

Homecare (Mellor) Limited

HomeCare (Mellor)

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 

Overall summary

The inspection took place on 12 May 2015. The registered manager was given 48 hours' notice of our intention to inspect the service. This was in line with our procedures when inspecting domiciliary care agencies as it ensured there would be someone available at the agency's office to provide us with the necessary information.

HomeCare (Mellor) is a domiciliary care agency that provides care and support to people in their own homes. Following an assessment of a client's needs, an individual care package is put in place, which will include areas such as personal care or assistance with domestic tasks.

The service supports people with a wide range of needs including older people, people with physical disabilities or people with learning disabilities.

Summary of findings

The last inspection of the service took place on 9 May 2013. During this inspection the service was found to be meeting all the regulations that were assessed.

We were assisted during this inspection by the long-term registered manager of the service. 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.

People we spoke with who used the service told us they felt safe and well cared for. People were satisfied that their care workers understood their needs and supported them in a safe and effective manner. People spoke highly of care workers describing them as kind, caring and respectful. They said they were treated in a compassionate way and that their privacy and dignity was respected.

There were effective systems in place to assess and manage risks to people's health and wellbeing. The service worked well with community health care professionals to help ensure people received effective health care. People who required assistance to take their medicines were provided with safe support.

People's care plans reflected their individual needs and personal wishes. People told us they were involved in the development of their care plans and were enabled to express their views on an ongoing basis.

People described a service that was responsive to their needs and flexible. However, some people did express dissatisfaction with the punctuality of care workers. This

was discussed with the registered manager during the inspection who was able to demonstrate that she has identified this area as requiring improvement and had developed an improvement plan in response.

The service carried out robust recruitment procedures which included the requirement of any new staff to undergo a series of background checks. These included Disclosure and Barring Service (DBS) checks which would identify if the individual had any criminal convictions or had ever been barred from working with vulnerable people. The recruitment procedures followed helped to ensure people of unsuitable character were not employed.

The registered manager demonstrated a positive approach to the training and support of staff. There was a dedicated training manager in place who led the learning and development programme for staff and monitored the area very closely.

New staff were provided with a thorough induction and an ongoing training programme ensured care workers received regular refresher training and competence assessments. There was an effective supervision programme in place, which meant staff had the benefit of regular 1-1 support from a manager.

Staff described a supportive and approachable management team. Care workers told us they knew who to speak to if they had any concerns and the processes to follow if they identified any concerns about the safety or wellbeing of people who used the service.

The registered manager had effective systems in place to monitor safety and quality across the service. In addition, we saw that people who used the service were enabled to express their views and share their experiences. Where areas for improvement were identified the registered manager took action to address them.

Summary of findings

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.

Risks to the health, safety or wellbeing of people who used the service were assessed and managed effectively.

Staff were aware of their responsibility to protect people from abuse and were confident to report any concerns to their managers.

Staff were carefully recruited to help ensure they were of suitable character to work with vulnerable people.

There were effective arrangements in place which helped to ensure people who required assistance with medicines were provided with safe support.

Good



Is the service effective?

The service was effective.

People received care that met their needs and promoted their wellbeing.

Staff received a good standard of training and support to assist them in providing safe and effective care.

The service worked in accordance with the Mental Capacity Act 2005 so that the rights of people who did not have the capacity to consent to any aspects of their care were protected.

Good



Is the service caring?

The service was caring.

People told us that staff supported them in a kind and caring manner.

People told us care workers were respectful and supported them in a manner that promoted their privacy and dignity.

People felt able to express their views about their care and support and that their care was provided in a way that reflected their individual needs and wishes.

Good



Is the service responsive?

The service was not consistently responsive.

Some people felt their carers were not punctual and at times felt inconvenienced by changes to their agreed times.

People received effective care that met their needs. The service responded promptly to any required changes in a person's care plan.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led.

There was a well-established management structure and clear lines of accountability, so people knew who to contact if they required any advice or guidance.

There were effective systems in place to regularly assess and monitor the quality of the service that people received and identify any opportunities for improvement.

The registered manager sought and acted on the views of people who used the service.

Good



HomeCare (Mellor)

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 12 May 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the service's office to provide us with the required information.

The inspection was carried out by an adult social care 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. This expert had experience of caring for someone who used services for older people.

