positive relationships with people and their family members who they knew well. The service had gone 'the extra mile' to support people who were isolated at Christmas, to involve people in raising money for local charities and involving people in discussions ways to improve the service.

People's care, treatment and support needs were assessed and a plan of care was developed jointly with the person which included their individual choices and preferences. Guidance was in place for staff to follow to meet people's needs. Staff knew people well which enabled them to support people in a personalised way.

People were informed of their right to raise any concerns about the service and felt confident to do so. When people had raised issues, they said the service had resolved them to their satisfaction.

There were effective systems in place to assess and monitor the quality of the service, which included asking people about their experiences. There was an open and positive culture and staff felt well supported. People said that they would recommend the service to others.

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.

Staff were trained to understand how to safeguard people and manage their medicines.

Checks were carried out on staff to make sure they were suitable for their role and they were employed in sufficient numbers to meet people's needs.

Risks associated with people's care had been identified and staff followed appropriate guidance to help keep people safe.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the knowledge and skills to meet their needs.

People's health care and nutritional needs were monitored and met by staff who liaised with relevant professionals.

Staff understood how to follow the principles of the Mental Capacity Act to ensure decisions were made by people or in people's best interests.

Is the service caring?

Outstanding

The service was extremely caring.

Staff were kind, caring and compassionate and had developed positive relationships with people.

People were supported by staff who treated them with the dignity and respect and went 'the extra mile' so people felt valued.

People were enabled to make decisions and choices in their daily lives and were consulted in how to make improvements to the service.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care, treatment and support.

Guidance was in place so staff could provide care which reflected people's choices and preferences.

People and relatives felt confident to raise any concerns and when they had done so they had been resolved to their satisfaction.

Is the service well-led?

Good

The service was well-led.

There was an open culture where people and their relatives were asked about their experiences and they were listened to and acted on.

People benefitted from being supported by staff who felt valued and supported.

Systems were in place to assess and monitor the quality of the service and to improve the quality of service.

My Life Living Assistance (Canterbury) and My Life Specialist Care Services (Canterbury)

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.

Before the inspection, we looked at information about the registration of the service and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We did not ask the service to complete 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.

This inspection took place on 15, 16 and 20 March and was announced with 48 hours' notice being given. The inspection was carried out by one inspector. On the 15 March we visited the service's office. On 16 March we visited four people and spoke with six of their relatives. On 20 March we telephoned four people and one person's relative. This was so they could tell us about their experiences of the service. We also received feedback from a health care professional.

During the inspection we spoke to the registered manager, six care staff, two quality officers, a care coordinator, trainer, and the managing director. We viewed a number of records including ten care plans;

the recruitment records of the five most recent staff employed by the service; the staff training and induction programme; medication and safeguarding; service user guide; staff handbook; compliments and complaints logs; audits and quality assurance reports.

Good

Is the service safe?

Our findings

People said they usually received support from a regular group of staff with whom they had developed positive relationships. They said they trusted staff which ensured they felt safe when receiving care and support. "I feel safe as I have been living in this house since I was two years old", one person told us, "The staff support means I am able to stay here". Relatives said that their family member was safe when being supported by the service. "She is in safe hands" one relative told us. Another relative said, ""I feel that he is safe. I am relaxed when staff come to our home to care for him". People said staff helped them to manage their medicines to keep them in good health. They said staff gave them their medicines and recorded that they had done so, so they did not have to worry.

The service had a safeguarding children and adults policy. This set out the systems in place at the service to minimise the occurrence of abuse, how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the service to contact the local authority and other professionals as appropriate. Staff had received training in how to safeguard adults and children from the company trainer who used case studies to test staff's knowledge and understanding. The staff handbook contained guidance about recognising, responding to and reporting abuse. Staff understood there were different types of abuse and that any changes in a person's mood or behaviour could indicate that something was not right with a person. They felt confident to raise any concerns with a senior member of staff. The registered manager had contacted the local authority safeguarding team when they had concerns about people so that action could be taken to help keep them safe. Staff were confident their concerns would be taken seriously, but if they were not they knew to contact the director of the service or police. Staff demonstrated they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

The service used a system whereby each time staff entered a person's home they logged onto a computer system. The registered manager gave an example of how this helped to keep people and staff safe. An allegation had been made about a member of staff at a specific time and place. The service was able to demonstrate that this member of staff had been elsewhere when the alleged event had taken place and so prevented the member of staff being suspended pending an investigation and so safeguarded their reputation.

