

HomeCare (Mellor) 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Home Care (Mellor)'s services are aimed at helping the elderly, disabled, people with learning difficulties, terminally ill, families and those convalescing. The office is situated on the outskirts of Blackburn with good rail and bus routes. There is a well equipped office with access for the disabled and car park. The service is available on a 24 hour call out system for emergency assistance. There are facilities for staff to be trained and supervised. On the day of our inspection there were 76 people using the service.

At the last inspection this service was rated Good. This was an announced inspection which took place on the 11 and 12 May 2017. We gave the service 48 hours notice of our inspection to make sure people were in the office and arrangements could be made to visit people in their own homes with their consent. At this inspection we found the service remained Good.

People who used the service told us they felt safe when being supported by staff members at Homecare (Mellor). Staff had been trained in safeguarding adults and knew their responsibilities to report any concerns. There was also a whistle-blowing policy in place to protect staff who reported poor practice.

Risk assessments such as, moving and handling, nutrition and medication were in place to keep people safe whilst staff members were providing support. These were reviewed on a regular basis to ensure they remained relevant and up to date.

Records showed that robust recruitment processes were followed by the service when employing new members of staff. We saw references and identity checks were carried out as well as Disclosure and Barring Service checks.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package. Spot checks and competency checks were also undertaken by the management to ensure staff remained knowledgeable about medicines administration.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and regularly supervised to feel confident within their roles. Staff were also encouraged to take further training including National Vocational Qualifications (NVQ's) or Diploma's. Records we looked at showed and all staff members we spoke with confirmed they received regular supervisions and appraisals.

All the people who used the service had been given a copy of the complaints policy and staff knew how to respond to any complaints they may receive. Records we looked at showed there had not been any concerns or complaints raised since our last inspection.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs. All the people we spoke with were appreciative of the efforts

staff made and thought their care was good.

Care plans we looked at were person centred and contained detailed information that was easy for staff to follow to ensure people's support needs were met. We saw these were reviewed on a regular basis with the person and their relatives (if they wished).

Management conducted audits to ensure the service was performing well and to improve the quality of the service. These were adequately robust to identify any areas of concerns and to make the required improvements.

Policies and procedures were in place to guide staff in their roles. These were accessible to all staff and we saw they had been reviewed on an annual basis to ensure they remained relevant and appropriate.

The office was suitable for providing a domiciliary care service and was staffed during office hours. There was an on call service for people to contact out of normal working hours. All the people we spoke to knew how to contact the office or the on call if they needed to.

All the people we spoke with who used the service, and staff members told us they felt the management team were approachable and supportive.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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 was a comprehensive, announced inspection which took place on the 11 and 12 May 2017. The inspection team consisted of one adult social care inspector.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this and used this to inform our planning of the inspection. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received positive feedback.

During the inspection we visited and spoke with four people who used the service and one relative. We also spoke with the registered manager, the customer liaison officer, the training manager and four care staff.

We looked at the medicine records for one person who used the service and care files for four people. We also looked at a range of records relating to how the service was managed; these included four staff files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe when staff members were in their home. Comments we received included, "Oh yes I feel safe when they are in the house", "Put it this way, she (staff member) will be coming here until I die. I look forward to her coming", "I feel very secure" and "Yes, indeed I do feel safe."

All the staff we spoke with told us they had received training in safeguarding adults and knew their responsibilities. They told us, "If I had any concerns I would get on the phone and report it to the office and the manager and they would take it from there", "I would go straight to the management and tell them if I had any concerns. You have to share it", "I would ring the office and tell them I was concerned about something and take it from there" and "I would report concerns to the office or on-call. I would always read the sheets from the last visit."

Records we looked at showed the service had systems and processes in place to support staff to keep people safe. Training that the provider had deemed necessary for staff members had been undertaken by all staff in areas such as safeguarding, medicines, manual handling and first aid. Risk assessments and policies and procedures were accessible to guide staff on keeping people safe.

There were robust recruitment processes in place to ensure people who used the service were protected from unsuitable staff members. Adequate staffing levels were identified and all the staff we spoke with told us that staffing levels had recently improved. The registered manager told us they were in the process of recruiting further staff members as part of their recruitment drive.

These systems and processes ensured that people were safe whilst receiving support from the service and its staff members.

Is the service effective?

Our findings

People who used the service told us staff members always arrived when they said they would. Comments we received included, "My carer always tells me before she leaves what shift she is on the next day and what time she will be here" and "She is always here on time and it is great. I like the one to one so I do not have to repeat things to different people."