Prior to our visit, we reviewed all the information we held about the service. The provider sent us a Provider

Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people who used the service or their main carers. We spoke with six staff members, including the registered manager, the training manager, deputy manager and three care workers. We consulted local authority commissioners and three community professionals who supported people who used the service, but received no responses.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records and minutes of staff and management meetings.

Is the service safe?

Our findings

Every person we spoke with felt they were in safe hands with their carers and said they always felt safe whilst receiving care and support. One person who used a hoist said, “I have different carers who come and they all seem OK with the hoist.” A relative explained that his loved one required assistance with a hoist to transfer and said, “Although I am not there to watch, (name removed) never complains that she feels unsafe or that they hurt her, and I know she would.”

As part of the care planning process the service carried out a number of risk assessments to establish if people were at risk in areas such as developing pressure sores or when mobilising.

We viewed a selection of risk assessments and found they were completed to a good standard. Information was well detailed and where people were assessed as being at risk in a particular area, there was clear guidance for staff on the action they should take to keep them safe. For example, we viewed the risk assessments and care plan of a person who had extremely fragile skin and was at high risk of developing skin tears and pressure ulcers. There were a number of clearly described measures in place to protect them, which included a very precise moving and handling plan and careful monitoring of the person’s skin. This helped to protect their health and wellbeing.

Any risks in relation to people’s environments were also assessed and appropriate action taken where necessary. For instance, any concerns in relation to fire safety in the home of a person who used the service, would trigger a referral to the local fire service. There were also processes in place to maintain the safety of equipment used to provide care, such as lifting hoists.

The service had a safeguarding policy and detailed procedures in place. We noted the procedures included clear information for staff about how to report any concerns and described the role of other agencies, such as the local authority. Information such as how to recognise signs of abuse was also provided to carers to help ensure they were able to identify concerns and take the correct action.

Staff we spoke with were fully aware of the service’s safeguarding procedures and their responsibility in

ensuring any concerns were reported immediately. One staff member commented, “That is an area they are very keen on. You are told in no uncertain terms that any concerns have to be reported.”

Care workers were fully aware of the service’s whistleblowing policy and expressed confidence in the management team to deal with any concerns raised appropriately.

Our records showed that the registered manager reported concerns about the safety or wellbeing of people who used the service promptly and to the appropriate agencies. We also saw examples of the staff at the agency working in a positive way with professionals from the local authority, to ensure people who used the service were safeguarded from abuse.

Three people we spoke with required regular assistance with their medicines and felt this was given in a safe and effective manner. People told us they received their medicines as they were prescribed and in line with advice from the relevant health care professionals.

All staff were required to complete a training course in the safe management of medicines as part of their induction. This was a classroom based course which included written tests and observed competence assessments. Competence assessments and written tests were periodically renewed to help ensure staff retained their knowledge and understanding of the area.

We saw that a specific risk assessment and care plan was carried out for any person who required assistance to manage their medicines. We noted there was a good level of detail in the care plan, which covered what level of support people required and guidance in areas such as medication errors or refusals by people to take their medicines. This meant staff had clear information about how to support people.

Where people were prescribed medicines on an ‘as and when required’ basis, there was clear information in their care plans about when the medicines should be given. This helped ensure people received their medicines when they needed them.

We looked at a selection of people’s medication administration records (MARs). These were well detailed and contained clear instructions. All the records we viewed were seen to be in good order and completed in an

Is the service safe?

accurate manner. Where people were prescribed topical medications such as creams or ointments, body maps were in place to provide clear guidance about where they should be applied.

The service has a particularly good system in place for the safe management of medicines that were prescribed at a variable dose, such as Warfarin. As well as detailed instructions regarding the medicines, there were effective procedures to ensure that the quantities of medicines were carefully monitored. This meant that any errors could be immediately identified and addressed.

Systems for auditing medication stocks and records were in place. These included the auditing of all MARs when returned to the service office for filing. The registered manager advised us that this system had been recently improved to ensure that if any records were not returned, this could be easily identified. This meant that no records could be accidentally missed from the audit.

The registered manager had an assessment tool in place which enabled her to monitor staffing levels on an ongoing basis. Calculations for required staffing levels were constantly updated to reflect any changes in people's

needs and new contracts of care taken on by the agency. The registered manager explained that all new contracts were considered on a case-by-case basis and would only be agreed if there were adequate carer hours available to provide the necessary support. This helped to ensure there were enough staff to provide a reliable and consistent service.

We were advised the service was in the process of phasing out zero hours contracts for staff. This was felt to be a positive development, which would lead to better staff retention and as such, a more consistent, well trained staff team.

