

My Care Ladies Limited

My Care Ladies

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

About the service

My Care Ladies is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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

People were protected from abuse and avoidable harm. Staff knew how to recognise and report abuse and spoke knowledgeably on how to report any concerns raised. People said they felt safe with staff, who were well trained and demonstrated kind, caring and effective care. Staff told us they were given the support and training to ensure they had the necessary skills to support and care for people safely.

We have made three recommendations for the provider. The first regarding the provider implementing a contingency plan to guard against adverse events that could affect the running of the service. The second recommendation is regarding the provider implementing a forward schedule of quality audits to monitor the quality and standard of service provided to people. The third recommendation is regarding the requirement for the provider to complete and return the Provider Information Return.

Care plans were detailed and gave clear explanations for staff on how people preferred their personal care and support to be given. Staff knew people well and understood how they preferred to be supported. Risk assessments were in place to ensure people's safety.

People received care from a small, consistent team of care staff who knew their care and support needs well.

Medicines were managed and administered safely. Staff supported people to take their medicines safely and had received appropriate medicine administration training. There were sufficient numbers of trained, experienced staff to ensure people's needs were met. Staff were recruited safely; recruitment procedures were in place to ensure the required checks were carried out on staff before they commenced their employment.

People were involved in their care and consulted when planning and agreeing their care and support needs. People felt confident any concerns they raised would be listened to and appropriate action taken. 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; the policies and systems in the service supported this practice.

People and staff told us the acting manager had an open, honest and supportive approach. The acting manager was readily available to people, relatives and staff to offer advice and guidance when required. The service had established good working relationships with health and social care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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.

My Care Ladies

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection the service was going through a period of change. The registered manager was in the process of leaving the service and de-registering their registered manager position. There was an acting manager who was in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 manager would be in the office to support the inspection.

Inspection activity started on 16 October 2019 and ended on 23 October 2019. We visited the office location on 16 and 17 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into

account in making our judgements in this report.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the manager. During our inspection we observed care practices and the interaction between staff and people.

We reviewed a range of records that included three people's support and care plans, daily monitoring charts and their medicine administration records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, three staff recruitment, supervision and training records, staff meeting minutes and a range of the providers quality assurance records, spot checks and staff observation records, compliments and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with staff. One person said, "I've been delighted with it, couldn't believe it's been so easy. I get on so well with them, it's a nice bit of company. I know when they are coming, I never worry, they couldn't do anything better. I'm more than happy."
- Staff had received safeguarding training and spoke knowledgeably on the different types of abuse. They were clear about their responsibilities for making people safe and reporting concerns.

Assessing risk, safety monitoring and management

- The provider had a contingency plan but this related only to specific risks with the rental of their premises and did include general risks regarding the running of a business such as adverse weather, computer system failure and major staff shortages.

We recommend the provider implements a robust contingency plan to safeguard the service from adverse events that could seriously affect the running of the service.

- Risks for people were individually assessed and managed. Risk assessments were detailed, personalised and guided staff to support people safely whilst maintaining their independence.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff, these included environmental risks in people's homes and any risks in relation to people's support and care needs.
- Staff had received training in how to use specialist equipment safely.

Staffing and recruitment

- The service was in the process of a change in ownership and registered manager. The acting manager confirmed they had sufficient staff to support and care for people safely. People and staff told us there were enough staff to care for people. One person said, "I've never had a visit missed...they have enough staff and enough time, they take their time and are never rushed. It is important they talk with me to check everything is always ok, It's all good."
- Staff were recruited safely. Recruitment procedures were in place to ensure the required checks were carried out on staff before they commenced their employment. This ensured staff were suitable to work with people in a care setting.
- Support was provided by a consistent small team of staff who knew people very well and knew how they preferred their care and support to be given.

Using medicines safely

- Medicines continued to be managed safely and people were supported to take their medicines as prescribed and in ways they preferred.
- One person told us, "They assist me with my medicines and I have creams which they do for me as well" another person told us, "The care staff put cream on my legs, now my legs are better than they have ever been."
- Some people were prescribed medicines they only needed to take occasionally (PRN). Care staff had completed medication administration records to show when people took their medicine but there was not any specific guidance for staff on administering PRN medicines. We discussed this with the acting manager who confirmed they would put PRN guidance in place immediately.
- Staff received medicine training and had their competency checked to ensure they were safe and competent to administer medicines.

