

My Life (Carewatch) Limited

My Life Living Assistance (Lewes)

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place between 19 and 22 June 2017. We visited the office of My Life Living Assistance (Lewes) on the 20 and 21 June 2017. We told the provider we were coming on the two days we visited the office, this was due to it being a domiciliary care agency and we needed to ensure someone was available. The inspection involved a visit to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates.

My Life Living Assistance (Lewes) is a domiciliary care company based in Lewes. They provide support and care for predominately older people living in their own homes. Some people were at risk of falls and had long term healthcare needs. My Life Living Assistance (Lewes) provide their services within an approximate 10 mile radius from their office in Lewes. At the time of our inspection 100 people were using the service. There was a registered manager in post, a registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Although people and their relatives spoke positively about the service and its leadership we found shortfalls related to some records and an aspect of quality assurance. We found examples where people's care documentation was incomplete and lacked sufficient detail to ensure staff had clear guidance on how to support people in their own homes. Most of the provider's quality assurance had been effective at providing oversight and driving improvement however the systems used for the audit of people's care plans was not robust and had not identified the shortfalls we found. The registered manager was responsive to our feedback and took corrective steps to begin addressing these areas during our inspection.

However, we found other quality assurance systems had been used to improve the service and were designed to ensure people received safe, good quality care. Areas routinely checked included medicines and daily care documentation. Additional quality assurance systems had been established and completed by a regional quality assurance manager.

People told us they felt safe using the services of My Life Living Assistance (Lewes). Positive comments from people included, "I continue to be pleased with the care and how the staff help me." Staff had a good understanding of how to safeguard people from different types of abuse and how to raise and escalate any concerns they had for people's wellbeing and safety. Where people had been involved in an incident or accident steps had been taken to investigate, follow up and to reduce the risk of them being repeated.

Medicines were managed safely and in accordance with current regulations and guidance. Medicines records were audited and reviewed to check for errors or omissions. Staff knowledge and competency was routinely checked upon to ensure they were confident to support people with their medicines.

The risks and support needs associated with caring for people in their own homes had been assessed and were reviewed appropriately. Care plans were person centred and the majority provided an accurate guide

for staff to consistently care for people. Staff supported people to access health care services if required. Staff told us they knew people well and recognised if they were unwell.

Staff had an understanding of the requirements of the Mental Capacity Act 2005 (MCA). Care documentation reflected action had been taken and appropriate agencies involved where potential concerns were identified regarding people's capacity to make decisions regarding their care.

There were enough staff to meet people's support needs and staff had regular training, supervision and appraisal to support them in their roles. Staff gave positive feedback about the training they underwent and people and their relatives told us they felt staff were well trained. Robust and appropriate pre-employment checks had been completed before staff began working for the provider.

People knew how to make a complaint or raise concerns with staff or the registered manager. There was an appropriate complaints system in place. People told us they were supported by friendly, reliable and caring staff who respected their privacy and promoted their independence. People who needed it were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of not eating or drinking sufficient amounts. People were supported with their day to day health care needs.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments to determine the risks with supporting people were completed and reviewed. Appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely and in line with their assessed needs and choices.

There were appropriate staffing levels to meet the people's needs. Staff had been recruited in line with good practice.

Is the service effective?

Good ●

The service was effective.

Staff were effectively supported in their roles via a comprehensive induction, supervision and training to equip them with the skills and knowledge to provide care.

People were supported to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff who knew them and were caring and kind.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality.

Is the service responsive?

The service was responsive.

People received care that was responsive to their needs because staff had good knowledge of the people they provided care and support for.

People were regularly consulted about their care and support needs and told us they were able to express their views regarding their choices and preferences.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint.

Good ●

Is the service well-led?

The service was not always well led.

Some care documentation did not fully capture people's care and support needs.

Most quality assurance systems had proved effective at identifying areas which required attention however care plan auditing systems had not been effective.

People spoke positively about the service and staff were well supported in their roles.

Requires Improvement ●

My Life Living Assistance (Lewes)

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.

The inspection took place between the 19 and 22 June 2017. This was an announced inspection. 48 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector and an expert by experience who made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection process we spoke with ten people who used the service and five relatives. We asked what it was like to receive care and support from My Life Living Assistance (Lewes). We reviewed ten people's care documentation and associated records. We spoke with seven care staff, a care coordinator, a quality officer, the registered manager, two of the provider's regional directors and the managing director. We also spoke with a staff member who had responsibility for recruitment.