We viewed a selection of staff personnel files to assess the recruitment procedures used by the registered manager. We found the registered manager had carried out appropriate background checks, including references and DBS (Disclosure and Barring Service) checks, to help ensure people employed at the service were of suitable character. We were able to confirm that staff were not allowed to provide any care or support to people who used the service until the appropriate checks had been completed. This helped to protect people's safety and wellbeing.

Is the service effective?

Our findings

People who used the service expressed satisfaction with the support they received to maintain good health. People reported effective working between carers from the service and community health care professionals, such as district nurses. One person commented, “If Mum’s plan changes because the district nurse wants something different, the company will make sure they update her care plan.”

Another person explained that carers monitored her relative very carefully and always reported any concerns. “The staff will tell me if they notice anything different with Mum’s skin. The staff would tell me so I can call the district nurse in early.”

People’s care plans included detailed information about their medical histories and any health care needs. This meant care workers were aware of any risks to people’s health and wellbeing and what action they should take, if they identified any concerns.

People’s care records provided some good examples of the service working in partnership with community health care professionals to ensure people received the care they required. Where advice had been given by a community professional, for example a district nurse or mental health specialist, this had been incorporated in the person’s care plan, so that staff were aware of it.

A nutritional risk assessment was carried out for people who used the service to ensure any risks relating to poor nutrition or hydration were identified and addressed. This meant care workers had guidance in how to promote people’s safety through adequate nutrition and hydration. In addition, where a person who used the service was assessed as being at risk of poor nutrition or hydration, charts were implemented to enable care workers to record and monitor their intake on a daily basis.

We viewed the care plan of one person who had a low weight and low appetite and as such, was at high risk of malnutrition. The person’s care records showed that the service worked in partnership with a dietician and GP to ensure the person’s care addressed the risks identified.

Where relevant, there was information in people’s care plans about any support they required to prepare meals (if this was part of their agreed care package) and people’s

food preferences and dietary needs were also included. Food hygiene was part of the service’s mandatory training programme, which helped to ensure care workers had the knowledge and skills to prepare food safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and staff demonstrated good understanding of the Mental Capacity Act and arrangements required to deprive people of their liberty when this was in a person’s best interests. At the time of our inspection, there were no concerns about the capacity of any person who used the service to consent to their care. However, the registered manager was able to describe action she would take to ensure the best interests of any person who used the service were protected, if any such concerns were identified in the future.

People we spoke with felt their care workers were well trained and competent to perform their role. People expressed confidence in staff and their ability to provide safe and effective care. One person told us, “They usually send a new member of staff with a more experienced member so they can learn the ropes.”

In discussion, the registered manager demonstrated a very positive view of staff training and support and this was reflected in the practice of the service and the comments we received from people we spoke with. One staff member told us, “The training is second to none. I have worked at other agencies and none have been anywhere near as good at this one for training.” Another told us, “They invest in you. It’s (training) seen as important.”

There was an experienced training manager employed whose role was to oversee the learning and development of the workforce. Having a dedicated manager in place meant that the area of training was well monitored and training programmes were constantly updated in line with national guidance and best practice.

Is the service effective?

There was a detailed induction programme, which was provided to all staff at the start of their employment. This programme included important courses which would assist staff members in carrying out their roles safely and effectively, for instance, moving and handling, safeguarding and medicines management. The courses were classed as mandatory, which meant all staff were required to complete them within a specified timescale.

There was a system in place which meant the training manager received automatic notifications when a staff member was due for refresher training in any of the mandatory areas. This helped to ensure that staff were supported to maintain their skills and knowledge.

Other training was provided which assisted people to enhance their caring skills in areas such as end of life care,

dignity, equality and diversity and dementia care. The training manager explained she kept the training programme under constant review and ensured it was updated in line with changes in legislation or best practice.

Procedures were in place that helped to ensure all staff employed at the service received a good level of ongoing support. This included the opportunity for regular supervision sessions during which a staff member met with a manager to discuss areas such as training, personal development and any concerns either party may have.

Mentoring and regular meetings were part of the service's induction process to help ensure new starters received a good level of support and guidance. In addition, regular competence assessments and observed practice were carried out for all staff.

Is the service caring?

Our findings

During our discussions with people who used the service we received some very positive feedback. People told us they were treated with kindness and respect and spoke highly of care workers. Care workers were described in ways such as 'attentive', 'caring' and 'sensitive'.