Preventing and controlling infection

- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff had access to, and wore personal protective equipment such as disposable gloves and aprons. They had received training in this area.

Learning lessons when things go wrong

- There was a procedure in place for recording accidents and incidents. The manager told us people and staff had not been involved in any accidents or incidents since the previous inspection, however they showed us the process that would take place if an incident were to happen.
- The manager told us any future lessons learned would be shared with staff through supervision sessions and team meetings.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were fully assessed before the service started to provide them with care and support. Assessments and care plans provided clear guidance for care staff to follow. They reflected people's individual care and support needs to ensure their care was delivered effectively. One person told us, "They visit in the morning and at dinner time...they know how I like things done. If I want anything done they do it...I'm over the moon."
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. This meant care staff had accurate, up to date information about each person they supported.

Staff support: induction, training, skills and experience

- Staff knew people and their needs well and were skilled in caring for people.
- Staff told us they had received training in subjects such as: medicine management, mental capacity act, safeguarding and how to mobilise and handle people safely. Staff were up to date with their training. One member of staff told us, "The training is all delivered in a practical way ...we had two days independent training...it was very good."
- New staff had an induction and were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff told us their induction training had given them the necessary skills they needed to carry out their role.
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development. One member of staff said, "I feel supported and I was given full support and shadowed experienced staff when I started...I wasn't rushed at all and when I was ready I did the practical training sessions. Any questions I had were fully answered and I can get help straight away."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted some people to eat and drink. Care plans made it clear whether people needed support from staff, and if so, what assistance was required. One person told us, "They [staff] make some meals for me, today I've got beef and mash, they look after me well. I can do my drinks, but they always make sure I'm all right. They always leave me with a cup of tea."
- Staff often went over and above their job role to ensure people received meals they enjoyed. One member of staff regularly made roast dinners and cakes for clients in their own time. Another member of staff made fresh meals at their own home for a person a week ahead as the person did not like frozen ready meals.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on

safe swallow plans created by speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had received positive written feedback from a health professional, this said, "It's genuinely a joy to be able to observe and feedback when such positive care is being provided... Well done to all at, My Care Ladies."
- The service worked closely with other agencies, such as GP's and occupational therapists, this ensured people received effective care which improved people's quality of life.
- People were supported to access appropriate healthcare. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Staff had received training in relation to the MCA. People's consent to their care was recorded clearly in their care records.
- Staff understood the principles of the MCA, how to implement this and ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- People told us staff supported them to make decisions for themselves and they were involved in their day to day care. Staff told us how they supported people to make decisions about their care and support. Where possible, people signed their care records to show that they had consented to the care and support they received.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to 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 relatives told us staff were, kind, friendly, caring and professional. One person told us, "By them coming in to help me, it's a really helpful start to the day...they are a bridge between my care and support and they help maintain my independence. They respect my space and myself...they are all helpful and professional, it's a good personal service, it's all good."
- Staff supported people in a kind, calm and patient way. They responded to requests respectfully and promptly.
- Support plans and records reflected the differing needs of people using the service, including those related to gender, ethnicity, disability and faith.
- The provider had an equality and diversity policy and staff received training in equality and diversity.

