CSN Care Group Limited

MyLife (Kent)

Inspection report

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24 May 2022

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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
MyLife (Kent) is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection around 120 people were receiving a regulated activity. The service is also registered to support people with Community healthcare. However, they were not providing this support at the time of the inspection. The service is registered to provide support to the whole population, meaning people of all ages. A wide range of people accessed the service including older people and younger adults. 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. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives were positive about the support they received from staff. Comments included, "One of the best agencies and I wouldn't change from them." And, "This is an excellent agency. [My relative] is really safe in their hands."

However, some people and staff told us they were not always informed when care visits were late or moved. This was an area for improvement. Staff told us they were not always informed when changes to the rota was made. This is an area for improvement.

People were protected from the risk of abuse. Staff knew how to identify, and report concerns, and action was taken if concerns arose. Risks to people's health and well-being were assessed and there was guidance for staff on how to support people safely.

People received their medicines as prescribed and were supported by staff who were trained in medicines administration. There were no missed calls and people received their care as planned. There were a small number of late calls, however action was being taken to address this. Staff were recruited safely.

Incidents were reported, and action was taken to reduce the risk of re-occurrence. Staff had access to PPE and people and their relatives told us they wore this as appropriate.

People received support individualised to their needs. People were supported to access healthcare services where this support was needed. 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. For example, staff knew to offer people choices.

People and their relatives told us staff were kind and caring. People's dignity and privacy were protected. People were encouraged to be independent as much as possible. People were supported to express their views and input into their care planning. Where people had needs relating to equality and diversity these were supported.

Support provided to people was individualised. If people have complained their complaints had been addressed. No one at the service was at the end of their life. Some end of life care plans were in place. There were plans in place to speak to other people about their end of life preferences.

The service worked in partnership with other agencies to provide support to people. Checks on the quality of the service were in place. People and staff were invited to provide feedback about the service. The registered manager was aware of their legal responsibilities. For example, notifications about significant events were submitted to CQC as required.

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 27 April 2020).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MyLife (Kent) on our website at www.cqc.org.uk.

Follow up
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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

MyLife (Kent)

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 team consisted of two inspectors and an 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.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced. Inspection activity started on 16 May 2022 and ended on 24 May 2022. We visited the location's office 16 May 2022 and 20 May 2022.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well. We used all this information to plan our

inspection.

During the inspection
We spoke with four people who used the service and nine family members about their experience of the care provided. We spoke to 11 staff including the registered manager, regional manager, office staff and care workers. We reviewed records. This included all or part of 12 people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed training in safeguarding and knew how to identify and raise concerns.
- There was a safeguarding policy in place. This included information for staff on what to do if they felt that someone was at risk of abuse. Staff also knew how to blow the whistle if they had concerns about poor practice.
- Where concerns had been identified these had been reported to the local authority as appropriate and action had been taken.

Assessing risk, safety monitoring and management

- There was information for staff on how to support people to mitigate individual risks. For example, there was detailed guidance on how to support people to move safely using hoists or slide sheets.
- One person's care plan detailed that they could become very distressed during personal care and that this could increase the risk to staff when providing care to the person. There was detailed guidance on how best to support the person to reduce their anxieties. Staff were aware of this guidance and knew how to support the person.
- Staff understood the risks to people and knew how to support people safely. For example, staff knew how to identify the risks from a catheter and how to raise concerns if they suspected something was not right.
- Risks from the environment were assessed. For example, any trip hazards of electrical equipment with unsafe wiring.

Staffing and recruitment

- Comments from people and their relatives included, "They stay the full time and they come on time." And, "Sometimes the office put in another call and the travelling time is not enough – so sometimes they have to rush in and rush out." The majority of care visits were on time. There were a small number of visits where travel time was not sufficient to enable staff to stay the length of the visit and get to the next visit on time. The registered manager was aware of this and action was being taken to address this. Some rotas evidenced travel time had been increased for some calls. This improvement was still in progress and had not yet been completed for all care visits.
- The electronic system the provider used allowed the registered manager to review calls, and alert them when a call was missed or late. People told us they always received support and we did not identify any missed calls.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. For example, Disclosure and Barring Service (DBS) criminal record

checks were obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People's medicines were managed safely. People's medicine support needs were assessed. Care plans detailed what medicines people were taking, and what they were for.

● Medicine administration records (MARs) records showed medicines had been given as prescribed. When a medicine was not administered there was a clear information on why they had not been given to the person at that time.

● Where people were taking 'as and when' medicines (PRNs) such as pain relief there was guidance in place for staff. For example, to inform staff what the medicine was for and how often it could be taken.

● Where people were using creams there were body maps in place to guide staff on where to apply these. Staff were also aware of the need to record when creams and liquids were open. Some creams and liquids need to be used within a certain time period once they are open to ensure they remain effective and safe to use.

Preventing and controlling infection

● We were assured that the provider was using PPE effectively and safely to reduce the risk of the transference of infection.

