

Home Care (Mellor) Limited

HomeCare (Mellor) Limited

Inspection report

336 Whalley New Road
Blackburn
Lancashire BB1 9SL
Tel: 01254 689981
Website: www.homecaremellor.co.uk

Date of inspection visit: 11th March 2014
Date of publication: 08/05/2015

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 

Overall summary

The service is registered to provide personal care for people who are elderly, are recovering from illness, have dementia, are physically disabled or are terminally ill. The service is provided in people's homes.

We last inspected this service in December 2014 when the service met all the standards we inspected. This unannounced inspection took place on the 10 and 11 March 2015.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission sent out 49 surveys to people who used the service and their families. 21 People who used the service returned the completed forms and 3 family members responded. Some of the lower scores reflected an answer of not known. The scores generally were around the national average or above. We used the surveys to form some of our questions to people who used the service.

Summary of findings

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe. Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

People who used the service had mental capacity. Staff had been trained in the Mental Capacity Act (2005) and should be aware of when a person needed to have a deprivation of liberty safeguard hearing to protect their rights.

Staff had access to a wide range of training and supervised on a regular basis, including spot checks, to ensure they were performing well. People were assisted by trained staff if they required their medicines to be administered for them.

There was a modern office with all the necessary equipment to provide a functional service for people who used the service and staff.

People who used the service helped develop their plans of care to ensure their wishes were taken into account. Plans of care were updated regularly.

Risk assessments were conducted to help keep people who used the service and staff safe.

The registered manager updated policies and procedures and conducted audits to help ensure the service maintained standards.

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.

There were systems in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate. Staff checked people were taking their medicines to help them remain well.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle. People were assisted to store and prepare food by staff who had been trained in food safety.

Good



Is the service caring?

The service was caring.

People who used the service thought staff were helpful and kind.

We saw that people who used the service had been involved with developing the plans of care. Their wishes and preferences were taken into account. People were supported to remain independent and in their own homes.

We observed a good interaction between staff and people who used the service.

Good



Is the service responsive?

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to access the community to follow their interests and hobbies.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

During meetings the service obtained the views of staff. Staff said the managers were supportive.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

Good



HomeCare (Mellor) Limited

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 unannounced inspection took place on the 10 and 11 March 2015.

This service supports people who live in their own homes. We looked at the care records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included training

records, quality assurance audits and policies and procedures. We spoke with three people who used the service in their homes with permission, three staff members and the registered manager.

The membership of the team consisted of one inspector.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested and received 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 any improvements they plan to make.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. The views were positive.

Is the service safe?

Our findings

Three people who used the service said, “The staff are reliable and trustworthy> I feel safe with them”, “I feel very safe and trust all the staff I have met so far” and “I feel safe. They always leave my property secure”.

Staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. Staff had policies and procedures to report safeguarding issues and also used the local social services department’s adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. There was also a copy of the ‘No Secrets’ document for staff to follow good practice. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

There were administration of medicines policies and procedures for staff to follow good practice. The registered manager said the service mainly prompted people to take their medicines. However, all staff had undertaken medicines administration training. If staff were to administer medicines we saw from the records that people signed their agreement for them to do this task. If staff were responsible for prompting or administering medicines this was recorded. None of the people we visited had their medicines administered by staff and therefore we did not see completed medicines records.

There were sufficient staff employed by the agency to meet people’s needs. There were no concerns raised around unreliability or staff not showing up.

We looked at two staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check

also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. All the people we spoke with spoke highly of staff and the support they received. A staff member we spoke with said the agency had completed all the checks before she began employment.

We examined four plans of care during the inspection. In the plans of care we saw that risk assessments had been developed with people who used the service. The risk assessments we inspected included the safety of the environment, keeping people’s property secure by the use of a key safe and for handling people’s money. We saw that the risk assessments were to keep people safe and not to impose rigid conditions or restrict their activities.

There were policies and procedures in place for the prevention and control of infection. Members of staff told us they had received training in infection control. Staff had access to personal protective clothing such as gloves and aprons should they be required.

Equipment in the office had been tested to ensure it was safe. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. The registered provider owned the building and there was a person responsible for any maintenance that needed to be carried out.

The Care Quality Commission sent out 49 surveys to people who used the service and their families. 21 People who used the service returned the completed forms and 3 family members responded. 100% of people said they felt safe from abuse and 90% said that staff used good hand washing techniques. 100% of families thought their relatives were safe from abuse and 100% said staff used protective clothing.

Is the service effective?

Our findings

Three people who used the service told us, “I get regular care staff. They are very reliable”, “The staff are very reliable and I mainly get staff I know” and “I have the same lady. She is very reliable.” This meant staff were aware of the needs of the people they looked after and people who used the service benefited from knowing their care staff.