Staff received in-house training in medicines management from the company trainer who had completed a 'train the trainer' medicines course. This included practical skills such as using a medicines administration chart. Staff undertook training as part of their induction and regular refreshers. A medicines competency framework had been rolled out to ensure staff had the practical skills and knowledge to manage people's medicines. The medicines policy included staff's responsibilities, guidance on the levels of assistance, medicines obtained over the counter from a pharmacist, medicines given 'as required' (PRN), storage, recording, incident reporting and administration by specialist techniques. An assessment of the person's ability to manage their medicines was undertaken and control measures put in place to guide staff.

A list of each person's medicines was held at the office and each person's home. A medicines administration

record (MAR) was kept and completed for each person detailing the name, dosage and time each medicine was given. A senior member of staff was responsible for reviewing each person's MAR. This had been changed from monthly to weekly to ensure prompt action could be taken if there were any gaps or queries on the records to ensure people had taken their medicines as prescribed. During a home visit staff reported to the quality officer that a member of staff had signed the record on the wrong date so this could be fed back to this member of staff for action. Where people had been prescribed medicated and non-medicated creams, body charts were in place to show which part of the person's body they should be applied to in order for people to maintain healthy skin. There were some minor discrepancies with the records relating to two people's cream charts and these were rectified during the inspection to ensure there was clear guidance for staff.

Risks to people's personal safety and in their home environment were assessed before the service commenced. Each risk was rated and standard guidance was in place to minimise its occurrence. If the risk was rated as high, then a specific and individual assessment of risk was undertaken which included the necessary staff guidance. Detailed moving and handling assessments were in place. These took into consideration if a person had a history of falls, which tasks people were able to do for themselves, such as getting in and out of a chair, standing up and sitting down. People had the specialist equipment they required such a hospital beds, pressure relieving mattresses, slide sheets and hoisting equipment. A system was being put in place to identify when equipment needed to be serviced and the correct settings for pressure relieving equipment. This to make sure equipment remained safe and effective.

Staff knew to contact the office if an accidents or incidents occurred. This was to seek advice, ensure family members were informed and to send medical assistance if it was required. Staff then came to the office to complete a detailed description of what had occurred. The registered manager reviewed all events to see if there were any patterns or trends and any concerns were addressed. For example, it was noted that one person had had a number of falls, so an extra member of staff was supplied to this person to minimise this occurrence. 'Near misses' were also addressed. These are events that might have resulted in harm to a person but the problem did not occur because of timely intervention. For example, staff reported that one person was struggling to get out of bed. A referral was made to the occupational therapy team so suitable equipment could be provided to assist them.

Potential employees' undertook telephone screening and then completed an application form which included the reasons for any gaps in their employment history and attended an interview to assess their skills, knowledge and attitude towards caring for people. Before staff supported people in their own homes a number of checks were undertaken including two references, checks of the person's identity, and a Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. All these checks helped to minimise the risk of unsuitable people being employed by the service.

The service had not missed any scheduled visits to people's homes which evidenced there were enough staff available at all times to meet people's needs. The service monitored how many care staff were needed to enable them to support each person's care package. Recruitment was on-going to ensure staff were available at all times needed and to enable them to take on new packages of care. Staff could recommend a friend and were given a financial incentive for doing so if their friend was successful in their application. This widened the number of potential staff from which the service could recruit. The registered manager said they would not take on new care packages if they did not have the staffing hours to cover it. Staffing levels also ensured that staff days off and holidays were covered.

The service office was staffed from 9am to 5pm during the week. An out of hours service was available until

10.30pm and at the weekends and provided by senior members of staff. This information was available in the Service User Guide. This meant that people and care staff were safe in the knowledge they had someone to contact if they needed to whilst receiving or providing care.

Good

Is the service effective?