● People and their relatives told us staff wore PPE when they visited. Staff told us they received adequate supplies.

● Staff were continuing to undertake lateral flow tests on days where they provided support to people.

● Spot checks were undertaken to ensure staff were following safe infection control practices.

Learning lessons when things go wrong

● Where accidents and incidents had occurred, they had been recorded and investigated to learn lessons and reduce the risk of incidents happening again.

● Following incidents action had been taken. For example, following an incident during manual handling support, staff were retrained to ensure they knew how to support people safely.

● Accidents and incidents were reviewed by the manager to identify if there were patterns and trends which needed to be addressed.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 needs were assessed before they started to use the service. This included looking at people's health needs, as well as areas such as communication and medicines. Assessments were used to develop care plans and plan the resources needed to support people.
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, gender and religion these needs had been identified and included in their care plan as appropriate.
- The registered manager told us that when people's needs changed, either staff called the office to inform them, or made a note on the system which then alerted staff.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive three-day training as part of their induction to the service. This included mandatory learning such as safeguarding people and infection control. Staff also learnt about health conditions such as diabetes and how to support people with catheters. Staff repeated training on an annual basis to ensure they kept up to date.
- Manual handling training was delivered face to face to enable staff to participate in practical learning. Staff competency was also assessed annually for medicines and manual handling.
- People and their relatives told us, "I think they are well trained and know what they are doing. If they are sending someone new, they always tell me, and they are always sent with someone experienced." And, "They are very well trained on hoisting and they manage the catheter very well too."
- Staff received supervision and appraisals which included the opportunity to discuss their personal development.

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

- Where people needed support to make meals and drinks, they told us they received this.
- People were supported to maintain a healthy diet. Care plans detailed people's food preferences, as well as any food people didn't like or were allergic to. Care plans reminded staff if people liked to have support with food and waste recycling. There were prompts for staff to change their gloves when supporting people with food preparation, and to ensure the person's kitchen was left tidy and clean.
- Where people needed support to eat feedback was positive. For example, one relative said, "The carers are very good, they feed [my relative] very slowly with not much on the spoon.
- People and their relatives told us staff made drinks for them when this support was required, and people were offered choices.

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

● Staff supported people to access health care where this support was needed. Where staff needed to make referrals to other healthcare agencies this was done. For example, one relative told us staff had identified their relative was not steady and needed more help. They told us care staff reported this to the office which resulted in the person getting a lot of help from health care professionals.

● One relative said, "[The] carers are very good, brilliant, they pick up on any small thing, they check her ankles for any little pressure sores and they notice if a fingernail is chipped in case she scratches her frail skin by accident. They notice everything and sort it."

● Referrals were made to non-health care services to support people to remain safe. For example, risks around fire safety had been identified in one person's house. The registered manager completed a referral to the fire service to ensure the person received the support they needed.

● Care plans included information on people's health and support needs including what support people needed with oral care.

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 found that they were.

● People's capacity was assessed where there was reason to believe they might not be able to consent to receiving care. Where people could not consent, decisions were made in their best interest. These decisions and the reasons for them were recorded.

● There were prompts within care plans to remind staff to encourage people to make as many decisions about their life as possible, including what they wanted to wear, and how they wanted to spend their time. Staff understood this and people and their relatives confirmed staff offered them choices. Where people had capacity, staff understood they had the right to make unwise decisions

● Care plans encouraged staff to ask consent at every stage of supporting a person. For example, one care plan prompted staff to ask if the person wanted a shave, and then to confirm the person was happy for staff to shave them.

● Where relatives had power of attorney for people and were legally able to make decisions on people's behalf the manager had checked this was in place.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 relatives told us staff were kind and caring. Comments included, "The carers are lovely, they are all cheerful and they almost always say 'can I help you with anything' and then they help me with anything I need." And, "The [carers] are very good and conscientious and caring."
- People's mental health needs were considered in care planning. For example, staff detailed how one person could feel lonely, and staff ensured they spent as much time as possible speaking with the person about their interests.
- Staff knew people well. People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, one person had needs relating to their religion and culture. Staff identified one person would like to pray at the time of their care visit. The visit was moved to ensure the persons prayers were not disturbed by staff.

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

- Where people needed support to express their views this support was in place. For example, staff had supported people with hearing impairments. Staff created flash cards to use with people to ensure their needs were known and their voice was heard. Staff told us when they needed to share information, they would text the person rather than call to ensure they received the information in a format that was beneficial to them.
- People and their relatives told us they were involved in making decisions about their care. For example, one person said, "They have come and talked to me at home to make sure everything is how I want it. They do that every so often." Office staff also made calls to people to discuss their support needs and assess if there were any concerns or anything needed changing.

