MyCareCrew Ltd

# MyCareCrew Ltd

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
MyCareCrew Ltd is a domiciliary care agency which provides support and personal care to people living in their own home. 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. At the time of our inspection six people were receiving a regulated activity from this service.

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

Although people that received care from MyCareCrew were happy with the care they received we found significant shortfalls in the safety and management of the service which placed people at risk of harm.

There was a lack of systems and management oversight to ensure care was being provided as required. People were at risk due to poor governance and record keeping at the service. The provider and registered person told us there were no quality assurance systems. This meant systems were not in place to identify areas for improvement and ensure improvements were made.

We did not receive all records we requested meaning we could not be assured care had been provided in line with people's care plans, needs, wishes and choices.

All necessary pre-employment checks had not been completed and the system to ensure staff were appropriately trained and skilled to provide care was not robust.

Risk assessments were not used to identify and reduce risks to people.

Infection control procedures and guidance was not always followed by staff which placed people at risk of potential infection. The provider was not following best practice guidance in relation to COVID 19 testing of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; However, formal systems were not in place to assess people's mental capacity.

The registered manager and provider acknowledged the above shortfalls during the inspection and agreed to introduced changes to improve the situation.

People and their family members were all positive about the caring nature of the staff. People told us they were always treated with dignity and respect.

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 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date the service was registered.

You can see what action we have asked the provider to take at the end of this full report. When we identified areas for improvement the provider and registered person stated they would take action to make the improvements needed.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe recruitment of staff, staff training and support and the governance and quality monitoring of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always 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?**

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

# MyCareCrew 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 Health and Social Care Act 2008.

Inspection team
The inspection was completed by one inspector and an Expert by Experience in the care of older people, who made telephone calls to people to gain their views about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual for the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. For the purpose of this report we will refer to them as the 'registered person'.

Notice of inspection
We gave the service 24 hours' 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 4 March 2022 and ended on 14 March 2022. We visited the location's office on 4 March 2022.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service, including registration reports and notifications. Notifications are information about specific important events the service is legally

required to send to us.

We also used the information the registered person sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We reviewed a range of records relating to the management of the service and we looked at three staff files in relation to recruitment, training and staff supervision. We spoke with the registered person and provider.

After the inspection
We spoke with four people (or their family members) about their experience of the care provided. We tried to contact three staff members and managed to speak with one. We reviewed a range of records. This included two people's care plans, personal history forms and one person's medicines administration records. Records relating to the management of the service provided by the registered person including, training, policies and procedures were also reviewed.

Requires Improvement

# 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 of this registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● Recruitment procedures were not sufficiently robust to ensure only suitable staff were employed. We reviewed three recruitment records which showed pre employment checks had not been completed and some information was missing before staff worked with vulnerable people. This included full employment history, health declaration, satisfactory conduct evidence from current or previous employers and the return of a criminal records check. The registered person was unclear about recruitment procedures and we discussed this with them.

The failure to ensure that all necessary pre employment checks were completed was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

● The registered person committed to seeking the missing information and ensuring that all necessary recruitment checks were received.

● The service had a small staff team which meant people received support from regular staff who knew them well. However, one staff member told us they were working seven days a week and were unsure what would happen if they became unable to work as other staff including the registered person were also covering care calls.

● People said they had the same 'group' of staff, who came on time, and always stayed for the correct amount of time if not longer. One family member said, "We see the same carer every visit."

● The registered person said they were not accepting new care referrals until they had enough staff available to ensure they would be able to meet people's needs.

Assessing risk, safety monitoring and management

● Risk assessments were not used effectively to identify and reduce risks to people.

● Care plans detailed how individual risks should be managed however, the registered person was unable to supply examples of recorded risk assessments. When asked about risk assessments the registered person said they "Had a look around the house". They did not mention completing a formal risk assessment in relation to the person or the environment.

We recommend the provider review and implement best practice guidance to ensure individual risks are assessed and recorded.

● A family member confirmed actions taken to ensure a specific risk to their relative was managed

according to the person's care plan.
● Informal business continuity plans were in place to ensure people received the care they required in the event of possible disruptions such as severe weather. The provider said, "I have a 4x4 vehicle so can use that if weather conditions require this."

