My Life (Carewatch) Limited

MyLife Living Assistance (Bristol)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 17 July 2018 and was announced. We gave short notice of our inspection because the service provides domiciliary care and we needed to be sure that there would be someone present in the office to support the inspection. The was the first inspection of the service at its current location. The service was previously registered at another address within Bristol and operated under the name of Carewatch.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of our inspection 31 people using the service were receiving the regulated activity of personal care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall the service provided was good. However, across all domains the experience of people and staff varied and, we heard about individual circumstances where people weren't entirely satisfied. Some common themes amongst people's feedback was the timing of calls. People told us staff often ran late and they didn't always know which care staff were coming. However, where care packages were working well, people reported building good relationships with their care staff. We heard examples of staff going above the expectations of their role to provide compassionate care for people and make a difference to the quality of their lives.

Training and support for staff was a further area where we had varied feedback. Some staff felt their training had been sufficient, though staff with no previous care experience found the induction 'intense' and a lot to take on board. Some new staff also felt that they had been placed with people whose care packages required more experienced staff. This variation in experiences was also reflected in feedback from people. Some for example, felt staff were trained well and carried out their care competently, whilst others said they didn't always feel safe during moving and handling procedures. We have recommended that the service reviews their training and support for staff to ensure that it meets the needs of both experienced staff and those with no previous care experience.

There were sufficient staff to meet the needs of care packages and to keep people safe. Staff understood their responsibility to safeguard vulnerable adults from abuse and had received training in their area. People received safe support with their medicines. Staff understood the principles of the MCA.

The service was well led. The registered manager was transparent and honest about some of the challenges that had faced the service over the previous 12 months. There were improvement plans in place to address shortfalls within the service provided. There were systems in place to monitor the safety and quality of the

service. This included gathering feedback from people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received support with their medicines if this was part of their care package.

There were risk assessments in place to guide staff in providing consistent care and support.

Staff were trained in safeguarding vulnerable adults.

Is the service effective?

Requires Improvement

The service was effective in most areas.

We received mixed feedback about staff training and have recommended that the service review their training to ensure it meets the needs of those with little or no previous experience.

People received support with their nutritional needs when part of their care package.

Staff understood the principles of the MCA.

Is the service caring?

Good

The service was caring.

People were satisfied with individual care staff.

We were given example of staff going above the expectations of their role to provide compassionate care.

Is the service responsive?

Good

The service was responsive. Although not everyone knew who to address complaints to, we saw examples of complaints that had been responded to appropriately.

People had person centred support plans in place that were reviewed regularly.

Is the service well-led?

Good

The service was well-led. The registered manager was open and transparent in their approach.

There were systems in place to monitor the quality of the service provided.

There was an improvement plan in place to make improvements to the service.

MyLife Living Assistance (Bristol)

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.

This inspection took place on 17 July 2018 and was announced. We gave 48 hours' notice because the service provides care to people in their own homes and we needed to be sure there would be someone available in the office to support the inspection.

The inspection was carried out by one Inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection we reviewed all information available to us. This included the Provider Information Return (PIR). The PIR is a form completed by the registered manager which records key information about the service, the things they are doing well and areas for improvement. We also looked at notifications. Notifications are information about events, which the service is required to send us by law.

As part of the inspection we spoke with seven people using the service and the relatives of three further people. We spoke with the registered manager, business development manager and head of quality. We received feedback from six care staff and also the care coordinator. We reviewed four care files.

Good

Is the service safe?

Our findings

Some people raised individual issues around how safe they felt, particularly during moving and handling. One person commented; "I use a banana board, though I am the one who has to show them and tell them how to use it. I don't think the staff are well trained. I don't feel very safe, as I am worried about falling on the floor. I would say they are lacking in training " However, we also received positive comments such as "(X) feels safe when he is being transferred in his hoist. I feel carers are very much wanting to help" and "The other day a lady arrived by herself, though there was an apology for this as it is supposed to be two carers. She waited for the second carer to come before she started to support me, so I know they won't do anything that isn't safe." The registered manager told us that as a company they no longer used banana boards and so didn't supply training on this equipment.