We reviewed a range of records about people's care and how the service was managed. These included the care records for nine people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, accident and incident reports, complaints and records relating to the management of the service.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives and staff. We considered the information which had been shared with us by the local authority and agencies, looked at safeguarding alerts which had been made and notifications which

had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People told us they felt safe using the services of My Life Living Assistance (Lewes). Everybody spoken to said, they or their relative felt safe with the staff that supported them in their homes. A person said, "They are all lovely, I do feel safe when they are around." A person's relative said, "I always feel things are safe, I even feel confident enough to go out for a walk whilst his carer is here."

The risk of abuse to people who used the service were minimised because robust recruitment procedures had been established. Before commencing work staff were checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work within care. Staff told us checks had been carried out before they started work. They confirmed they had not started to work until their DBS check had been received. To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. Training records indicated care staff had completed this training during their induction before they began supporting people in their homes. Staff had a clear understanding of the different types of abuse, the signs they would look for and what they would do if they believed a person was at risk of abuse. Staff provided examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it.

There were sufficient numbers of staff to meet the needs of the people they provided care and support for. The registered manager explained that they would only accept 'new clients' if they had sufficient staff to cover a new care package. One person said, "I have two carers come at the same to me and they do ever so well co-ordinating it all, they are here at the right times." Staff whose role was predominately administrative also completed care calls if required. One staff member told us, "I will often pick up a call on the way into the office if needed." The registered manager told us this ensured the operation had a 'degree of flexibility' if a carer was held up. On the second day of our inspection we saw a carer needed to leave their shift unexpectedly and we overheard the care co-ordinator rescheduling people's calls to ensure people had their care calls covered. This meant people could be assured that a carer would be available to provide their care and support. Everybody we spoke with said they did not have any problems with late or missed calls. One person told us, "We've used other agencies and these have been good in comparison, never had any troubles with timings, they will always ring if a little held up."

Robust systems and checks had been established to ensure staff accurately completed people's medicine administration records (MAR). The registered manager said, "Head office have made this a priority for us." As part of care staff's regular 'spot checks' by senior staff the MAR paperwork was reviewed to ensure it was completed accurately. A staff member said, "Getting the paperwork is important and been stressed to us a lot." People's MAR documentation was regularly returned to the office where they were reviewed for any omissions and errors. People told us they were happy with the support they received with their medicines and considered staff were well trained and confident. A person's relative said, "They (the person) couldn't do it themselves so it's a service which is really important which the carers get right."

People confirmed staff used personal protective clothing to ensure they followed good hygiene principles

and reduced the risks of the spread of infection. One person said, "They are very good they wear the right things like gloves and aprons." Another person said, "The first thing they will do after saying hello is wash their hands."

Risks related to providing support and care to people in their own homes were managed well by the provider. When a person began using the services of My Life Living Assistance (Lewes) a senior member of care staff, referred to as a 'quality officer', completed a range of assessments. Areas assessed related to care and support needs and environmental risks. Risk assessments had been completed for areas such as mobility, including falls and medicines. Environmental assessment had considered factors such as access to a person's property, pets and lighting, along with any specialist equipment such as mechanical lifting hoists. A staff member said, "I always let the office know if there are any changes as they may need a re-assessment." Care plans also prompted care staff to check, where appropriate, to ensure people had their 'lifeline' (this is a system connected to the telephone which enables people to call for assistance from a central call centre) and any mobility aids near at hand before they left.

If people had been involved in an accident or incident staff recorded their involvement and the actions they had taken on a form. Staff told us copies of these forms were held in people's care documentation in their homes. The documentation was detailed and provided clear time lines to events so if further investigation or enquires were required by external agencies they could be used as a reference. Once completed forms were returned to the office, follow up actions and sign off was completed by a member of senior staff. The registered manager said, "Although the staff fill in the paperwork they would call into the office first to flag up the issue."

The provider had made provision to ensure people's care and the operation was able to be managed safely 'out of hours'. A small group of senior staff team held the 'out of hours' phone on rotation. The staff member with responsibility was able to adjust staffs routes and contact people to communicate key messages. One person said, "I've only had to call a couple of times and I have managed to speak to someone who could adjust things for me."

Is the service effective?

Our findings

People and their relatives told us the care and support they received from My Life Living Assistance (Lewes) was important for them and assisted them with their independence. One person told us, "My carers coming in regularly are one of the reasons I am able to stay in my own home." Another person said, "The carers know what they are doing and just get on with it which is the way I want it."