Preventing and controlling infection
● Suitable policies were in place for infection prevention and control however, we were not assured that these were always followed placing people at risk of infection.
● The registered person and staff said they were completing COVID-19 testing twice a week however, this was not in line with government guidance which was prior to each shift. Once we identified this to the registered person, they took prompt action to advise staff of the need to complete a rapid lateral flow test prior to each shift.
● Training records could not confirm that all staff had completed essential infection prevention and control training including food hygiene training. The registered person informed us they had recently contracted with a new online training provider and staff would be completing this training.
● Staff told us they always had enough Personal Protective Equipment (PPE) and had not experienced a shortage during the COVID-19 pandemic.
● People or family members did not raise any concerns in respect of prevention and control of infection. One family member said, "They [care staff] are very thorough with their PPE, they always have masks, aprons and gloves on when they arrive at our door."

Using medicines safely
● Training records did not show that staff had received formal medicine training. A staff member confirmed this stating they had completed medicines training in a previous care job but not whilst employed by MyCareCrew. Staff also confirmed that a formal medicines competency assessment had not been completed and were unsure what this was.
● Staff competencies in relation to medication administration had not been completed at the time of the inspection. This meant we could not be assured that staff had the appropriate skills, knowledge and understanding of safe medicine management. This is further discussed in relation to training within the effective section of the report.
● Most people did not require support with their medicines. Where support was required, staff recorded when they had administered medicines on medicines administration records (MAR). The registered person said these were returned to their office each month and reviewed. However, they said they did not record these reviews. We were provided with a completed MAR and this indicated that the person had received their medicines appropriately.
● People were supported to be as independent as possible in managing and administering their own medicines. People's care records included information about the level of support they required with their medicines as well as details of their prescribed medicines.

Systems and processes to safeguard people from the risk of abuse
● Other than the failure to ensure all staff training, risk assessments and recruitment checks were completed, appropriate systems were in place to protect people from the risk of abuse.
● People told us they felt safe. They identified that they felt safe because care staff were on time, reliable and regular. For example, one family member said, "The carers make us feel safe due to their general demeanour, they are always cheerful and happy. We never have any issues with them."
● Staff knew what action they should take if they suspected a person was at risk of abuse. One staff member said, "I would tell [registered person] immediately if I had any [safeguarding] concerns, but I also know I can go to the [local authority] safeguarding team."

● The registered person was clear about their safeguarding responsibilities. They said they understood who they could contact at the local authority safeguarding team if they wished to discuss any concerns.

Learning lessons when things go wrong

● There had been no accidents or incidents. However, the registered person told us, should an incident or accident occur, this would be investigated to identify possible causes, learn lessons and take any identified remedial action to prevent a recurrence.

Requires Improvement

# 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 requires improvement. This meant systems in place did not always ensure people would receive good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Due to incomplete records and staff comments about training we could not be sure staff had received all necessary induction and ongoing training. This included training in relation to medicines administration, infection control, mental capacity and induction for new staff.
- A staff member said they had completed training in previous roles in care but not since working for MyCareCrew. Whilst viewing staff files we identified some in date but also out of date training certificates.
- Induction records, formal supervision, unannounced ad hoc checks of staff and annual appraisals have not been completed.

The failure to ensure staff receive appropriate induction, training supervision and appraisal was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered person told us they had recently signed up with a new on line training provider and staff confirmed they had been given login details to start undertaking training. However, when we discussed training the provider did not have a plan in place for the provision of practical training such as moving and handling or first aid.
- Staff told us they felt supported by the registered person and provider who they could contact for support at any time.

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

- The registered person stated they assessed people's needs when they undertook the first care visit using information from the local authority and person. However, they were unable to provide any recorded assessments they had completed.

We recommend the registered person reviews and implements best practice guidance for the assessment of people's needs and keeps this under review throughout the provision of care.

- A comprehensive personal history form had been completed which detailed people's life history and information about preferences and what was important to them. However, this did not include information about health or care needs. The personal history form demonstrated people's protected characteristics under the Equality Act had been considered.
- Care staff told us that when they identified a change in people's needs, they would contact the registered person for a review of the person's care plan. They said that if they felt more time was needed to complete a

particular care visit the registered person took action to address this.

Supporting people to eat and drink enough to maintain a balanced diet
● Where required staff ensured people were supported to have good levels of hydration and nutrition.
● Care plans described the level of support people required in relation to eating and drinking.
● People told us they were happy with the arrangements in place to support them with food and drinks. A person told us, "The care staff will prepare my lunch and tea for me; they usually ask me what I fancy the day before and will get it out of the freezer for me. They also do my food shopping once a week."