There were sufficient numbers of staff available to meet the demands of the current care packages. The care coordinator told us they were responsible for drawing up rotas and they had no difficulty in ensuring all care was covered. We viewed information about the number of missed calls and saw that there were seven occasions since the service had been registered at its current location, when calls had been missed. The majority of these were due to communication errors, or individual staff not following the established protocols. For example, a staff member had messaged to say they weren't able to work that day rather than speaking with someone in the office directly and, the message wasn't picked up until it was too late. In another example, a second care worker was running late but hadn't called ahead to report this and so the care had been covered by one care staff and a relative. On each occasion of a missed visit, a report was made detailing what action had been taken and this was fed back to the person receiving care. We spoke to the member of staff with responsibility for drawing up rotas. They confirmed that there were enough staff to allocate to calls and that they were able to meet people's preferences for gender of their care staff.

There was a contingency plan in place for the service to follow in the event of circumstances that could significantly impact on performance. For example, we discussed the impact of a period of inclement weather earlier in the year. The registered manager told us staff had been dedicated during this period, walking to calls where possible to ensure they were covered. There was also use of a 4 x 4 vehicle to support staff in travelling to difficult to reach locations. As a result of this, the impact on people had been minimised.

Where people required support with their medicines, their needs were assessed and support given as necessary. The level of assistance people required was described in their support plan. Medicine administration was recorded on a Medicines Administration Record (MAR). This listed each individual medicine that people were prescribed. Staff signed to say the person had taken their medicines and also recorded if the person had declined their medicine. There were body charts in place to show where topical creams should be applied. The registered manager told us that MAR charts were returned to the office on a monthly basis and were then checked by the quality officer. We noted in one MAR chart we viewed that there was an omission where one medicine hadn't been signed for as being administered. On the second page of the MAR, it was recorded that the person had declined the medicine, however this should have been made clear on the chart. The registered manager told us that this kind of administration error would be addressed with the member of staff concerned within their supervision session.

There were processes in place to check the suitability of staff when they were recruited to the service. This included carrying out Disclosure and Barring Service (DBS) checks. A DBS check identifies those people who are barred from working with vulnerable adults and highlights any convictions they have. References were sought from previous employers and photographic identification was placed on file.

Staff were trained in safeguarding vulnerable adults and told us they were confident about identifying and reporting any concerns. The registered manager showed us example of issues they had discussed with the local safeguarding teams. However, within the complaints file we identified an allegation against a member of staff that should have been alerted to the local authority but hadn't been. The registered manager had clearly taken action and investigated the issue but acknowledged that an alert should have been made. By the end of the visit, the registered manager had contacted the safeguarding team to report the concern retrospectively.

There were risk assessments in place for individuals to support staff in providing consistent and safe care. This included a risk assessment of the environment staff would be working in. There were also assessments in place for people who were at risk of skin breakdown. The included measures to support the person including the application of any creams and helping them to reposition.

Requires Improvement

Is the service effective?

Our findings

There was a training programme in place to provide staff with the skills and knowledge they required. Feedback about the effectiveness of the training programme was varied. Some staff felt it met their needs, whilst others felt there was 'too much to take in' within the initial induction programme. The induction programme covered a range of topics including equality and diversity, person centred care, dementia, safeguarding and infection control.

We discussed with the registered manager how some people with little or no previous care experience might need more support in their initial induction. Comments from staff included, "The training received from the company is reasonable" and, 'The training I was given was sufficient enough to get me started, plenty of information to take in and scenarios to figure out alone or in a team. However, I did find that a little more supervision/training around certain equipment could have been a little more thorough.'. Comments from people using the service were also varied. One person said, "'Carers are well trained, they are fantastic, they really are", whilst another commented, "They are not well trained and different staff come so they don't know what they're doing." Two members of staff told us they had been allocated to care packages which were quite complex, soon after beginning work. One of these staff members felt that the person they were supporting required a more experienced care worker and that the experience had been difficult for them. Staff confirmed they had opportunity to shadow more experienced staff before they were expected to undertake care independently.

