Live In Care Ltd

Melody Live In Care

Inspection report

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Date of inspection visit:
16 December 2015

Date of publication:
18 March 2016

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?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of Melody Live In Care over one day on 16 December 2015. We gave the provider short notice of this inspection to make sure that someone would be available to support the inspection and give us access to the agency's records. Melody Live In Care offers personal care services to people in their own homes by providing a care worker that lives with them. At the time of our inspection 12 people were receiving a personal care service from the agency, most of whom were older people with physical health needs or who were living a dementia type illness.

The registered manager was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided bespoke care to people living in their homes. Due to the nature of the support provided, the process of matching people to care workers was integral to the success of any care package provided. We found in many cases that this process had worked well and people received a good level of care from the care worker who lived with them. For these people, the feedback we received included comments such as "The support and care I receive enables me to stay comfortably in my own home." For other people however, the relationship between themselves and their allocated care worker had either not worked or had subsequently broken down.

Where people had experienced care services from someone who they did not believe was suitably matched, they did not feel that staff had the necessary skills and experience to meet their needs and preferences. In most cases however, where a care worker had not been appropriate, people felt their complaints had been listened to and the situation resolved satisfactorily with the service providing a different care worker.

The service had an on-going programme of training and staff told us that they had the training and support to undertake their roles. Staff demonstrated to us that they were aware of their responsibilities and knew how to undertake their roles. It was however noticed that where staff joined the agency with recent training from another provider, the practical training, such as manual handling had not always been updated until the expiration of the certificate. Consequently this meant that the service had not fully competency checked the skills of these people.

The agency's office was well organised, but people felt that greater management visibility and closer monitoring of care staff was needed to secure consistently good outcomes.

All people and their relatives felt that they were physically safe from harm. We found that the service had appropriate systems to safeguard people from the risk of harm or abuse and staff were knowledgeable about how to protect people and keep them safe. Robust recruitment procedures helped to ensure that only suitable staff were employed. Detailed risk assessments were undertaken at the commencement of a care

package to ensure the safety of both people and the live-in care worker.

Where people were supported with their medicines, this was done safely and appropriately. Staff understood the implications of the Mental Capacity Act and the importance of gaining valid consent from people in relation to the support provided.

The service was responsive to changes in people's needs people were involved in the planning and reviewing of their care. Each person had a personalised plan of care that reflected their individual needs and preferences. People were assisted to maintain good health and supported to access appropriate healthcare services.

Most people described their live-in care worker as "Kind" and "Compassionate". Staff demonstrated that they supported people to be as independent as possible and took appropriate steps to ensure they respected people's privacy and dignity.

We found one of breach of regulations. You can see what action we asked the provider to take at the back of this report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were appropriate systems in place to ensure people were safeguarded from the risk of abuse.

Risks to people were identified and managed effectively.

Recruitment processes ensured only suitable staff were employed.

Where the agency supported people with their medicines, this was done safely and appropriately.

Is the service effective?

Good

The service was effective.

The service had good systems in place to manage the ongoing development of staff, although the process of effectively matching care workers to people's individual preferences was not always easy.

People received appropriate support with eating and drinking in order to maintain a balanced diet and adequate hydration.

Staff demonstrated an awareness of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

People were assisted to maintain good health and supported to access appropriate healthcare services.

Is the service caring?

Good

The service was caring.

Most people felt that their live-in care worker treated them with kindness and respect.

People benefitted from the support of a regular care worker and appreciated the agency's efforts to introduce new staff to them.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Most staff were knowledgeable about people's support needs, interests and preferences and supported people to be as independent as possible.

People received a personalised service that was responsive to their changing needs. More frequent reviews of support arrangements would be beneficial, especially at the start of new services.

There were systems in place to listen and learn from people's complaints. Due to the nature of the services provided, if people requested to change their care worker, it was not always possible to find a replacement as quickly at they expected.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Greater management visibility and closer monitoring of care staff was needed to secure consistently good outcomes.

People who used the service were given formal opportunities to provide feedback about their experiences of the services provided. Due to the nature of the services provided however, people would benefit from greater opportunities to share their views especially at the start of the service.

The agency's office was well organised, with clear systems in place for effective management. The service had a comprehensive set of policies and procedures for staff to follow.

Melody Live In Care

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 was 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 16 December 2015. The provider was given notice of this inspection. We did this to ensure the managers were available to meet with us and provide access to records. The inspection team consisted of one inspector.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. 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. Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the agency. Using this information we sent out questionnaires to a range of people. We received responses from three people and four staff.

During our inspection we went to the agency's office and spoke to the registered manager (who is also the provider) and two office staff responsible for delivering this service. We reviewed a variety of documents which included three people's care plans, three staff files and other records relating to the management of the service.

After the inspection, we conducted telephone interviews with two people who used the service and seven relatives. We also telephoned nine care staff to seek their views on working for the agency. We were unable to obtain feedback from health and social care professionals.

Good

Is the service safe?

Our findings

The feedback from most people and their relatives informed us that people felt safe with the live-in care worker who supported them. One relative told us that in their opinion the service had got the "Balance right between managing safety and promoting independence." Another said they knew that their family member was "In safe hands" with their live-in care worker.

There were appropriate systems in place to ensure people were safeguarded from the risk of harm and the registered manager was clear about their role in protecting people from abuse. Staff understood their responsibilities with regard to safeguarding procedures and what to do if they suspected people were being abused. We read that all staff had received training in safeguarding adults at risk and those we spoke with demonstrated that they were confident about how to keep people safe from abuse. Staff told us that they would have no hesitation in reporting any concerns they had to the office or if necessary to outside agencies including the police, the local safeguarding team or CQC.