People expressed satisfaction with their care and the way it was provided. Their comments included, "I am very happy with my care I would give them five stars." "I am very pleased with them, they look after me." "The staff are very good. They follow Mum's care plan." "The staff are very good with my wife. They have a laugh together, it is good to see her relaxed." "The service we get is excellent. The staff are all very nice. I recommend the company to my friends". "To be fair, Mellor care have been really good, they sit and chat to Mum. They are all really nice girls."

During our visit to the service's office we viewed a letter from the relative of a person who used the service expressing their heartfelt gratitude to the carers who had supported their relative. They said in their letter they believed their loved one had been enabled to stay in their own home due to the care they received from the 'kind and sensitive' carers.

People we spoke with felt that carers respected their dignity and privacy. One person told us, "They are all caring and very confidential as well." "They always treat me

respectfully, keep me warm, they are very good, my carers." One person described how staff always made sure the bathroom was warm before taking her Mum there. She explained there was no central heating, so staff put the heater on ready and allowed time for the bathroom to warm up.

People told us they were comfortable with their carers and said they were always asked for their consent before care was provided. People said they were cared for at their own pace and that they never felt rushed or that carers were impatient. "They never rush me. They are always attentive and receptive. You just ask if you need anything." "They are really caring people and I feel comfortable with them."

In discussion the registered manager and training manager spoke of the importance of promoting values across the staff team. They described how the service was based on values such as caring, promoting independence and respect, and explained these values were constantly promoted by them through training, and through leading by example.

We noted there were a number of initiatives which had been introduced at the service to assist in promoting good values. These included the appointment of a number of dignity champions who had a specific role in ensuring people were supported in a way that promoted their dignity and advocating good practice across the service.

Is the service responsive?

Our findings

People we spoke with described a service which they felt was responsive to their needs. Some people commented they found the service to be flexible and gave us examples of this. “They have been flexible in the past, like one time I had a hospital appointment at 11. I asked them to move my morning time, it was no trouble they even lent me a wheelchair so my friend could take me.” Another person said “They do change my times for me if I ask. They are very flexible, very good.”

However one relative we spoke with described a recent situation during which their loved one had some unexpected difficulties at home. Whilst not of an urgent nature, the person in question had required some unplanned assistance, which had not been provided by the service. They had advised it was not within their remit. The person we spoke with felt the service could have responded more helpfully.

People felt their care plans reflected their needs and were satisfied with their content. People also reported they had been involved in the development of their care plans and their review. Their comments included, “My care plan was reassessed not long since, as I now need someone who can help with my medication. I get regular carers now.” “(Staff name) comes to reassess me once a year but I can change my plan mid-year if I need to.”

We viewed a selection of people’s care plans and saw the service always carried out an assessment of a person’s needs prior to them starting to receive care. This was the case for both short term and long term care packages. Carrying out assessments in this way meant the registered manager could determine if the person’s needs could be safely met by staff and also meant that a plan of care could be implemented prior to the person’s care package commencing.

Care plans viewed included a good level of information about people’s daily care needs and the support they required. Any risks to a person’s wellbeing and safety were also well detailed and there was clear guidance and protocols in place informing staff how people’s care should be provided.

We noted that attention was also paid to people’s social care needs and some very good examples of person centred care planning were seen. For example, we viewed

the care plan of one person who required support to access the local community but at times experienced periods of anxiety that prevented them from doing so. There were extremely well detailed guidelines for carers about how to support the person during these difficult periods and how support and reassurance could best be provided.

All areas of people’s care plans were signed, indicating their involvement with their development and their agreement with the information recorded.

We spoke with people about the reliability and punctuality of carers. We received mixed responses about this aspect of the service. No one we spoke with had ever experienced a missed visit and told us carers always arrived at some point. However, some people described late visits and changes to times and carers, that they found inconvenient.

People comments included, “They have recently been changing my times and coming up to half an hour later than I contracted them for. I have spoken to the office but nothing seems to change. The carers are gems but the office staff are just not organised. They don’t let me know if they are going to be late.” “Of late, they have been chopping and changing my times. Weekends are particularly bad. They are supposed to come after nine but this week it’s been eight. I would say there is room for improvement.”

Another person described how they had recently received a call to tell them their evening care workers would be visiting half an hour earlier than the agreed time. They found this very inconvenient as they had visitors who they had to ask to leave. However, the care worker did not come half an hour earlier and in fact was an hour late. They said, “I was annoyed as they could’ve let me know, then I wouldn’t have rushed and asked people to leave. It all seemed a bit disorganised.”