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

- People, relatives, staff and health professionals were all involved in decisions regarding ongoing care and support. One person told us, "I'm involved with my care, my plan is reviewed regularly with me and I sign it. I'm involved with everything, they always ask my opinion."
- Staff knew people very well and knew the best ways to communicate with them to ensure they could have their views heard. One person told us, "They are really good, they do things how I like they are very patient. I can be moody at times but they deal with me well, I can have a laugh and a joke with them. They are gentle and very careful they don't rush me."
- People were encouraged and supported to maintain contact with those important to them including family and friends.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity in all their interactions. Staff spoke to people respectfully and were attentive to people's wishes.
- One person told us, "They are respectful they always knock and come in and respect my privacy when having personal care. They are fully experienced and know what to do and how to do things."
- Care and support plans reflected people's preferences and choices and encouraged people's independence.
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff. Care plans were regularly reviewed to ensure they remained up to date and provided accurate information about how to meet the people's needs.
- Without exception, people and relatives described having a small team of consistent staff who arrived when they expected them. People received a weekly rota that was hand delivered to their door. One person showed us their rota, they said, "It's so clear and easy to follow. It shows me the times and days of their visits and it's brought. When they come in they knock and call out, they are all very friendly."
- Another person told us, "They always knock when coming in, and they let me know if they are going to be a bit late, they are very good at that. I'm never wondering when they are coming."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people. People's methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.
- There were clear communication systems. One member of staff told us, "The communication here is five star, I would give it ten out of ten. Any changes are told to us straight away."
- One person had impaired hearing, staff described how they used appropriate touch to alert the person of their presence and used written communication to explain how they were going to support them with their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to pursue interests and participate in the local community. One person told us, "They take me shopping, I like to go to [retail store] and [chain coffee shop], the girls take me out which is great."
- Staff knew people well, what their interests and hobbies were, what things were important to them and what events and hobbies they enjoyed. Staff worked well together to ensure people were given the opportunities to take part in activities they enjoyed and maintained their independence.
- Staff often went the extra mile to ensure people were supported to take part in events that were important

to them and gave them joy. For example, one member of staff, in their own time booked a concert visit for one person who particularly wanted to visit but had been unable to book a ticket.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and had received one complaint since the previous inspection. This had been actioned as per the providers complaint process. People and relatives were confident that if they had any concerns or worries they would be listened to and action would be taken to rectify their concerns.
- One person told us, "I have their number and contact them if needed. If I have any concerns they respond straight away and all queries are sorted to my satisfaction."

End of life care and support

- During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life.
- The acting manager gave us examples of how staff had supported people when they had been at the end stages of their lives. Staff had often sat with people and put in extra calls to people, in their own time to ensure their wishes were respected at this time of their life.
- The acting manager had made additional free calls to one person when they were approaching the end of their life, to ensure the person was comfortable and to ease the pressure for the family.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not assure 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 provider had not completed the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We recommend the provider completes and returns the Provider Information Return when requested.

- Key areas of service delivery such as people's care plans, support records, environment health and safety and medicines were regularly reviewed and checked for accuracy, however these actions were not always documented. The service did not have a process in place to ensure these were completed and recorded on a regular basis.

We recommend the provider implements a forward schedule of audits to ensure a process of continual improvement and quality monitoring is followed.

- People and relatives expressed confidence that the service was well run. One person told us, "I have an annual review with them to check the quality of the service...it's all good." Another person said, "They absolutely know how to care and support me...I have their number and contact them if there are any concerns, they respond straight away and all queries are sorted to my satisfaction."

- Staff, people and relatives told us communication within the service was effective. People received their rotas each week and staff were fully informed of any changes to people's health or care needs in a timely way.

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

- There was a friendly, open and supportive culture amongst the management team and the care staff.

- Staff spoke positively about their job roles, told us they loved their jobs and felt valued by the management team.

- Staff and people told us they found the management team approachable and supportive. One person told us, "Everything is easier with them here and it's nice to see them."

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 acting manager was aware of their responsibilities under the duty of candour and promoted an open and honest culture.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A pictorial quality assurance survey were sent to people and their relatives each year. We reviewed the returned surveys which had all been positively completed. Comments included, "It is with great care and pleasure that I have gone through this pictorial survey, my wish for the company is to keep going and continue with their wonderful work." And "Excellent service, carers respond well to requests for anything I need...I love them all."
- Staff completed training in equality and diversity and described how they respected and promoted people's rights, choices and differences.
- Regular staff meetings took place to ensure information was shared and minutes were made available for all staff. Staff told us they fully understood what their roles and responsibilities were.
- All staff said that they felt well supported by the management and were encouraged to get in touch, at any time if required.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.