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
● People had care plans in place, which contained essential information about their general health, current concerns, social information and level of assistance required. Additional information was maintained in each person's home for any medical or emergency staff. This included information about the person's health, medicines and their wishes or decisions about the level of emergency care they should receive.
● One person had a specific care plan in relation to a medical need. However, this was not sufficiently detailed to ensure all necessary individual information was provided. The lack of some detail may mean staff would not take the correct action if the person's needs changed.
● Most people required a low level of care and support meaning the service did not regularly work with other health or social care professionals. However, the registered person knew how to contact health or social care professionals should the need arise. A person said, "If I don't look right, they [care staff] will call 111 for me and get me the help that I need."

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had not received training in the Mental Capacity Act 2005 (MCA) and were unclear about the actions they should take if they felt a person may lack capacity to make some decisions. The registered person told us they now understood the actions they needed to take if they suspected a person may lack mental capacity to make all decisions.
● Staff were aware people were able to change their minds about care and had the right to refuse care at any point. They said they would encourage people to allow all necessary care to be provided but would never do this without the person's consent. Where care was refused, they would seek further support from the registered person and the person's family.

- People and their family told us they had been involved in discussions about their care.

Good

# 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 registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their family members told us that staff were kind and caring and knew their individual preferences. A person said, "The carers are never glum, and it boosts us to have people coming into our home who are so happy." Another person said, "I find the carers kind and caring, If I am worried about anything, they will help me to do things such as helping me to fill out forms, they take my worries away."
- Staff had built up positive relationships with people. Staff spoke about people warmly and all said they enjoyed their work. Care staff told us they had a regular rota, meaning they visited the same people and had therefore had the opportunity to get to know people and people had the chance to get to know them. People confirmed they had a regular team of care staff. A person said, "I have the same group of carers looking after me and always have the same carer in the morning and evening. It then varies at lunchtime and teatime."
- Staff also said they were provided with the person's care plan on an electronic care record system. Information about the person's life history and preferences was known. This meant care staff would know important information about the person, such as any information about equality and diversity or protected characteristics, and therefore be better able to meet people's individual needs. This information was provided within care plans we viewed during the inspection.

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

- People felt able to express their views and request additional tasks if required. A person told us, "The carers will do anything for me, for example if a bulb goes, they will change it for me."
- Staff understood how to support people to be involved in decisions about their care. For example, one staff member said, "I always ask, I would not force anyone to do anything."
- The registered person told us they regularly undertook care calls meaning they were able to informally seek people's views and check if they were happy with the service they were receiving. However, recorded reviews of people's needs had not been completed. They stated they would now be undertaking formal reviews with people.
- People were provided with information about the service, what it could and could not do in the form of a service users guide. This also included information on how to raise concerns or make a complaint.

Respecting and promoting people's privacy, dignity and independence

- A person confirmed privacy and dignity was respected. They said, "When the carers are helping me to wash, they are very kind. They will close the curtains and will cover me up, they will put a towel over my midriff."

● Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
● Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was important and described how they assisted people to maintain this whilst also providing care safely.
● People confirmed they were encouraged to be as independent as possible. A person said, "The carer helps me to have a shower when I wish to, she will leave me to do whatever I can by myself, but will help me to wash my back and legs."
● People's confidentiality was maintained in the way information was handled. Care plans were stored securely within an electronic system that staff accessed safely. Staff were aware not to share confidential information with people that were not authorised.

Good

# 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 registered service. This key question has been rated Good. This meant people's needs were met.

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

- The failure to formally assess people's needs and risks or to keep these under regular review placed people at risk of not having care planned in a way that ensured personalised care as all individual needs may not be known and therefore met by care staff. This was in part mitigated as the service had a small consistent staff team who knew people well.
- People were not aware of their care plans indicating they had not been fully informed in their production or agreed to the plan of care. One person told us, "There is a care plan in the house, but it is the one that the previous care service left, I don't think that MyCareCrew have added to it, I think they just follow that one."
- Care plans seen were written in a person-centred way that gave staff guidance about how to support people. They incorporated people's preferences, physical, social and emotional needs.
- The registered person said they would review care plans if people's needs changed. The electronic system the service used, meant that as people's needs changed, or they shared new information about how they wanted to be supported, this could be quickly added to their care plan.
- Staff and the registered person responded when people's needs changed. For example, the registered person told us how they had remained with a person for most of the night prior to the inspection whilst waiting for ambulance to attend.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered person confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print and could be translated into different languages.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to contact the office to raise any concerns if they needed to. They were provided with information as to how to complain within the information pack provided to all people receiving a service. A person said, "We have never had to complain about the service, there is nothing to complain about. If I did need to, I would ring (registered person) on her mobile."
- The provider had a policy and systems in place to review any concern or complaint. These provided

