Melton Care Services Limited

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 18 and 19 May 2016. We gave the provider 48 hours' notice of the first day of our inspection because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. We told the provider we would return the following day to complete our inspection.

Melton Care Services is a home care agency supporting people who live in their own homes in the Melton Mowbray area of Leicestershire. At the time of our inspection 88 people used the service.

The service had a registered manager. 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. The registered manager divided their time between this service and another registered service in Shepshed, Leicestershire. They were supported at this service by a branch manager.

People who used the service were safe when they received care and support. The provider advised them about safety in their home. The provider had a recruitment procedure under which all the required pre-employment checks were carried out.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting people's independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people who used the service. At times, office based staff who were trained care workers carried out home care visits to ensure that all scheduled visits were made. Staff arranging home care visits were skilled and knowledgeable about people's needs and ensured that people were supported by the same care workers as often as possible.

All staff were trained in how to support people with their medicines. Staff reminded people to take their oral medicines. They applied medicinal creams to people who required them.

People were cared for and supported by care workers who had the appropriate training and support to understand their needs. People who used the service and their relatives spoke about staff in complimentary and positive terms. Staff were supported through supervision, appraisal and training. Staff valued the support that they received.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it.

Care workers either prepared meals for people or supported people to make their meals.

Care workers received training to help them understand about medical conditions people lived with. They supported people to attend healthcare appointments and to access health services when they needed them.

Care workers were caring and knowledgeable about people's needs. Not all people were consistently supported by the same care workers. Most people received home care visits close to the times they expected but a small number did not.

People who used the service were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. People told us they were always treated with dignity and respect.

People contributed to the assessment of their needs and to reviews of their care plans. People's care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider.

People who used the service and staff had opportunities to be involved in the development of the service. The registered manager and care workers were well regarded by most of the people who used the service and their relatives.

The provider had arrangements for monitoring the quality of the service. These arrangements were in the process of being upgraded at the time of our inspection and, if utilised to their potential, would help the service improve punctuality of home care visits and ensuring as far as possible that people were supported by regular care workers.

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.

Staff understood and practised their responsibilities for protecting people from abuse and avoidable harm.

The provider's recruitment procedures ensured as far as possible that only staff who were suited to work for the service were employed. Staff were suitably deployed to meet the needs of people using the service.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

Is the service effective?

Good

The service was effective.

People told us they were supported by staff who had the right skills and knowledge to meet their needs.

Staff were supported through supervision, appraisal and training that enabled them to understand and provide for people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005.

When people required it, they were supported with their meals. Staff supported people to access health services.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and support and they understood the information they received about their care and support.

Staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People received care and support that was centred on their personal and individual needs. However, not all people received home care visits at times they expected and some had several different care workers visit them.

People knew how to raise concerns and they were confident their concerns would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

People using the service and staff had opportunities to be involved in developing the service.

The provider had arrangements for monitoring the quality of the service which were in the process of being improved at the time of our inspection.

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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 18 and 19 May 2016 and was announced. The provider was given 48 hours' notice of the first day of the inspection because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. We told the provider we would return to complete our inspection the next day.

The inspection team consisted of an inspector 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.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

A few days before our inspection visit we telephoned 10 people who used the service but we were able to speak to only three people. We spoke with relatives of three people. Also before our inspection we sent a questionnaire survey to 42 people using the service of whom 15 replied. We sent a questionnaire survey to 42 relatives of whom 6 replied. We looked at three people's care plans and associated records. We looked at information about the support that staff received through training and appraisal. We looked at three staff recruitment files to see how the provider operated their recruitment procedures. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager, branch manager, a training manager; a home care visits scheduler

and three care workers.

We contacted the local authority who paid for the care of some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services.

Good

Is the service safe?

Our findings

The three people we spoke with told us that they felt safe from abuse and harm. They told us, "I feel save with the carers", "The staff treat me well and I feel safe" and "If I didn't feel safe I wouldn't let them into my home". A relative told us they felt their parent was safe when receiving care and support. People who responded to our survey told us they felt safe. All of them told us they felt safe from abuse and avoidable harm. Every relative who responded shared that view.