Our findings

People and relatives told us people that although sometimes there were a few 'blips', they usually received care from regular staff team to ensure continuity of care. They said they were given a schedule each week which identified which member of staff would be supporting them at each visit. "I like that staff log in and log out of the system so we know when they arrive and leave", a relative told us. This meant that the service was able to monitor if staff were arriving when expected and staying for the required amount of time. People and relatives said staff had the necessary skills and knowledge to support people so they could remain in their own home. "Mum needs specialist care", a relative told us, "I am very pleased with the support she receives". Another relative told us, "I do not have to provide the specialist support that my family member needs as I can let the staff get on with it. It is a great relief to me". A health professional told us staff followed the advice they gave to help maintain people's health. They said that any changes to this guidance was discussed and acted on.

New staff received a 12 week induction programme which had been developed by the company and was provided by the company's trainer. Staff said the training was comprehensive and provided them with the knowledge and skills they required. The programme included five days practical training and knowledge in essential areas such as safeguarding, first aid, medication, moving and handling and health and safety. The training included staff interaction and the use of scenarios and staff took a test at the end of the training to assess their understanding in each topic. Staff were also provided with dementia awareness training which involved becoming a 'dementia friend'. Staff then shadowed a senior member of staff to observe how to support people. When they first started to support a person the senior member of staff observed their practice and highlighted any areas where they needed further support. When the new member of staff started to support people on their own, observational checks were undertaken and people were telephoned to give their feedback about the support provided. All these checks helped to ensure that new staff had the right skills and a caring attitude to support people in their own homes.

Staff training records identified when each member of staff had completed essential training and when it was due to be refreshed. Staff training was provided by the local company trainer and was up to date. Staff also undertook specialist training related to the needs of the people they were supporting. Epilepsy awareness and supporting people with challenging behaviour was provided at the head office in Milton Keynes. A staff member told us they supported people with epilepsy and had attended the epilepsy training which they said had been very useful. Stoma and catheter care was provided by external trainers. Care staff were encouraged to develop their skills and knowledge and had the opportunity to undertake additional training to become a health care assistant. This included training in percutaneous endoscopic gastrostomy (PEG) which was provided by a special nutrition nurse. PEG is a tube that feeds directly into a person's stomach.

The service actively promoted staff to undertake a Qualification and Credit Framework (QCF) level two or above in Health and Social Care. Staff were asked at interview stage if they would undertake this qualification. These are work based awards that are achieved through assessment and training. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required

standard. The majority of staff had completed or were signed up to complete level 2 QCF. Health care assistants were signed up for or had completed level 3 QCF.
Staff said they felt well supported by other staff and the office team. Staff had regular supervision and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

An assessment of people's health care needs was undertaken which included their needs in relation to mobility, skin integrity, medicines and their mental well-being. Individual guidance was in place in people's plans of care about how to support people effectively. For people with diabetes information was available to staff about the signs to look out for if a person's sugar levels were too high or too low, together with the action they needed to take to maintain the person's health. For people who were fed by PEG, a step by step plan was in place which described each procedure that staff needed to undertake to provide the person with nutrition. It included specific information about when and how much fluid to flush at each stage. Staff said the guidance was easy to understand and helped to ensure they supported the person correctly.

Staff liaised with health professionals, such as doctors, district nurse, occupation therapists and the nutritional nurse, to ensure people had the right equipment and staff the necessary knowledge to support people's health needs. During the inspection a staff member called the doctors surgery to ensure a person had the medicines they needed as they had not arrived as expected. They also requested a home visit as staff had reported a change in the person's health. At a home visit a relative told us and the carer that their loved one had slid out of bed the previous night. The carer had passed this into to office staff before we returned to the office later in the day. Therefore, staff were vigilant in reporting, communicating and acting on people's changing health needs.

An emergency checklist was being rolled out for each person. This gave a summary of each visit together with the person's contact details, medical history, medicines, allergies and if a person had a "Do not resuscitate" (DNR) protocol in place.

People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. This included if the person cooked or had their own meals delivered or if staff were required to provide meals. People told us that staff offered them cups of tea and left a drink of water by their bed at night time if they required it. During our home visits we saw that staff provided people who were bed bound with snacks and drinks within their reach.