Three people did feel that carers were generally punctual. One person said, “They (the carers) are usually on time and they will let me know from the office if it is more than ten or 15 minutes different.” Other comments we received were, “They usually let me know if they are going to be late. Mind you I think it’s important for clients to be flexible really, as staff get stuck in traffic or something untoward happens on a previous call. As long as someone lets you know it’s OK.” “They have been late sometimes but they do let me know, they have never not turned up.”

Is the service responsive?

The majority of people felt satisfied with the consistency of carers. One person said, "It is usually the same staff. I get the rota so I know who's coming." Another commented, "Mostly very good - there is a group of three." However, one person explained "I would like continuity for Mum and I do understand there are staffing issues but she would prefer the same people, particularly for bath time." We also heard from one person who had experienced inconsistency with carers in the past but felt the situation had improved.

We fed back these comments to the registered manager. We were advised that the issues had been identified following the analysis of a recent satisfaction survey and other feedback received. The registered manager described a number of measures being taken to improve punctuality. These included changes to the processes used by care coordinators for allocating staff to visits and the phasing out of zero hours contracts for staff. This demonstrated that the registered manager sought and responded to feedback.

People told us they had the opportunity to express their views about the service. Several people mentioned the regular phone calls they received from the agency office to check they were satisfied. Another person explained they had recently completed a satisfaction questionnaire. The service also had a procedure in place to contact people who used the service prior to their carers' performance reviews and ask them for their views.

The registered manager was able to discuss a number of areas that had been identified for development, as a result of feedback from people. These included processes for communicating with people who used the service and providing them with staff rota information.

We noted there was a complaints procedure in every person's care plan. This described the action people should take in the event they wanted to raise concerns, as well as the action that would be taken by the service. In discussion, we were advised that the procedure was available in a variety of formats, such as large print, to meet the needs of people who used the service.

People we spoke with told us they felt able to raise concerns. Two people advised us they had raised issues in the past, which they felt had been dealt with in a satisfactory manner. One person said, "I would ring the office and ask to speak to the person in charge." Another told us, "I have the phone number here. I would ring that and tell someone my problem."

Records were maintained of any complaints received and action taken in response to them. These demonstrated that the registered manager took complaints seriously and responded in an appropriate and timely manner.

Is the service well-led?

Our findings

There was a well-established management team in place, which included a registered manager of several years. The registered manager was closely supported by an experienced training manager, deputy manager and several care coordinators.

People we spoke with were aware of the lines of accountability within the service and as such, knew who to contact if they required any guidance or support.

People described a supportive and approachable management team. People told us they always felt able to raise any concerns and several people we spoke with told us they often enjoyed popping into the office to have an informal chat with the management team and office staff.

Throughout the inspection the registered manager and training manager demonstrated a positive view of staff training and support, as well as a commitment to work towards constant improvement. They were able to give examples of how they updated their own knowledge and awareness of developments in best practice.

The registered manager was able to give us a number of examples of improvements planned as a result of feedback from people who used the service. For instance, the issues raised by some people regarding punctuality. This demonstrated the systems used for quality assurance were effective and that the registered manager listened to feedback from people who used the service and acted upon it.

There were a number of systems in place to enable the registered manager and provider to monitor standards of

safety and quality across the service. These included regular audits carried out in areas such as care planning, training and medicines management. The registered manager advised us that potential improvements had been identified in the way people's care records were carried out. The improvements would help to ensure that all records were audited and would enable the management team to identify if any particular records had not been returned to the office.

In addition, further developments were planned in the area of quality and safety assurance. At the time of the inspection, two people had been appointed whose roles were to monitor standards across the service. This included the completion of audits, regular contact with people who used the service to get their views and checks in relation to the competence of staff members.

There was an electronic system in place which enabled the registered manager to constantly monitor compliance in terms of punctuality, reliability and consistency. We saw that effective use was made of the system and action taken when it was found there was need for improvement.

The registered provider regularly visited the agency office and carried out a variety of quality checks. In addition, regular meetings were held between the registered provider and management team. During these meetings, all adverse incidents such as complaints, accidents or safeguarding alerts were reviewed. This enabled the registered manager and provider to ensure any possible learning from such incidents was identified and implemented. It also helped to ensure any particular themes were identified so any necessary remedial action could be taken.