People were advised about how to stay safe in their homes. This happened when the registered manager visited people to make an assessment of their needs when they began to use the service. The registered manager carried out a risk assessment of the person's home environment and advised them about how to stay safe in their home, for example telling people about smoke and fire alarms and potential trip hazards in their home. Some people had `key safes' which meant that care workers could lock people's doors after home care visits so they were able to feel secure. We saw evidence that the registered manager shared concerns they had about a person's safety in the context of their family relationships with a local social services department.

Care workers knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. They had received training in safeguarding people from abuse or avoidable harm. Care workers we spoke with knew about the different types of abuse they were required to report. They told us they were confident that if they raised any concerns with the registered manager they would be taken seriously. One told us, "I'd be confident about making a safeguarding report".

People who responded to our survey strongly agreed that they were protected from abuse and avoidable harm. One reason was that care workers wore gloves and other protective clothing when the supported them which made them feel protected from infections.

The provider had policies that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. The provider also had a policy which stated that staff were not able to accept presents or gifts from people. People using the service were given an information brochure about the service which included information about not giving gifts or allowing care workers to witness any legal documents or be a beneficiary to a will. Staff were also not permitted to enter into any private care arrangements. These policies protected people from financial abuse.

People's care plans had risk assessments of activities associated with their personal care routines. The risk assessments were detailed. Risks were assessed according to a person's dependency levels for a wide range of their daily needs; for example their mobility, their dietary needs, health and care routines. Care workers told us that they referred to people's risk assessments to read how people could be supported safely. One told us, "I read a person's care plan at the start of a visit and the notes care worker's made at the previous visit so I have the latest information about someone".

The provider had procedures for care workers to report incidents and accidents that occurred or were in

connection with home care visits. Care workers were aware of those procedures. They had reported minor injuries that they had identified using the reporting procedures.

The provider operated a recruitment procedure that covered what was required by regulations. When we looked at recruitment documentation we saw that the required pre-employment checks were carried out. These included Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. At the time of our inspection the provider employed 70 staff who were trained care workers. These were enough to cover the home care visits that people required though on occasion it meant that office based staff covered some of the home care visits. The provider was in the process of trying to recruit more care workers.

People who used the service did not require support with their medicines other than to be reminded to take their medicines. Care workers recorded whether a person had taken their medicines. Any instances of a person not taking their medication was recorded and reported to the manager. If a person again chose not to take their medicine the manager reported this to the person's doctor so that they could take action they thought appropriate.

Good

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and knowledge to meet their individual needs. A person told us, "The staff seem well trained" and two people told us they felt staff knew them well and understood their needs. People who responded to our survey told us that care workers who visited them regularly understood their needs. They spoke highly of regular care workers, one person told us they were "extremely good", another said, "Most of my carers are excellent." People felt that care workers they saw irregularly were not as knowledgeable.

Care workers received training that was relevant and helped equip them with skills and knowledge to carry out their roles. All new care workers had induction training that was based on the Care Certificate that was introduced in April 2015. This covers 15 standards of care that are covered in individual training modules. A recently recruited care worker told us, "I'm working towards my care certificate; I've got as far as module 13. I've been supported by the training manager".

The registered manager, branch manager and training manager had implemented a training plan with the support of a training assessor from a local college of education. Care workers told us they felt supported through the training. One told us, "My training has prepared me for my role and to understand people's needs". They and other care workers we spoke with told us that the training they had included training about medical conditions people using the service lived with. Care workers we spoke with told us they had training about dementia that helped them understand what impact living with dementia had on people's lives.

Care workers were supported by a crèche facility the provider made available to them. This meant that care workers did not have child care arrangements to worry about and they were able to make themselves available for work more easily. Staff we spoke with welcomed the crèche facility.