We recommend that the service reviews its training, taking account of published guidance, to ensure that it meets the needs of staff who have little or no previous care experience.

Staff files showed that supervision took place, both in people's homes observing care taking place and in the office. We also received comments to confirm that staff felt supported and could raise queries and ask questions when they needed to. One new member of staff said the company had been "very supportive", another told us they had "good support". However, we did hear about some individual examples from staff of when they didn't feel they have been given the support they needed in a particular situation. We discussed this with the registered manager who told us they were actively encouraging staff to raise any issues with them and that staff knew they could go to other people in the organisation if they didn't feel able to approach the registered manager.

Staff were aware of the Mental Capacity Act 2005 (MCA). The registered manager told us they hadn't been involved in any significant decision making under the MCA but were aware of the principles of the legislation. We noted for example, that records relating to bed rails in people's homes, evidenced that appropriate consent was in place for their use. There was also information recorded in support plans about how people made decisions regarding their care.

Where support with meals was part of a person's care package, this was outlined in their support plan. For example, for one person, staff were asked to prepare the person's choice of meal. This person also had a health condition that needed to be considered in terms of their nutrition. It was recorded that the person

needed their meals at set times.

The service worked with healthcare professionals where necessary. For example by liaising with district nurses or GPs if they had any concerns about a person's health.

Good

Is the service caring?

Our findings

Feedback from people about the service was mostly good. Comments included; "The girls are great, they are friendly and approachable", "The individual girls that come are lovely, they are friendly and very respectful and chatty" and, "I like my carers and I am happy with them, I do get some of the same carers and they are all very friendly." However, two people made less positive comments; "I have four visits a day, my carer in the morning is the one who spends the most time with me and has been coming here for 11 years. Though I don't think he is very happy as he is unsure whether he is going to keep his job which makes him seem distracted," And, "On the face of it staff are very polite, though they are not always very respectful as they leave wet stuff on the side".

We heard several examples of where staff had gone above the expectations of their role, demonstrating care and compassion for people using the service. We were told for example about one person who was at risk of eviction from their flat due to the condition it was in. The person was not able to address the concerns independently due to their disabilities. The business development manager told us how they got together a group of care staff to go and help this person address the issues with their flat. We saw before and after photographs of the work that had been done and it was clear that a significant improvement had been made to this person's accommodation. The result of this for this person was that they weren't evicted and were able to carry on living in their flat. Staff also helped this person source items for their home that they needed, such as new mattresses and a TV. The TV was donated by the relative of a staff member and enabled the person to have some entertainment in their home.

The registered manager also told us how they had held a charity cake sale. They recognised that some people using the service wouldn't be able to attend due to not being able to physically get there. So staff took cakes around to people in their homes to give them the opportunity to buy them and take part in the event.

The registered manager told us how, on one occasion they had been asked to support a person on a short term basis whilst they were in the area undertaking work experience. A number of services had turned down the care package, however mylife had agreed to take it on and support the person concerned. The member of staff supporting this person was required to start their shift much earlier in the morning than they would usually be expected to but had agreed to do so. This enabled the person to access their work experience in a location some distance from their own home with the support they required. Staff told us this was the first time the person had stayed away from home and family.

Staff spoke positively about how they supported people and explained the ways in which they treated people with dignity and respect. This included covering people with towel whilst carrying out personal care, and ensuring doors were closed to protect their privacy.

Good

Is the service responsive?

Our findings

No significant concerns were raised about the responsiveness of the service. However, some people did mention that care staff ran late frequently and communication in relation to this was poor. Comments included; "They aren't always on time, though this has been an issue and is improving." However, experiences varied and one person mentioned how the timeliness of their visits enabled their relative to go to an activity they enjoyed; "He is always dead on time and is reliable, so this means (name of relative) can go to Tai Chi classes."

There was some inconsistency also in how confident people were in making complaints. Not everybody knew who to direct their complaints to or knew who the manager was. However, one person told us they had made a formal complaint and were satisfied with the outcome. We reviewed examples of complaints that had been made. A log of complaints was kept and we saw that these had been responded to appropriately.