There were arrangements to support people to maintain a good diet if this was part of their care package. One person told us, "They make me wonderful, wonderful porridge." Another person told us, "They will make me a brew and a sandwich whenever they are here." Records we looked at showed food hygiene training was mandatory for all staff and part of their induction.

All the people we spoke with told us they felt staff members who supported them were knowledgeable. Before to commencing employment new staff members had to undertake an induction. Any staff members new to care were expected to complete the 'Care Certificate'. The care certificate is considered best practice for staff members new to the care industry. The service had a training manager who completed the majority of the training for staff members. We saw a specific training room was available in the office. Other training courses were offered to staff and National Vocational Qualifications (NVQ's) were also available should they wish to undertake them.

Consent was sought from people before any support was given. One person who used the service told us, "She goes off what I want or what I ask for and it is done." We saw care records contained consent forms and all care plans were signed by the person to show their consent to the support being given.

Is the service caring?

Our findings

People who used the service told us they felt staff were caring. Comments we received included, "We are getting used to each other. She knows what to do and what I like and we are in a good routine. It has been lovely; she will do anything for me. We have just gelled, she is lovely", "She is a grand lass, you will never get another one like her. She is like part of the family. We have really good chats", "My main carer is a wonderful, wonderful girl. I would not like to be without her. I am very happy" and "I am very well looked after, I could not do better. They are nice ladies."

We asked staff members how they gave people choices about the support they received. Comments we received included, "I ask them what they want; if they want to wash their own hair or their own face. The people I support are quite independent and want to do things for themselves", "By asking them what they want and how they want things doing" and "I ask them."

During our visits to people in their own homes we observed the staff members respected the person's privacy and dignity. They knocked on people's doors and waited for them to answer or used a 'keysafe' system (a system where a key is stored in a secure box outside of the property) if this had been agreed with the person. When using the 'keysafe' system we noted the staff member made the person aware they were entering the home and who they were. People were encouraged to remain as independent as possible and were involved in any decision making.

The service was not currently supporting anyone at the end of their life. However, we noted some of the staff had undertaken end of life training. The training manager informed us end of life was an area they were focussing on in the near future and all staff would be receiving training in this.

Three of the four staff members we spoke with told us they would be happy for one of their family members to be supported by the service. One staff member said they would not be happy for any service to support a family member, stating "I would look after them myself and that is not a 'dig' at Homecare (Mellor)."

Is the service responsive?

Our findings

All the people we spoke with told us they had been involved in the development of their care plans and were involved in the review of these. One person told us, "Oh yes I am happy with the care plans. I let them know if there are any changes and they then change them." People had access to them in their own homes.

Records we looked at showed that before providing support, Homecare (Mellor) undertook a pre-admission assessment. This provided the registered manager and staff with the information required to assess if Homecare (Mellor) could meet the needs of people being referred to the service. We looked at the care records for four people who used the service. The care records contained detailed information to guide staff on the support to be provided, including what people were able to do for themselves and their likes and dislikes.

People were supported to access the GP or hospital if required. One person told us, "One time she (staff member) was worried about me. She rang the doctor straight away and wasted no time."

None of the people we visited had ever needed to complain. One person who used the service told us, "I would know how to complain because I had to do it about the last service I used." The service had a complaints policy in place, a copy of which was given to people when they began using the service. This provided guidance on verbal complaints, written complaints, investigating and following up actions. We found the service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People who used the service told us they knew who the management team were and were able to ring the office to speak to them should they need to. They also told us a member of the management team occasionally visited them to undertake reviews or spot checks on staff members.

The service had a registered manager in place. 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.

Staff members we spoke with all told us the registered manager and management team were approachable and fair. Comments we received included, "If I have a problem I always speak to the managers and they always sort it out for me. I think they are fair, they have always been alright with me", "I cannot fault them. I had an issue I went to them with and they got it sorted", "They are approachable and fair" and "They are very, very good." Records showed regular staff meetings were held and staff told us they could make suggestions that would be listened to.

The registered manager had processes and systems in place to monitor and improve the quality of the service. Regular surveys were undertaken to gain the views of people who used the service and their relatives alongside regular quality assurance audits to monitor the service and identify improvements. Policies and procedures were in place within the service to guide staff members in their roles. These were accessible to staff and contained good practice for staff to follow.

We asked the registered manager what they felt the key achievements of the service had been. They told us, "Receiving positive feedback from service users and making it achievable to be in their own home." The training manager told us, "I am passionate about end of life and them being able to come home." We also asked what the key challenges had been for the service since our last inspection. The registered manager told us, "Recruitment and retention of staff members." The service had achieved an Investors in People Award, which is a benchmark of good quality predominantly around staff training.