The registered manager and branch manager evaluated the effectiveness of training by monitoring whether care workers put their training into practice. They did this by observing care worker's practice and, where a person required the support of two care workers, working as part of a `double-up' team.

All care workers were provided with an employee handbook that explained their responsibilities and referred them to the provider's policies. They received support through `hands-on' support from the registered manager. A care worker told us, "We always have back-up from management". Another told us, "There is always someone in the office we can ask for advice." They had one-to-one meetings with a senior care worker every six months, and senior care workers had meetings with the branch manager. Staff had an annual appraisal every 12 months. Every care worker we spoke with told us they had their most recent end of year appraisal.

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

All of the people who used the service were presumed to have mental capacity to make their own decisions about the care and support they received. That was the correct position to take, because under the MCA a person must be presumed to have mental capacity unless there is evidence to the contrary. The registered manager and branch manager demonstrated understanding of the MCA when we spoke with them. Care workers we spoke with were aware of the MCA. They understood that they could provide care and support to a person using the service only with the person's consent. They told us that people could give consent in a variety of ways, for example verbally, by gesture such as smiling or making a `thumbs-up' sign. They told us that if a person decided they did not want all or part of their personal care during a home care visit they respected the person's wishes and recorded that in their notes of their visit and reported it to the register manager.

None of the people using the service had nutritional needs that they required support with. Support from care workers was limited to preparing meals or supporting people to make their meals. However, two families who had concerns about their relative's eating had asked the service to monitor and record what their relatives ate and drank so that they could feel assured they were eating and drinking enough. Care workers did this and one of the relatives told us this made them feel assured their parent was eating enough and eating food they enjoyed.

Care workers supported people with their health needs. They were able to do that because they had received training and education about medical conditions people who used the service lived with. This meant that they were able to identify signs of changes in a person's health. They reported concerns to the registered manager who then contacted the person and if necessary arranged support from the relevant health services. Where people had given permission for information to be shared with a relative, the registered manager or branch manager contacted relatives.

Good

Is the service caring?

Our findings

Every person who responded to our survey told us care workers were caring and kind. One told us, "I get the best care in the world". Another told us, "The carers are generally kind, helpful and supportive and do their best". A relative told us, "The majority of carers are kind, friendly, sensitive and do their best. They will contact me if there is a problem or they can't find something. Carers listen and respond to requests". Nearly all of the people responding to our survey told us that they were happy with the care and support they received.

People told us it was easier to develop a caring relationship with care workers that visited them regularly, but that it was more difficult with care workers who visited only occasionally. Two thirds of the people responding to our survey told us that they were introduced to their care workers before they provided care and support. The registered manager told us it was their aim to introduce care workers in this way and all care workers we spoke with told us they had been introduced to people before they started home care visits by themselves.

Care workers sought to develop caring relations with people they supported. Care workers we spoke with told us that they usually supported the same people and only occasionally visited people for a first time. They told us they felt confident they had good relationships with people they visited regularly and that they understood their needs. They had developed those relationships through having got to know people by reading their care plan and care records, talking about their lives with them and looking at photographs with them. They told us that when they visited a person for the first time they read the person's care plan at the beginning of the first visit. People using the service confirmed that to be the case. One told us, "[A new carer] has to read all the notes to see what has to be done, and then read back several days to see what has been done."

The service sought to show people that they mattered to the service. A relative of a person who used the service told us that care workers showed care they felt was above what they expected. They told us, "The carers were very kind, very much so. They were brilliant. I couldn't have hoped for better. They always cheered [person's name] up which made such a difference to [person's] life". When the service identified that a person was unhappy about aspects of their life the manager spoke with the person and a relative. They took note of what both said and supported the person with things that mattered to them. For example, they supported the person to go into their garden or for walks in their village. The relative told us, "My mother needed carers who connect with her and the carers do that. They really got to know her and it made her much happier. The carers absolutely show kindness and compassion and pay a lot of attention to her".