Respecting and promoting people's privacy, dignity and independence

- Care plans provided clear personalised guidance on how to support people to maintain their dignity. For example, to ensure curtains were closed when supporting people with personal care and covering people with a towel. People and their relatives confirmed staff did this.
- Where people were able to do parts of their personal care themselves, this was clearly documented, and clear guidance on how to support the person to be as independent as possible. For example, leaving the room for the person to wash certain areas.
- People and their relatives were positive about how people were supported to be independent. Comments included, "They very much encourage independence. They get [my relative] to sit on a chair and they give

[them] a hot soapy flannel to wash and encourage [them] to do that." And, "The carers really encourage [my relative] to help [themselves]. [My relative] is very determined and [the staff] are very positive."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed, person centred and provided staff with the information they needed on people's preferences. All care plans contained information about people; what was important to them, important people in their lives, work history and information about what the person liked to do.
- People were involved in reviewing their care. The quality officer completed regular reviews of care packages to ensure people were happy with the support they received. The reviews we looked at showed people were happy with the care received and had no suggestions for improvement. One such review notes the person commented, 'They [staff] are all very nice.'
- People also told us care plans were amended when people's needs changed. Records confirmed this. For example, one person's family carer was not able to undertake some tasks due to injury. The person's care was adjusted to provide extra support.
- Some people were supported with assisted technology. For example, some people wore life-line pendants. Staff were reminded to check these were accessible to people and in working order.

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.

- People were supported to receive information in a way that was meaningful to them. For example, the registered manager had sent easy read information to people informing them about the use of PPE.
- People's communication needs were assessed, and the support provided was person centred. For example, in the past some people had been supported with pictorial cards and large print where they needed this support.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed and wanted to do so.
- Complaints were recorded, and action taken where appropriate. For example, calls times had been amended when people had raised complaints about them.
- The registered manager reviewed complaints for trends. Where trends were identified action was taken to address the root cause. For example, they had identified some complaints related to the impact of the pandemic on staff well-being and had focused on recruitment to address this.

End of life care and support

● There was no one in receipt of end of life care at the time of the inspection and most people had family to support them with their personal preferences. The registered manager had not spoken with all people to ensure their end of life wishes were known and captured. We raised this with the registered manager. Some end of life care plans were put in place during the inspection. A plan was in place to offer people the opportunity to discuss end of life if they wished to do so at their next 6 monthly review.

● Where people had decisions in place stating they did not want to be resuscitated in the event of a life-threatening incident such as a heart attack there was information for staff about this. This was to ensure staff knew to respect people's wishes.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some people told us they were not always informed when visit times changed or staff were running late. For example, when staff were off sick and rotas needed to be changed shortly before the visit. One person said, 'The office needs to let us know when they change the rotas. One day (recently) I am expecting them at 7 and they didn't arrive at 8 or 8.30 so I had to phone the office. The office should tell us, they are very bad at letting us know." Staff also told us people were not always informed when visit times changed. Records showed that whilst most calls were on time people were not always called to advise them calls were late. This is an area for improvement.
- Feedback from staff was mixed. Staff were not always positive about communication between them and the service. Some staff told us that visits were added to their rota without them being informed first. Other staff were more positive and told us they felt well supported by the management at the service. This is an area for improvement.
- We discussed these two areas for improvement with the registered manager. They told us they would investigate to determine the root cause of the issues and take action to address them.

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

- The registered manager completed a number of checks and audits to monitor the quality of the service and make improvements. For example, the medicines administration audit identified that one person had not signed for the medicines when they had administered them. The registered manager identified the staff member needed further training to remind them to document the administration of medicines. No further errors were recorded from that staff member.
- The registered manager kept up to date with changes to best practice and exchanged ideas with other local registered managers. They also attended care sector conferences to ensure they continued to learn.
- The provider used an electronic care planning system, which supported them to develop person centred plans. There were paper copies of people's care plans kept on file in case there was an emergency which led to the electronic system not being available.
- There registered manager was aware of their responsibilities and legal requirements. Where notifications were required by law to be submitted to CQC they had been so. The rating for the service was clearly on display at the office and on the website.

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 registered manager was aware of their responsibilities under duty of candour. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.

● Incidents and accidents had been reported and acted upon as appropriate. We did not identify any duty of candour events.

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

● People were contacted on a regular basis by telephone to seek their feedback on the service. Feedback from people to the service had been positive. People and their relatives also knew how to contact the office if they wanted to raise a concern or had questions.

● Staff were also called to provide feedback and there were meetings where staff could express their views. The majority of staff feedback was positive. Some staff did raise issues over call times. However, this was in the process of being addressed.

Working in partnership with others

● During the pandemic the service supported people to come home from hospital, working with the NHS as part of the rapid response scheme aimed at reducing the length of time people stayed in hospital when they were ready for discharge.

● Staff continued to work in partnership with other services to improve people's care. For example, staff worked with the home enteral nutrition service (HEN) to support one person to remain safe whilst their relative was not able to support them with their gastric tube. A gastric tube is a tube that goes in through the skin into the tummy and is used to take in food and medicine, these are used where people are not able to take these orally.