People who used the service might receive assistance to maintain a good diet if this was part of their care package. All staff had been trained in food safety techniques and nutrition. Each person’s home had been risk assessed for any dangers, including kitchen equipment. Most people who used the service cooked and cleaned for themselves or had family support. The three people we talked with were able to do their own cooking or just required support from staff. The registered manager said, “For the people staff cook for they will ask them what they want. If staff think a person’s diet is not good they would let the office know. We have reported nutritional issues to family members if someone had a problem with their diet and we have also contacted a person’s social worker. We would also contact district nurses or GP’s if we need to.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. All the people we spoke with had mental capacity. The registered manager was aware of her responsibilities to protect people’s rights and speak with a person’s social worker or GP about mental health issues including deprivation of liberties.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s care and had been developed to help form the plans of care. We looked at three assessment records. The assessment process ensured agency staff could meet people’s needs.

We inspected four plans of care during the inspection. Care plans were developed with people who used the service to ensure their wishes were taken into account and the support they required would then be provided. People had signed their agreement to the plans. Plans of care were reviewed regularly with the person who used the service during managements ‘spot checks’ and they were regularly asked for their views about care and support. We saw that the plans of care contained sufficient information for staff to deliver effective care.

The registered manager said staff from the agency would and had assisted people to attend appointments. Staff would report any health needs to management who would inform a family member or contact a person’s GP if required. This meant staff would ensure people who were ill received the attention they needed.

The service used modern technology to check the times and reliability of staff visits to people’s homes. Staff had to pass an agency issued phone over a disc on people’s care plans. This recorded the time they arrived and was repeated when staff left. Management could monitor the actions on a computer in the office. The phones were also used to send staff their duties and who staff were assigned to care for. This gave the agency the ability to rapidly redeploy staff if they needed to.

New staff had to complete an induction organised by the service to familiarise themselves with key policies and procedures and how to use the equipment provided such as telephones. They were then enrolled upon a formal induction course. New staff were supported by experienced staff until they felt competent and comfortable working with people who used the service. We looked at three staff files and saw that the induction process had been completed in a timely manner and was designed around the skills for health and social care guidelines.

We looked at the staff training matrix. Staff had been trained in topics such as moving and handling, safeguarding, first aid, fire safety, infection control, medicines administration and health and safety. Certificates were available for inspection in the two staff files we looked at. Other training staff undertook included the mental capacity act, deprivation of liberties safeguards, equality and diversity, dementia care, dignity in care, end of life care and pressure area care. Most staff had achieved a recognised health and social care qualification. Staff we spoke with confirmed they had access to a lot of training

Is the service effective?

and felt sufficiently well trained to perform their roles. A staff member told us, “I get regular supervision and you can include your training needs and there is sufficient training to do the work. I am completing higher level safeguarding training and besides all the other training have completed a team leader and management diploma.”

Staff received regular supervision and said the managers and team leaders were very supportive and encouraged their career progression. Staff could bring up topics of their own or any training needs to the meetings. Supervision covered all aspects of the service staff required to be competent with and included spot checks by management to check on staff efficiency and talk over the services with people who used the service.

The Care Quality Commission sent out 49 surveys to people who used the service and their families. 21 People who used the service returned the completed forms and 3 family members responded. 90% of people who used the service said they received familiar staff consistently, 90% said they would recommend the service to others, 75% said staff arrive on time, 90% said staff had the necessary skills and training, 84% said staff stayed the agreed length of time, 90% said staff completed their tasks and 100% said the care they received helped them to remain independent. 67% of families said they would recommend the service 100% said the care their relative received helped them remain independent, 100% said staff completed their tasks, 100% said staff stayed for the agreed length of time and 67% said staff arrived on time.

Is the service caring?

Our findings

People who used the service told us, “The staff I get are very nice”, “The girls are brilliant. Every one of them” and “I like the staff. My regular carer is marvellous”.

We observed that staff had a good relationship with the people we visited. Two people also told us their regular staff would do anything asked of them above and beyond what was in their care package.

Management conducted spot checks. This was to check on staff efficiency but also to talk to people who used the service to see if their care package was working. The registered manager told us some people had their care package reduced because they had become more independent.

People were given the contact details of the advocacy service if it was thought they needed it. This service would provide an independent person who would act on people's behalf to protect their rights or mediate in any care or concerning issues.

We saw from the plans of care that people were treated as individuals and helped complete their plans of care and risk assessments. This meant that people not only agreed to their care but had their wishes taken into account.