The business development manager told us about a project the service had been involved with which demonstrated a responsive approach to providing care and, enabled them to meet the needs of a particular group of clients requiring support. The service had worked with a local hospital to draw up an agreement where the service would provide support on discharge to all privately funded clients within four hours of being notified. The 'rapid response' team would then continue to provide support for at least 28 days. This project had arisen as a result of discussions with a social worker at the hospital who reported difficulties in finding support for privately funded clients. This in turn had led to problems with bed blocking. The project was due to start shortly after our visit and, it was hoped that it would impact positively on local health services as well as provide a good quality support for people on their discharge from hospital.

The service had an electronic monitoring system in place to check that calls were taking place as scheduled. Care staff logged in to the system when they arrived at a person's house and logged out again when the call was finished. The system created an alert if a call was not logged as expected. Feedback from people using the service suggested that communication didn't always work particularly well when care staff were running late. Comments included, "They (carers) do not come at the time they say. I don't know who is coming, or what time." Another person said "My routine is the same most of the time, the girls know what they need and how I like things done. They are usually on time, they can be 15 minutes late though they are pretty good."

People had person centred support plans in place. These described a range of people's needs and the aspects of care that were important to them. There was also reference to people's cultural needs. For example, in one person's file we read that they'd previously enjoyed going to church and now enjoyed visits from church friends regularly. People's preferred daily routines were outlined in their care plans. Staff told us that there was usually enough information in people's documents for them to follow. Staff also had an app on their phone where they were provided with important information about the person they were going to support. One member of staff commented that a little more information would be useful when visiting a person for the first time. Some people reported having consistent care staff, but others reported inconsistencies and this affected how well staff became familiar with the needs of people. "I get quite a few

different carers, the rota isn't very accurate so I don't know who is always coming. So, we don't always get the same people - six different people coming in one week next week. So it is quite difficult to get consistency and make sure everyone knows what is happening." Care plans were reviewed regularly to ensure they were current and met the needs of the person being supported.

The service supported people to engage with their local community. The registered manager told us for example that one person with mental health needs had expressed a wish to seek paid employment. The service had put them in contact with an organisation that was able to support them in this. The registered manager also told us that they had supported some people to make contact with a company that was able to offer them financial advice.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in place and they were supported by other senior staff within the organisation. The provider's head of quality was present at the inspection as was the business development manager. The registered manager was transparent about some of the challenges that had faced the service since they had joined and was responsive to feedback from the inspection. Following our site visit, we received some whistleblowing concerns about the service which were shared with the local authority safeguarding team. The registered manager acted quickly to draw up a protection plan, which was shared with us. The registered manager was also open about feedback received during the visit and acknowledged where shortfalls had occurred.

There were systems in place to monitor the quality and safety of the service. We saw the quality improvement plan for the service and their latest audit. These documents identified aspects of the service where they were taking action to improve. For example, it was identified that not all staff were following the medicines policy. This was being addressed through refresher training and staff meetings.

The registered manager told us about their plans to ensure all staff felt supported and able to raise concerns. This is an area where feedback from staff had been varied. Newer staff told us the support they'd received had been good. However this feedback was not consistent amongst the whole staff team. The registered manager told us they would be holding carer meetings in small groups to reinforce the open door policy in place and, reiterate that staff could approach any senior staff if they didn't wish to speak with the registered manager. They also told us they would be introducing a 'carer governance board'. Care staff would be asked to nominate two colleagues who they would feel comfortable raising issues of concern with. This would provide further channels and means for care staff to communicate. This demonstrated a proactive approach to feedback about the service.

People using the service were given opportunity to feedback about the service they received. Questionnaires were issued, though there was a poor response to the last survey. There was also evidence of telephone monitoring taking place, where the registered manager spoke with people to check they were happy with the service provided. One person told us "The care agency ring him and check he is happy with his care and support. Someone came out and spent 45 minutes with Dad, asking and checking he was happy with his care and support." Another person said "I have had a survey to complete, and I am in the process of completing this." Although one person we spoke with said they hadn't been asked for their views in quite some time.