During our inspection we saw new care staff completing their 'new starter' induction training. This was completed in a classroom within the provider's office. Induction training took place over four days. The training covered all mandatory areas such as moving and handling, medicines and safeguarding. The classroom had a training area where staff were able to interact practically with aspects of their training such as mechanical moving and handling equipment. On successful completion of this face to face training staff shadowed more experienced carers. A member of staff said, "Having the chance to shadow other carers was really useful." The registered manager said, "Staff get remunerated for the training and shadowing which is good as there is no incentive for them to rush into working alone." Care staff's mandatory training was updated annually within the classroom setting. Staff were able to access additional training to support them in their roles from other sources such as work books, e-learning and health care professional workshops. A staff member said, "We had a nurse come and give a talk on stoma care which was really interesting." Another staff member said, "The training has really been good here, I have worked for other companies but this has been far and away the best." Opportunities for staff to complete further accredited training were encouraged such as NVQ (National Vocational Training). NVQ's are work based awards that are achieved through assessment and training. To achieve NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. We saw additional links had been established with the Fire and Rescue service. A date had been planned for a representative of the Fire and Rescue service to provide staff with up-to-date information on recent technological advances in fire detection.

Care staff completed regular supervision with a senior member of staff. Staff were positive about the support they received and said supervision was helpful to allow discussions as to what was working well and what could be improved. Staff competency was also assessed whilst they were supporting people. 'Spot checks' on care staff were completed by a senior member of care staff. They arrived unannounced either prior or during a member of staffs care call to a person. Areas reviewed during spot checks included area such as care approach, medicines and moving and handling. During our inspection senior staff were out of the office for periods of time undertaking spot checks on staff. Records indicated senior staff were up-to-date with their checks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for how decisions are made 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 a person lacks capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a basic knowledge and understanding of the (MCA) and had received training in this area. People and staff spoke about how providing choices in how care was delivered was routinely done so as

people received care the way they wanted. People's capacity was considered in assessments so staff had an awareness of the level of support required during decision making. Staff spoke about how people had choices on how they would like to be cared for and asked permission before supporting with a task. The registered manager knew which people had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal process that allows people to appoint someone to make financial or health and social care decisions on their behalf. The registered manager understood advocacy issues and ensured they had seen and recorded appropriate LPA authorisations so as they could be assured decisions were being made in accordance with people's wishes.

People and their relatives spoke positively regarding the support they had received from staff to access appropriate health care. People told us, if required, staff would assist to ensure they received appropriate medical care. One person said, "A few days ago I had some lumps on my leg and my carer rang the doctor straightaway so I could get advice." Another person said, "My carers help me with appointments, if I have problems with my hearing aid or specs they will make the appointments and take me along." Staff told us they were clear on their responsibilities as carers and if there were changes in people's health and well-being they would raise these concerns with the provider and other health care professionals.

People who required support with food, drink and meal preparation spoke positively about how staff assisted them. People's nutritional needs were assessed and guidance made available for staff to support people appropriately. One person said, "My carer is an excellent cook, she makes soup for me and she knows I like pasta so makes lots of nice pasta dishes." People's preferences regarding food had been documented and care plans prompted staff to respect people's choices. A person's relative said, "I do their shopping and select meals for the week, then mum will choose on a daily basis what to have and the carer will cook it for her." Staff told us if they had concerns about a person's nutritional intake or weight they would discuss this with the senior staff in the office and seek a medical intervention.

Is the service caring?

Our findings

People said they were supported by kind, caring and thoughtful staff. People and their relatives were happy with the service. Descriptions of staff from people included words such as, 'caring, helpful and kind.' A person said, "Seriously I am so happy with everything, I just wish I could have found them sooner." Another person said, "I can't fault them, no problems. They are all happy people and we have a really good chat." A person's relative said, "They are all chatty and have a laugh with mum and lift her if she is down."

People spoke positively regarding the consistency of care staff that came to their homes. One person told us it was "One of my worries was that I would never see the same carers, it hasn't been like that at all." The registered manager confirm that as the agency grew they would employ staff for specific geographical areas so staff would have a regular route providing consistency for people. All care staff acknowledged the importance for people to have as much consistency as possible. A member of office staff said, "You can't ever get it a 100% as carers as we need to manage holidays and sickness but it is something we monitor closely." People said staff treated them with respect. One person said of the staff that supported them, "All happy, smiley the rapport is brilliant." People told us staff were prompt and reliable and came at the times they expected. Staff spoke about the importance of knowing people well, one staff member said, "When you know your clients well that's when you can start to anticipate what their needs are."