The Care Quality Commission sent out 49 surveys to people who used the service and their families. 21 People who used the service returned the completed forms and 3 family members responded. 75% of people said they were introduced to new staff, 90% said they were happy with their care and support, 100% said they were treated with dignity and respect and 95% said care workers were caring and kind. 100% of relatives said they were happy with the care and support their relative received, 100% said they were introduced to new staff and 100% though staff were caring and kind.

Is the service responsive?

Our findings

People who used the service said, “I have no complaints and have never had any concerns but I would talk to my regular carer if I had”, “I feel confident I could talk to one of the managers and they would listen to me. They would sort things out” and “I could contact the office if I wanted to. My daughter is a nurse and knows what good care is But I get what I need.”

Each person was issued with a document called a service user guide. This told people what services the agency offered. In the service user guide was a complaints procedure. This told people who to complain to, how to complain and the response times for any concerns. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission. We saw from staff meeting records that the agency took people’s concerns seriously and management took action to improve the service.

The service had a good rapport with other organisations and arranged meetings to respond to any health or social issues with the involvement of GP’s, specialist nurses or social workers.

We saw from people’s files that the agency was contactable at their office during normal working hours and a person was on call for emergencies. All the people we spoke with confirmed they had the relevant numbers and would use the emergency contact if they had to.

Staff completed a diary each day to say what they had done on their visits. They reported any changes to people’s

care and condition to the office for any changes to be recorded. Most staff called into the office on Friday and were brought up to date with any changes. The service held a meeting with the staff team who would take on any new people who used the service to ensure they knew what was expected of them.

The service sent out questionnaires to people who used the service and 140 people responded. The results were mainly positive and the registered manager gave us copy of the summary. We saw from the summary that action had been taken to address people’s less positive views. The report states. We are improving our communications with service users to let them know of any changes to their regular care staff or times of visits. We are in the process of conducting a review of the rota’s, runs between visits and travelling times. We have implemented changes that should enable care staff to get to their allocated visits in time and cut down on unnecessary travelling. This showed the service responded to people’s views to try to make the service better.

The Care Quality Commission sent out 49 surveys to people who used the service and their families. 21 People who used the service returned the completed forms and 3 family members responded. 95% of people who used the service said they were involved in decision making, 80% knew how to make a complaint, 90% thought the agency and care workers would respond well to concerns and 75% thought the agency would help them contact people if important decisions needed to be made. 67% of family members thought the agency would respond well to concerns or were consulted to make decisions.

Is the service well-led?

Our findings

People who used the service said, “I can get hold of the agency if I want to”, “Managers come to do spot checks to see how I am and check on my carer” and “I am very happy with all they do for me.” A staff member said, “The manager is very supportive and there for you if needed.”

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All the staff in Barrow and Blackburn thought they were well supported and there was a good staff team.

There were regular staff meetings. We saw from the records of the meeting the service had responded to poor logging of calls. Other topics discussed were diary sheets, rotas, medicines recording, training updates, reporting late or calls where staff had not been able to stay the right amount of time and care planning. A member of staff told us, “You can bring up any topics you like in meetings or supervision. There is a good staff team”

The service had achieved recognition with ISO 9001/ Investors in People award, which is a benchmark of good quality mainly around training of staff.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon. People who used the service also thought they could approach management to talk over care or support issues.

The registered manager conducted audits which included results from meetings and surveys, care plans, incidents, checking the times and punctuality of staff visits and checking the accuracy of daily diary sheets. The registered

manager had regular contact and visited the houses in their separate locations to check on the quality of service provision. There were audits on the service from a senior person, which also checked the work of the registered manager. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

There were policies and procedures which the registered manager updated on a regular or as needed basis. We looked at many policies and procedures including health and safety, codes of conduct, safeguarding, medication administration and moving and handling. The policies we looked at were fit for purpose.

We asked the registered manager what she thought the service did well or had improved upon. She told us, “We have improved the telephone system and IT network for better communications. Service users have told us it is easier to contact us. I am proud of what we do and think we are flexible to provide a good service. We do not set things in stone. We can tweak care packages to suit the person. We have also helped people become more independent and the package could be reduced and they were better off financially and less reliant on staff.”

We asked the registered manager for any barriers or areas for improvement. She told us, “The time we are allocated our work for some people is not enough and the minimum wage goes up but fees are tied.”

The Care Quality Commission sent out 49 surveys to people who used the service and their families. 21 People who used the service returned the completed forms and 3 family members responded. 85% of people who used the service knew who to contact in the agency, 100% said the agency asked them about their opinions in the way the service operated and 85% thought any information they received from the service was easy to understand. 67% of relatives knew who to contact at the agency or were asked for their opinions about the service.