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 the best interests and as least restrictive as possible. The registered manager had received training in MCA and demonstrated they had a good working knowledge of the Act. They had referred to the relevant professionals when a person had contacted them and described their situation in which people did not appear to be acting in their best interests. A best interest meeting was held so that all the relevant professionals and people involved could ensure a decision was made in their best interests. Staff understood that people had the choice and capacity to make a specific decision about their care needs. They also understood that sometimes people's capacity fluctuated due to their health or disability. In these situations, staff said they were guided by people's past decisions and guidance from family members.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives said staff were extremely kind, caring, helpful and understanding. Comments from people included, "Staff have the human touch. They take interest in you"; "Staff use my first name and they are friendly. They look after me and I am very grateful"; "My carer is excellent"; and "They are called carers and they do care". Relatives said that staff interacted with their family members in an individual manner. They said this included general conversation, laughter, singing and taking an interest in one another's family members. "The care is very gentle", a relative commented. A health care professional described the care given to one person as 'beautiful' and 'gentle'. They said staff showed concern when the person did not seem themselves. On this occasion the person responded well to staff interaction and the physical reassurance of holding their hands.

The service had gone "the extra mile" for people. One person told us they had been invited by a member of staff to spend Christmas day. "I had Christmas dinner and a chat", they told us. "Christmas was a very nice time". A member of staff saw a charity advert for "A spare chair" which showed an older person who lived alone being invited for Sunday lunch by neighbours. This inspired them to provide Christmas lunch for people who used the service. The staff member discovered that one person who usually spent Christmas with their family was not doing so this year. They invited the person to their home Christmas afternoon to share lunch with their family. The director of the company provided a Christmas cake.

The service cared for people at the end stages of their life. This involved working with a range of other professionals such as district nurses, GP's and the local hospice. A plan of care was put in place to help ensure the person has a comfortable, dignified and pain free death, in accordance with their wishes. One person who was receiving end of life care lived alone. The service rearranged the staff rota so one of their regular care staff was able to visit her on Christmas day. This staff member, who the person knew well, prepared a Christmas meal and sat down with them so they could enjoy it together. The service had received a compliment about caring for people at the end of life. "None of your staff make me feel like I am at the end stages of my life, the staff support me physically and emotionally".

The service had held a focus group in February 2017 with the manging director, operations director, registered manager, quality manager, care assistant, local community police officer (PSCO) and three people who used the service, although not all of them received personal care. The aim of the meeting was to discuss the service's interview process, telephone questionnaire questions and how the service could improve. People suggested adding the question, "Are the staff doing anything you are not happy with?" as they thought some people found it hard to make a complaint. The PSCO shared information about local scams and how people could keep themselves safe from cold callers. People spoke about their own personal experiences and a telephone number was given to people if they needed advice or assistance in the future. One person commented, "When will you be doing this again as I have enjoyed every moment".

At the focus group the director explained about "My life messenger" which was a technology that helped people to communicate with staff and their family members. The system allowed office staff or people's family members to send messages from their mobile or computer, straight to the person's TV screen. The

person receiving the message can then send a simple response back by using their TV remote. Staff explained that when a carer was running late for a call, office staff used this system to inform the person, and they had responded back that they had received the message. The director of the service informed us four people were piloting this communication system and that so far people's experiences had been positive.
The service was developing ways to involve people in local events. An Easter fundraising event had been organised to raise money for a local charity. This included an Easter egg hunt for all the Mylife children with prizes from local businesses that the registered manager had contacted, cake sale and Easter bonnet competition. People were to be involved by helping children with the painting activity. The service also took part in a coffee morning and raised money for another community charity.

Staff had developed positive relationships with people. They said they had time to sit and talk with people and were not rushed. Staff talked to people about things that interested them and about their families. One person told us, "I had a football T-shirt on one day and the carer and I talked about football". The next day when the carer came we continued the conversation and they asked me about the football score". During home visits staff asked people about members of their family. In return people and their relatives asked staff about their family members. Staff and people showed a genuine interest in each other's well-being.

People were asked information about their families and lives and this was recorded in their care plans. This helped to match people with staff and ensure conversations took place about what interested people and what was important to them. People told us the staff knew them well, including what they liked and liked to talk about and that they listened to them. Staff demonstrated they knew people well and knew about their individual needs and preferences. A system was in place which recorded the core member of staff that supported each person and how many times they had supported them. This helped to ensure that people received care from people who knew them well.