The registered manager told us of an initiative they had recently run whereby people were asked if they would like a visit from office staff. The registered manager said, "Clients regularly speak to office staff on the phone but don't often see them face to face; this seemed a good way to bridge this gap." People and staff told us this had been a real success and planned to continue this in future months. During our inspection we overheard a telephone conversation between a person and the care co-ordinator. The person was asking when they would be coming to visit them again as they had enjoyed it and looked forward to baking a cake for the next occasion.

Several office staff spoke about plans for a summer party for people. The registered manager said, "We know there are a few clients who are interested and would enjoy an event; some staff have said they will bring their children and it will be a chance to enjoy the summer and have fun."

The service kept a record of all the compliments they received. If compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received.

People told us they felt involved in planning their care and the routines staff followed. A person told us, "After the (care) assessment they set up the care plan, we decided it together it's going to be flexible to start with." People expressed the importance the service played in enabling them to remain living in their own homes. Staff understood the importance of supporting people to remain independent. One staff member said, "It may take a bit longer but encouraging clients to do things for themselves where they can and want is important."

Staff provided examples of how they respected people's privacy and dignity whilst in people's home. These included covering people appropriately whilst supporting with personal care. One person's relative said, "Carers have been spot on, always close doors and are discreet with this type of thing." A person said, "They (the care staff) always leave the room when I am using the loo, that's how I want it."

Staff understood the importance of protecting people's personal data and information held within care documentation. Office staff each had their own log on to the provider's network and care documentation was stored securely in the office and another copy was kept in people's homes.

During our inspection there was an unforeseen operational requirement to move carers care call around the senior staff member ensured they did not disclose the reason why this was necessary with the staff they spoke to on the phone as it would have compromised a person's privacy.

Is the service responsive?

Our findings

People's care needs were assessed before any care delivery by staff. Care needs were discussed and the initial care package agreed with the person or a relevant person if they were unable to take part. A senior member of staff who had responsibility for the majority of assessments confirmed they discussed with people the types of support the service were able to provide and whether their needs could be met. People were able to make choices about how the service supported aspects of their day to day living. People and their relatives told us they felt they had been involved during the initial discussions regarding their care needs. One person said, "It was very detailed and I was able to put over my wishes clearly." Based on the information gathered an individual care plan was designed which was cross referenced with the person's local authority needs assessment if applicable.

Care plans were clearly laid out with appropriate headings to identify people's care and support needs. The majority of care plans were person centred and provided clear guidance for staff to follow when providing care to people in their own homes. Those care plans we identified lacking detail were immediately updated by senior staff. The staff supporting these people knew their support needs well and there was no evidence on the impact of care delivery. Staff said they routinely referred to care plans and found them helpful as a prompt. One staff member said, "They are generally pretty good, if I see something needs updating I will call it into the office." Staff also commented on the usefulness of the electronic handsets they used to 'log in' to care calls. Staff told us these allowed for key messages and updates relating to a person to be received. One staff member said, "Before going into a call you can see if there are new updates, like if they have had changes to their medicines."

During our inspection we heard office staff answering and making calls to people to inform and update them where there had been a change to the planned operation. People told us staff were generally prompt but would be notified if there was a disruption. One person said, "You don't mind a few minutes but you get a call if there has been a hold up." People told us they received regular updates from the services as to their call times and which staff would be supporting them. Another person's relative spoke positively regard the flexibility of the service. They said, "I can't think of an occasion where I have made a request to swap things about and they haven't accommodated it."

People were positive about the level of staff continuity they received. Comments included, "I've been pleased on the whole I have my regulars who know me well." Staff told us they considered they had 'regular clients' and felt this was something that was monitored carefully by senior staff. Staff told us they felt they had enough time to spend with people and if they felt a care call was becoming rushed they would raise the issue with the office. One member of care staff said, "I've not had any issues with timings; I had a client who needed more time and it was sorted out quickly." We saw examples where senior care staff had liaised with families and commissioners regarding the amount of time people had with care staff to ensure needs were responded to.