information on the action people could take if they were not satisfied with the service being provided. The service had not received any complaints.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care.
- The registered person assured that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and ensure staff were appropriately trained.

Requires Improvement

# 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 registered service. This key question has been rated requires improvement. Procedures did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service was not well managed. There were widespread and significant shortfalls in service leadership. The delivery of high-quality care was not assured by the leadership, governance or culture in place.
- The registered person was providing a high number of care hours each week. This was impacting their ability to ensure the safe and effective management of the service. They were also unable to fully support with the inspection process. As part of the inspection we requested a range of documents most of which were not provided.
- There was also a deputy manager. They told us they were working seven days a week both morning and afternoon shifts undertaking direct care calls with no time to complete any deputy manager tasks.
- Formal systems to monitor the quality and safety of care delivered were not in place. This included the absence of any audits, staff supervisions and reviews of people's care. Improvements were needed to ensure many aspects of the service were safe.
- The provider contracted with a company which provided a full range of policies and procedures as well as supporting documents to aid the smooth running of the service. However, these had not always been fully utilised or followed. For example, the registered person had not ensured they were aware of and following safe recruitment practices and systems were not in place to prevent the risk of unsuitable staff being employed who were supporting vulnerable people.
- Systems and processes were not in place to ensure that all staff had completed an induction and all necessary training. Risk assessments, mental capacity assessments and other care related records were not provided when we requested these. Therefore, we were not assured that processes were in place to ensure these were always completed. This placed people at risk of receiving unsafe care and treatment.

The provider had failed to effectively assess, monitor and improve the quality and safety of services. Record keeping was poor and records were not always available. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider said they had identified that the registered person was not completing all their management tasks and was to become more involved taking responsibility for some aspects of the service including recruitment and training.

- The provider had sent surveys to people to assess their satisfaction with the service provided. Some had been returned and the provider said these indicated people were happy with the service they were receiving.

● Providers are required to notify CQC of all significant events. The registered person understood their responsibilities and had notified CQC as required.

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 provider had a duty of candour policy that required staff and management team to act in an open and transparent way when accidents occurred. However, the registered person and provider was unclear about their formal responsibilities regarding duty of candour.

We recommend that the provider review their duty of candour policy so they are fully aware of their responsibilities in relation to this.

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

● People and family members told us they would recommend MyCareCrew to a friend or relative. One person said, "My Care Crew provide an excellent service, they are very, very good." A family member told us, "As far as we are concerned, we would recommend the service." Another person said, "[registered person's name] is the manager, and I would go to her if I had any problems, I have her mobile number."

● Staff were positive about the support they received from the registered person and felt they could go to them with any issues or concerns. One staff member said, "She's [registered person] always available, I can contact her at any time, and she is really supportive."

● The provider had a clear vision for the service. They said, "I want the experience of care for people on the Isle of Wight to be improved." They added that this meant providing quality individual care for people, whilst promoting independence and choice. They identified a key barrier was the recruitment of high quality staff and were looking at ways of recruiting staff who may not have considered care as a career option.

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

● Protected characteristics, including sexuality, religion, race and disability, were respected and supported. This information was included within a personal history form in place for each person.

● It was clear that staff and the registered person knew people well and had developed positive relationships.

● Staff told us they felt supported in their role and listened to although formal support and supervision processes were not in place.

● All people and their relatives we spoke with were positive about the service.

Working in partnership with others

● Specific information had been provided within people's homes to ensure any visiting health professionals were aware of essential information about the person. This would ensure people received the care they required and any pre-existing wishes or decisions, for example emergency resuscitation would be known and followed.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person has failed to implement systems and processes to effectively assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)(b) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The registered person has failed to ensure all pre employment checks were completed before staff commenced working with vulnerable people. Regulation 19 (2)(3) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered person has failed to ensure all staff have received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2)(a0 |