The service had received a number of compliments about the kindness and compassion of the staff team. Comments included, "The carer is exceptional, conscious, pleasant, methodical and extremely helpful"; "Mum liked her main carer very much and said she was really good and lovely and friendly and chatty. All the carers that visited were very understanding and helpful"; "My relative loved your visits and looked forward to seeing you"; and "My relative was sent home starving and dehydrated and not expected to live more than a couple of days. However, with the loving care of your team, he rallied".

The service valued people by helping them celebrate significant events. Each person was sent a birthday card, which was particularly meaningful for people who lived on their own or had no family members. People and staff were also sent a valentines card to let them know they were loved. One person telephoned the office to express their delight as they never received such a card before in their lifetime. Carers who lost a loved one were sent sympathy cards as a sign of respect. Everyone said they were always treated with the upmost dignity and respect.

Relatives said staff supported them as well as their relative who was receiving care from the service. The service had received a compliment about this support. "Thank you to everyone who eased my relative through her last year with skill and good humour – and propped me up as I began to falter".

People and their relatives were involved in developing their plans of care and signed them if they had the capacity to understand the information they contained. Staff helped people to make decisions about their daily lives, and were encouraged to be as independent as possible. People were given a copy of the Service User Guide when they first started to use the service. This contained information about the aims and range of services available, people's rights and responsibilities, contractual arrangements and contact details.

People received regular information about the service and company. A newsletter was given to people which contained information about any changes the company. The last letter included information about medical alert bracelets, friendship groups, financial advice and a recipe to try out.

Good

Is the service responsive?

Our findings

People and their relatives said the service responded well to their needs. "I am satisfied and the service meets my needs", one person told us. "We are all different and so are the staff". A relative described how the service took time to find the right member of staff to support their family member. "Finding the right person for Mum was really important as she has dementia", this relative told us. "It has made a difference". A professional told us that when they contacted the registered manager, they were quick to respond and keen to develop specialised training for the staff team.

People said staff completed all tasks allocated to them and that staff asked them if there was anything else they could help them with. This occurred during our home visits. One person told us, "Staff do any little jobs I ask, like putting the washing in the tumble drier. They get on with the things I ask them to do". A relative said, "I ring the girls when I know they are visiting my family member. I ask what food is in the house and if I need to buy any more. I also check on how my loved one is doing. Staff are always happy to help me with this". People also said that staff helped their carer. "Staff help my wife with tasks around the home as she is not able to stand for long", another person told us.

People's care and support was planned in partnership with them and their relatives. Before people used the service they were visited by a quality coordinator to make a joint assessment as to whether the service could meet their needs. People told us the assessment process was detailed and they were asked a lot of information about themselves. Assessments included all aspects of the person's health, social and personal care needs. New assessments included the positive outcomes that people wanted to achieve by having the support in place. A clinical lead nurse was employed by the company and was based at the office two days a week. They were in assessing people's needs when this was required. People were contacted after the commencement of their care package to check it was meeting their needs and expectations. People told us regular reviews of their care took place which included their feedback to ensure staff were supporting them according to their individual needs.

A plan of care was developed for each person before they were supported by staff. This included each person's daily routine and their preferences around how they wished to receive support. For example, in one person's plan it was written that they liked to wash their own face when being supported with their personal hygiene. Another person's plan stated that they liked a lot of light so required their curtains and blinds to be open. Detailed guidance was in place for specific tasks such as supporting people with their mobility, health needs and well- being. For example, one person could present aggressive behaviour. Guidance was in place about what the triggers were to this behaviour, what signs to look out for and how to respond, such as using distraction techniques. Plans of care set out staff's responsibilities such as if they were or were not responsible for different tasks for each person such as making meals, giving people their medicines and health support such as PEG feeding and managing oxygen. People knew that staff kept a record of how they had been supported at each visit. Relatives said these reports were detailed and gave a clear description of the support provided.

