

Melburay Ltd

# Melburay Ltd

## 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

### About the service

Melburay Limited is a domiciliary care service which provides personal care to people living in their own homes. CQC only inspects where people receive support with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were four children receiving personal care support.

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

Not all people understood how to make a complaint. We have made a recommendation about ensuring people understand the complaints policy. The provider had not produced information for or about people in accessible formats. We have made a recommendation about this.

Risks to people's health and wellbeing were identified and effective measures put in place to mitigate these. Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to report any concerns they had with people's safety. The provider followed safe recruitment processes. There were safe infection control procedures to reduce the risks associated with the COVID-19 pandemic.

People's health and social care needs were assessed, and plans put in place to meet these. Staff were given information and training about people's medical conditions and health needs. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received induction, training and ongoing support to fulfil their role.

There were systems in place to monitor and assess the quality of the service. The provider had plans to further improve and develop the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Improvements were required in relation to care plans and care records.

### Right support:

- People told us they received the care and support they needed. However, care plans did not always contain sufficient detail about people's care choices and preferences. Care records were not always person-centred. We have made a recommendation about making care plans and records person-centred.

### Right Care:

- People told us the staff were kind and caring and knew them well. People were treated with dignity and respect and they were supported to learn and maintain daily living skills.

#### Right culture:

- People told us they received the care and support they needed, and managers regularly checked on them to make sure they were happy with their service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 24 April 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection to provide a rating.

#### 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Melburay Ltd

## 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 was carried out by one inspector. A specialist professional advisor also reviewed some care plans which contained support with specialist procedures.

#### Service and service type

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

The service had a manager registered 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 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service including complaints and notifications we received from the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

Inspection activity started on 3 March 2022 with a visit to the office location. We continued to analyse evidence and make calls to people until 11 March 2022. During the inspection we spoke with the registered

manager and the care coordinator. We reviewed a range of records including care and support plans and electronic call monitoring (ECM) records for three people. We looked at records of recruitment, training and supervision for five members of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four care workers to get their feedback about the service. We also gathered feedback from relatives of people who were receiving care.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding children and adults were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "If I saw something that wasn't right, I would report it to my manager straight away. If it wasn't dealt with, I would raise it with social services or CQC."
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.

Assessing risk, safety monitoring and management

- There were systems and processes in place to assess risks to people's safety and wellbeing. For example, the risk of accessing the community had been assessed and plans were in place to ensure staff understood what action to take to mitigate the risk.
- Environmental risk assessments did not consider all potential risks to individuals such as the risk of fire. We raised this with the registered manager and they improved their risk assessment process to include all risks related to people's home environment, where the care is delivered, including the risk of fire.
- Relatives of people told us their family member received safe care. Comments from people included, "I don't have any worries about safety" and "Yes, they keep my [family member] safe."

Staffing and recruitment

- The provider followed safe recruitment processes to ensure staff were suitable to work with people. Staff were employed based on their skills, experience, and personal values. Checks carried out before new staff started included people's right to work in the UK, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- The provider used an Electronic Call Monitoring system (ECM) to monitor staff timekeeping and provide alerts if staff did not arrive at the agreed time. ECM data we reviewed showed people received care visits as planned and people we spoke with confirmed this. Comments from people included, "We don't have any problems with timekeeping" and "We did have some issues before, but the registered manager resolved this when we raised them. It seems to be ok now."

Using medicines safely

- At the time of the inspection only one person was receiving support with a medicine that was to be given when required. The care plan did not contain enough detail about when to administer this medicine. We

raised this with the provider and they put in place clear administration guidelines for this medicine.

- Staff received training in the administration of medicines, however, their competency had not been assessed in line with best practice guidance. We raised this with the provider and after the inspection they provided us with evidence they have now assessed all staff's competency to administer medicines.

#### Preventing and controlling infection

- Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us staff observed safe hygiene practices and wore appropriate PPE when carrying out care and support. One person told us, "Yes the carers wear mask, gloves and aprons when required."
- Staff told us the registered manager often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role.
- Staff were taking part in regular COVID-19 testing according to current government guidelines. The provider kept appropriate records of staff tests.

#### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager. One member of staff told us, "If we observe any accidents or incidents, we would call the office immediately and fill out the accident and incident form."



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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;  
Supporting people to live healthier lives, access healthcare services and support

- The provider used an assessment tool to consider all aspects of people's health and social care needs including their ability to manage their oral care.
- Care plans contained detailed information about people's medical conditions and health needs. Staff completed regular health observations such as temperature, blood pressure and oxygen saturation levels for people whose medical conditions required this.

Staff support: induction, training, skills, and experience

- New staff had a comprehensive induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. One member of staff told us, "The induction was very good, and I was able to shadow another member of staff who showed me what to do." This was confirmed by a family member who told us, "The care coordinator inducted the new staff and showed them what they needed to do before they came on their own."
- The provider took prompt action when gaps in the staff's skills were identified. One relative told us, "One of the things I raised was adequate training for the carers. They resolved this and now I feel the carers are trained to care for my child."
- Staff told us they received regular supervision and records confirmed this. One member of staff told us, "We get supervision every three months. It really helps us stay on track with everything."

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

- Assessments and care plans contained suitable information about people's nutritional needs including preferred foods and special diets. One person was receiving nutrition and fluids through a percutaneous endoscopic gastrostomy (PEG) which is a tube surgically placed in the stomach of a person to help with feeding in cases when they cannot eat or swallow food safely. There was detailed guidance in place to ensure staff could perform and monitor this procedure safely.
- People told us they were happy with the way they were supported to prepare food and drinks. One relative told us, "I prepare all the food and let the carers know what they need to do if I am not here."
- Staff received training in food hygiene and nutrition and fluids to ensure they had the skills and knowledge to support people with food and drink.