People using the service and, if people consented, their relatives had opportunities to be involved in decisions about their care and support. A person told us, "I was consulted about my care plan". Relatives we spoke with told us they felt involved. Care plans were reviewed every six months by the registered manger, or branch manager or a senor care worker. People had access to their care plans in their home and they could read the notes that care workers made at each visit. People were provided with an information brochure about the service. This included information about the aims and objectives of the service, how

people could contact the service and how they could make a complaint. Sections of the brochure were in large print which made it easier for people to read. Three quarters of the people who responded to our survey told us the information they received was easy to understand.

Care workers respected people's dignity and privacy when they provided care and support. A person using the service told us, "I am treated at all times with respect". Every relative who responded to our survey told us that care workers treated their loved ones with dignity and respect. We saw care workers had training that included how to provide care and support in a dignified way. Care workers we spoke with told us that before they supported a person with personal care they drew curtains, asked any visitor's to leave a room so that they supported people in private. The registered manager and branch manager carried out spot checks visits and telephone surveys to monitor whether care workers treated people with dignity and respect. A staff newsletter was used to remind care workers about this aspect of care.

Requires Improvement

Is the service responsive?

Our findings

People received care and support that was centred on their needs and preferences. Care plans we looked at contained evidence that people contributed to the assessments of their needs. The care plans included details about the care and support people wanted.

People's most important needs were that care workers visited them at times they expected, that the same care workers came and that they completed all the care routines people required. People we spoke with and people who responded to our survey gave mixed feedback about this. Most people said that care workers came at times they expected and that they were usually supported by the same care workers. However, 40% of people who responded to our survey said that care workers did not visit them at times they expected; and 36% said they had not experienced care and support from `regular' care workers. One person commented, "Too many different people come in and out of my home. I don't know who they all are".

People who responded to our survey gave mixed feedback about care workers completing all the required care routines. A third of the people told us that care workers were sometimes late said they rushed through routines and did not always do everything they were required to do. However, nearly all people said they received enough support to be as independent as they wanted to be.

Our survey was carried out shortly after a period when the service had experienced difficulties as result of a transfer of people from another service. It was expected at the time that staff would also transfer from the other service but this did not happen. Consequently, the service prioritised making home care visits by existing staff but not all calls were at times people expected. The situation was improving. We looked at information about the punctuality of calls for the period 1 April 2016 to 18 May 2016 and found that 82% of home care visits were within 15 minutes of the time people expected. Only 6% of calls were more than 15 minutes late and 12% were more than 15 minutes early. Eight people had experienced less than 50% punctuality and the provider was investigating why those people experienced that, though early indicators were that it was partly because the people lived in relatively isolated locations.

The provider did not, at the time of the inspection, have a means of accurately monitoring whether people were supported by the same care workers or a team of care workers. The member of staff who scheduled home care visits told us they tried to ensure that people were visited by the same care workers and they estimated that 70% were. Care workers we spoke with told us they visited the same people. People who responded to our survey told us they found it unsettling to be visited by different care workers. One told us, "Three carers I've had who have been coming pretty regular are excellent but the others I have had are hopeless". Another told us, "On the whole we are happy with the service but from our point of view it works best when my mother has a dedicated carer". Not having regular care workers did not always have a negative impact on the quality of care people received because people also told us that new care workers read their care plans and records before they provided care. A person told us, "Each new carer has to read [the care plan] to find out my needs, and then read and find out what has been done in the previous days and also find where things are kept". This was good practice by care workers.

The provider was aware that non-regular care workers were a concern for people using the service. A new system for scheduling home care visits was being introduced that made it easier to arrange for the same care workers to visit the same people regularly. The new system was expected to be operational in June 2016.

Some people's lives had been improved because of the quality of care and support they experienced. A person required frequent support of district nurses and had lost motivation to perform everyday routines. By working with the person and a relative the service supported the person to rebuild their motivation to the point they did more for themselves and the extent of district nurse care was reduced. The relative told us, "The carers had made such a difference". A relative of another person told us, "The service was so responsive and carers made a huge difference to the quality of [person's] life".