People told us if they had a complaint they felt confident to contact office staff. A number of people said

they had made a complaint, it had been resolved to their satisfaction and they had not needed to take it further. "I had a serious compliant a while ago", one person told us. "I do not like complaining, but it was sorted on the day and I have not had to complain since". Another person told us, "The carer was ¾ hour late and I rang the office. The registered manager called me and agreed if the carer was running late they would call. The always do this now". "I asked the office staff not to send a particular carer again", another person told us. "The office staff said that was fine". Therefore, the service sorted out people's concerns to their satisfaction which minimised them developing into a formal complaint.

When they first started to use the service people were given a copy of the Service User Guide which included how to make a comment, complaint and compliment. It stated that people should feel confident that their complaint would be dealt with in a positive manner. People were made aware of their right to direct their concerns to the Ombudsman if they were not satisfied with the way the service had handled their complaint and their contact details were included. A record was kept of each complaint and the action taken to resolve it. A regular audit was undertaken to review the nature of any complaints, the action taken to resolve them and to assess if the process was effective.

Good

Is the service well-led?

Our findings

The majority of feedback received was that the service was well-managed and that they would recommend the service to others. People's comments included, "I think I would recommend the agency if anyone was in my situation"; "I would recommend the service as they see to everything. The office reacts if you contact them" and "I can't fault it. I could not have done without the service." People told us they were visited from time to time to ask for their views about the service. A relative told us "It is a step above: The quality of care is good".

The core values of the service were set out in the service user guide. They were 'Respect for people'; 'Passion about quality'; and to 'Deliver positive outcomes'. Staff demonstrated they understood how to respect the people they supported and were enthusiastic about their roles. The registered manager was a strong role model and showed their commitment to providing care which enabled people to remain living in their own homes. They were supported by a team of staff and the managing director. The registered manager shared an office with their staff team and during the inspection there was regular communication between all team members to discuss and sort any queries that arose. Office and care staff said they felt well supported. Care staff said if they had a concern they felt able to speak to any member of the office staff team, who would provide them with the necessary support they required. The registered manager and a member of the office staff had completed level 5 Diploma/Qualification and Credit Framework which is a management qualification.

The contributions of care staff were valued and acknowledged. Each month a staff member was awarded a certificate of recognition for their positive impact on people. This had included reporting concerns quickly, 100% attendance and things that had made a real difference to people. For example, one person always asked for the same meal. A staff member made them a different meal and they enjoyed eating it. A staff meeting was held every three months and the last one had taken place in January. At these meeting issues were discussed and staff were able to raise concerns. For example, at one meeting some staff did not feel competent in carrying out a specific health care task. This was fed back to the clinical lead nurse and additional training given.

The quality of the service was monitored through audits and contacting people to gain their experiences of the service. People were asked for their views about the service through review visits, telephone monitoring and survey questionnaires. At a telephone monitoring call people were asked a series of questions including if the service was reliable, that staff arrived on time, completed all tasks, were friendly and courteous, enabled people to be independent, knew how to make a complaint and if they wished to receive a visit from the registered manager. The registered manager read and signed each monitoring form and carried out an audit to see if there were any areas where the service could improve. The feedback from telephone monitoring was that people were satisfied with the quality of the service they received. Head office also sent questionnaires to a selection of people each month. The registered manager told us the response rate was only around 20%, but feedback was the people felt safe, staff were well trained, carried out all tasks and that they achieved their personal outcomes. Comments included, "Most of your staff have always been very respectful to me and they are also very good at the help they give me" and "I am very pleased with Mylife

150%. I love my carers and everyone at the Mylife office".

Regular audits of the service were undertaken, which were sent to head office for review. This included staffing hours, staff training, management meetings, missed calls, complaints and care records. In February 2017 the service had assessed itself against the areas of safe, effective, caring, responsive and well-led. A report had been produced with examples of how the service had delivered in each area. For example, under 'safe' it had been recorded that regular spot checks of staff took place. These spot checks had been expanded to include direct observation and competency checks of staff practice in addition to ensuring staff were wearing their uniform and identity badges. In the 'well-led' section the service had assessed that staff retention was high and that staff were encouraged to develop their potential. A care staff member was being trained to coordinator level, as they had demonstrated in their practice that they had the skills to fill this role.