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. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection the service was delivering care to only children below the age of 16. The provider understood the MCA does not apply to people in this age group and all decisions about care and treatment were made by people's legal guardians. The registered manager also understood their responsibilities under the MCA when they started delivering care to people over 16.
- Staff received MCA training to ensure they understood their responsibilities.

Staff working with other agencies to provide consistent, effective, timely care

- Due to the small size of this service the provider was not currently working with any other health and social care professionals.
- One person's care plan contained the contact details of a health professional that was regularly working with the person. However, the care plan did not specify the professional's role or remit. We raised this with the provider, and they reviewed this to ensure the professional roles were clear to all staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; equality and diversity

- People received a kind and caring service. People and their relatives spoke positively about the care and support. Positive comments from people included, "The carers are kind and caring. I wouldn't use them if they weren't" and "Yes, the staff are kind and respectful."
- People were supported by regular care workers who knew them well. Comments from people included, "The carers have got to know [family member] very well. Every child is different so you have to get know each one's particular ways" and "We always get regular staff and they all know how to care for my child."
- Staff had training in equality and diversity and told us how they adapted the care and support to meet people's needs. One member of staff told us, "Whenever I do personal care I always let people know what I am doing and talk to them throughout to make sure they understand and they are giving permission. Even if they don't speak you need to make sure they are giving consent by their body language or eye contact. It depends on the person."
- Assessments and care plans contained information about people's cultural and religious needs.

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

- People and their representatives were involved in the planning of their care. One relative told us, "Yes we were involved, the [registered manager] really listened to us to understand our needs."
- People could also choose which staff supported them. The registered manager told us, "One family requested they get both male and female carers, so they have balance. We made sure they get this."
- There was a written record of people's personal interests and hobbies to give staff a broad understanding of the person.

Respecting and promoting people's privacy, dignity, and independence

- People were treated as individuals and with dignity and respect. Care staff spoke about people in a dignified way and explained how they promoted people's privacy. One member of staff told us, "We make sure we maintain privacy and dignity at all times. I never discuss people's personal information without permission."
- Observations of staff during the provider's spot checks included checking whether staff promoted people's independence whilst delivering care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's relatives told us they were involved in the development of their care plan, which met their family member's needs. Despite this involvement we found some care plans did not contain sufficient detail regarding people's routines, and preferences related to personal care support. Although people's relatives told us care staff knew their needs well, the lack of detail meant there was a risk people would not get care that met their personal preferences. We discussed this with the registered manager, and they reviewed the care plans and made improvements. The reviewed care plans now contain detailed information about people's personal preferences and routines to ensure care staff have a good understanding of people's care.
- Records of care were not always person-centred. We saw examples where staff were using the same electronic care log for different family members who were both receiving care from this provider. We discussed this with the registered manager, and they told us they would adapt their system to ensure care visits were recorded separately for each person receiving care.

We recommend the provider reviews their systems for care planning and recording to ensure they are person-centred.

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's communication needs had been assessed and guidance was given to staff to ensure they understood people's individual communication styles and preferences.
- At the time of the inspection the provider had not produced information for or about people in accessible formats.

We recommend the provider seeks advice from a reputable source about meeting the accessible information standard.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which stipulated how they should respond and inform people what action they would take to investigate concerns raised. Feedback surveys showed that some people were not familiar with the complaints policy and did not know who to contact to make a complaint. We discussed this with the registered manager and they have agreed to provide all people and/or their representatives with a

copy of the complaints procedure to ensure they understood what to do if they were unhappy with any aspect of their care.

#### End of life care and support

- There was an advanced care planning policy in place. The service was not providing end of life care and support at the time of our inspection. Due to the young age of people receiving care, assessments and care plans did not contain any information on people's end of life preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care. Staff were clear about their responsibility to report concerns to senior managers.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events if they occurred within the service.
- The provider also monitored quality and safety through regular spot checks which were followed-up with staff supervision to discuss any concerns or areas of improvement identified.

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

- The provider engaged with people receiving care, their relatives and staff. The registered manager held regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information. One member of staff told us, "During the staff meetings we discuss the role and get any updates on any changes. We also talk about infection control."
- The provider also conducted annual satisfaction surveys which were analysed for areas of improvement. Positive comments received in these surveys included, "Friendly service and attentive to clients' needs" and "Thank you for providing such a great match and so quickly."

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 understood their responsibility to be open and honest and gave people all the relevant information when things went wrong.

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

- The service worked to achieve positive outcomes and people's feedback confirmed this. One relative told us, "They have got to know my child very well, so things are really working."
- Staff were positive about support they received from managers. Positive feedback from staff included, "They are very supportive. They encourage us and make us feel at home" and "It's a friendly company and the managers are always in touch."
- Relatives of people receiving care were satisfied with the care being delivered and the management of the

service. We received comments such as, "I am quite happy with how [the registered manager] deals with things. She does listen and take action" and "We have had our ups and downs but they have listened to my concerns and resolved them so I am quite happy."

#### Continuous learning and improving care

- There were plans in place to improve the service, but as these had not yet been put in place we were unable to assess their effectiveness. The registered manager told us they were planning on introducing an organisational newsletter and start an employee of the month scheme.
- The provider had an electronic monitoring system in place and was working to improve this system to ensure it remained a useful tool as the service expanded.

#### Working in partnership with others

- At the time of the inspection the service was not actively working in partnership with other professionals. The registered manager told us they would work with other health and social care professionals as needed.
- The registered manager was an active member of a care association which supports women of colour working in health and social care. Members of this association support each other with up to date information and best practice guidance.