Three quarters of the people surveyed knew how they could make a complaint about the service. Information about how to make a complaint was included in an information brochure people were provided with. Of those who said they had made a complaint or raised a concern, two-thirds said the service had responded well. We saw that when complaints were made the registered manager or branch manager usually met with the person making the complaint in an attempt to resolve it to their satisfaction. The provider's complaints procedure and complaints response letters advised people they could refer their complaint to the Care Quality Commission if they were not satisfied with the provider's handling of or response to the complaint. We advised the registered manager that people could also refer their complaint to the local government ombudsman. They told us they would add that information to their complaints policy and complaints response letters.

Good

Is the service well-led?

Our findings

People using the service were involved in developing the service insofar as their views about the care and support they received were sought and acted upon. Their views were sought at reviews of their care plans and when the registered manager or branch manager visited people to observe care worker's care practice every six months. In addition, they were asked for their views during telephone calls the managers made every three months to discuss a person's care and support. A little over half of the people who responded to our survey told us they had been asked for the views. At the time of our inspection the provider was considering how to seek people's views through an annual satisfaction survey.

People's views and feedback were acted upon. For example, people who said they wanted a rota showing which care workers would be visiting them were provided with one. Some people's care plans were reviewed as a result of feedback and changes were made to how their care and support were delivered, sometimes with very positive outcomes for people.

Staff had opportunities to be involved in the development of the service through a staff newsletter which was used as means of two-way communication with staff. The provider's office was too small to host large meetings, but staff had opportunities to make suggestions when they attended the office for one-to-one supervision meetings and their annual appraisal. The provider was looking at different ways to provide staff with opportunities to provide feedback about what they thought of the service and how it could be improved. An option they were considering at the time of our inspection was an annual staff survey. Care workers we spoke with told us they were kept informed of developments at the service through the newsletter and they felt they could contribute ideas and suggestions. They did not feel that large meetings for all staff were practical. The registered manager was considering how meetings of small groups of care workers could be arranged without that having an adverse effect on home care visits.

Staff were supported to raise concerns they had about the service, including what they considered to be unsafe care practice by colleagues. They knew they could raise concerns directly with the registered manager or senior care workers, or anonymously through the provider's whistleblowing procedures. They also knew they could raise concerns directly with the local authority adult safeguarding team or the Care Quality Commission.

Care workers we spoke with told us they felt that the service was well managed and that the whole of the management team were approachable and helpful. One said, "The service is well run. There is always somebody there to help. I never feel I'm on my own".

The provider's aims and objectives were set out in a statement of purpose (SoP) that was included in an information brochure given to people using the service and which was accessible to staff. The provider's procedures for monitoring the quality of the service assessed how well it was performing against the aims and objectives in the SoP.

The provider monitored the conduct and professionalism of care workers. This was through observation of

care practice at monitoring visits and monitoring of the records care workers made at home care visits. Care workers were given feedback from the observation and the staff newsletter was used to communicate reminders to care workers about good practice.

People using the service told us they felt the service was well managed. Some had concerns about the punctuality of care workers and not having regular care workers support them, but this was something the provider was addressing. The registered manager told us they felt the service was in transition having overcome the challenges of the first three months of 2016 when they had a large increase in the number of people using the service. They were aware of what needed to be improved and were exploring a range of solutions.

An independent training assessor who supported care workers through training and who had regular contact with the provider told us, "The management team are very forward thinking `blue sky thinkers'. They referred to the opening of a crèche as an example of this. The provider was a member of a `home care alliance' of 16 home care agencies. This met monthly to discuss common problems, challenges and solutions. There were discussions about pooling resources to find ways of surveying the views of people using the services and staff. This showed the provider thought creatively about how to improve the service.

The registered manager understood their responsibilities under CQC registration requirements. They knew what incidents they had to report to CQC and they were familiar with CQC's guidance for providers about how to meet the fundamental standards of care.