People or an appropriate advocate had been consulted for their opinions on the care and service they were receiving. The provider operated a rolling three month review process. These alternated between telephone

and face to face reviews. The registered manager said, "Where a client can't communicate effectively on the phone all their reviews will be done face to face and with the appropriate representative present." People's reviews were up-to-date and the paperwork was clear; where a person identified an issue such as the time of care call then staff had recorded the response and action taken as a result of the feedback.

People and their relatives told us they had been provided with contact details for My Life Living Assistance (Lewes) when they started using the service, this included information on how to raise a concern. People told us they felt confident to call or speak to a carer if they had a complaint, concern or query. One person told us, "I ring the office if I need to they have been very efficient." At the time of our inspection there were no 'open' complaints however a recent resolved complaint had been responded to in a timely manner and in line with the provider's complaints policy.

Is the service well-led?

Our findings

Although people, their relatives and staff told us they considered the service was well led; we found areas which demonstrated the service was not consistently well led. We found examples where records related to people's care documentation was not up-to-date. For example, a person who had recently started using the service did not have clear guidance for staff about their behaviour which could be challenging. Another person's care plan had not clearly identified the support they would need with their mobility in terms of equipment used. Another person had a care plan in their folder which was from a previous care agency yet had been printed out on 'My Life Living' paperwork and left in the file. There was potential this information could have been out of date. These incomplete records had not impacted on people as staff knew what they needed to do to support people safely.

The registered manager was responsive to our feedback and updated the identified records promptly. The registered manager was supported by two senior staff. One was predominately office based and oversaw the administration related to scheduling care calls and staff rotas. The other senior staff member was a 'quality officer'. The quality officer completed most pre-assessments and designed people's care plans and completed care reviews and re-assessments.

Robust systems to routinely 'quality check' people's care plans were not in place. The shortfalls we found in care planning had not been identified by an audit as routine auditing care plans did not occur. Care plans were routinely reviewed every six months and a full reassessment after 12 months. However both these reviews were usually completed by the same member of staff who had written the care plan. This meant the provider had not established systems for more routine oversight of care plans. The registered manager acknowledged this additional layer of quality control was required and following our inspection provided evidence routine auditing of care plans had been set up.

There were a range of other audits routinely completed to check the quality of the service, these included areas such as people's MAR documentation, daily care notes, accident and incidents and 'out of hours' call logs. The provider employed a regional quality assurance manager who undertook a comprehensive audit once a year. This annual check included an audit of a sample of care plans. The results of these were detailed and identified areas which required actioning and this was seen to have been effective at improving the service. It was evident these had been effective at identifying where improvements were required and provided the leadership with good oversight of many areas of the service.

The provider had established other robust monthly, weekly and daily checks to ensure care calls happened when they were planned and spot anomalies and track continuity of staff. A range of reports were regularly run by the care co-ordinator to enable them to monitor data such as the promptness of carers to calls. We saw where a staff member had fallen below a target they were asked to attend a meeting to discuss and explain their reasons. The care coordinator said, "The electronic systems we have are improving all the time and they allow me to track patterns and trends for multiple areas."

Office based senior staff had weekly meetings to discuss operational matters. Staff meetings were planned

on a three/four monthly rolling schedule for care staff. Meetings were held over two days to enable as many staff to attend at possible, meeting minutes indicated these were well attended. All staff we spoke with said they could recall attending a recent staff meeting. One member of care staff said, "I found it useful we talked about a lot of different things like training and planned recruitment." Meeting minutes from the most recent meeting identified that staff had been asked to bring ideas and suggestions on how people's care could be improved. One staff member had made a suggestion regarding 'memory boxes' in people's homes' to enable staff to prompt conversation more easily. The registered manager said they were working on how to implement this idea. This meant staff felt listened to and valued.

The registered manager was held in high regard by staff. There was a positive culture within the office. Took real pride in their 'branch'. Staff were very proud of the work they did and pleased with the high score they had received in a recent internal audit. One staff member said, "We want to be the best and we are working hard to achieve this."

Satisfaction surveys were sent out by and returned to the provider's head office function. A sample of 10% of people and their relatives were sent a questionnaire every three months. The most recent was from February 2017. The responses from this were all positive. One person had stated that they began using the service to help them through a period of recuperation and now they felt stronger they had reduced the number of care hours and were very pleased with the service provided. The registered manager told us they were working on establishing processes to survey staff and health care professionals.

The registered manager was aware of their legal responsibilities of being a registered person and had submitted notifications to the CQC appropriately and in a timely manner.