Risks to people were identified and managed. We found that a supervisor from the office always conducted an appropriate assessment prior to the commencement of any new care service. This included assessing any risks associated with people's needs, home or equipment. Due to the nature of the service providing 24 hour care, we read that the assessment also included gaining information about supporting people to maintain a safe living environment for both them and their care worker. For example, ensuring that people's boilers were serviced regularly, fire extinguishers maintained and identifying how to turn off the electricity, gas and water supplies in an emergency. Where specialist equipment, such as hoists were used, we saw that the service had taken steps to check that these were kept in good working.

Risk assessments formed part of the on-going care plan and we read that this was then reviewed annually in accordance with the agency's own policy or more regularly if people's needs or situations changed. For example, we saw that if people had been in hospital, their care was re-assessed. The care staff we spoke with demonstrated that they understood the need to report any safety concerns to the agency or other relevant people, such as family members or contractors responsible for repairs.

Appropriate steps had been taken to ensure that information about how to access people's homes was kept safe and only available to those who needed to know. The agency ensured that they took all new care workers to people's homes and introduced them personally before they provided any care. People and their relatives had no concerns about the way the agency managed access to their homes.

The service had systems in place to manage and report any accidents and incidents. The registered manager told us that none had occurred in the last 12 months, but was clear of the process that would be followed if they did.

Melody Live In Care is linked to its sister service which provides a domiciliary care service. As such, people and care staff have access to a 24 hour on call service. Care staff told us that if they contacted the office they always received the support they required in a timely way.

The service had robust recruitment systems in place. The provider had strong views about the importance of only employing appropriate staff. As such the recruitment process included an initial psychometric test to ensure staff had personal values that were in line with the agency's principles of; 'Reliability, flexibility, continuity and communication.' Following successful completion of this test, potential staff were interviewed both over the phone and then face to face, before the required checks being undertaken. Staff files contained all the necessary information, including a recent photograph, references, medical fitness declaration and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or have been barred from working with people whose situations make them vulnerable to abuse.

The service had systems in place to safely support people with the management of their medicines. Care staff confirmed that they had been trained in the safe administration of medicines and maintained records to demonstrate that people received their medicines as prescribed. Staff handbooks included copies of the service's medication policy and procedure for them to refer to. The service was in the process of introducing an electronic recording system which would provide each live-in care worker with a tablet computer. Where this had been set up, we saw that this included the person's care plan and daily tasks, such as medication. This system required care staff to confirm when tasks had been completed which then allowed the office to ensure people had received their medicines in a timely way.

Good

Is the service effective?

Our findings

There was mixed feedback from people and their relatives about the compatibility and suitably of the live-in care workers who were or had been supporting them. For some people, the matching process had worked well and they were very happy with the person who had been allocated to them. For others, the relationships that they had with their care worker had either not worked or had subsequently broken down.

Whilst all staff had the necessary skills and experience to meet the needs of people, their personal preferences could not always be met. The Melody Live In Care Client Guide stated that the service looks to 'Match' clients with staff and that the person has the right to choose if the person provided is suitable. The office staff showed us that they had a profile of each staff member and said that these were shown to people when they were assessed. Most people and relatives we spoke with confirmed that this had happened and that they had also been able to interview care staff before selecting the person they wished to care for them or their family member. As such, these people were very pleased with the care worker provided who they described as "A good fit" and "Integrated very well into my family member's life".

Where people had experienced a care worker who they did feel met their expectations, their comments were less favourable and included; "We were given who was available….we asked for a good cook and someone who my family member could communicate well with…this didn't happen with the first care worker we received." Another person told us that "Some of the carers are very good; some are not suitable for the job."

The service had a number of systems in place to try and match care workers appropriately with people. For example, the service had a nine stage process for recruiting live-in care workers. An important part of this process was the use of psychometric testing to assess the suitability of prospective care staff. The registered manager informed us that in the previous three years over 1800 people had registered their interest in working for the service via their website. Of this number, only 82 had been invited to join their register of staff. This showed that the service was selective about the people it recruited. The nature of live-in care however, is both unique and personal and as such some relationships just did not work in practice.

People and their relatives appreciated being personally introduced to their new key worker. They told us that someone from the agency's office always brought their new care worker to their home for the first time. They also said that when care workers changed over that there was a handover period between the two. The service's policy provided that care staff were expected to complete a two hour handover when they were taking over from each other. We also saw that care staff had to complete a handover checklist to confirm that an appropriate handover had taken place. One staff member described the steps they took to ensure a detailed handover was always given so that the person taking over from them could immediately provide consistent care to the person. Other staff told us it was the families that liked to provide most of the information.

We read in staff files that staff completed a wide range of online training when they joined the service. Such training included safeguarding, safe administration of medication and dementia awareness. Those staff who had worked with the agency for more than a year confirmed that they were required to update this training.

Each staff member was also given a handbook which outlined their roles and responsibilities and what was expected of them. This helped to ensure that care staff lived the visions and values of the agency and provided support in accordance with best practice guidelines.

All staff we spoke with said that they felt well supported by the service and that if they requested advice or support, then this provided in a timely way. The service had a policy for providing three-monthly supervision to staff and we saw in most cases that this was done. It was highlighted by several relatives that in their opinion staff required greater support and the opportunity to network with each other. Staff did not corroborate this view, although as physical staff meetings were not possible due to the nature of the role, the provider may wish to consider the possibility of online support groups for care workers to engage with one and other.

People received appropriate support to ensure adequate nutrition and hydration. We read in the staff handbook that care staff were provided with a menu planner to support them in planning a range of healthy and balanced meals for the people they supported. Where people needed assistance to eat and drink there was a care plan in place to outline the support required. This provided information about people's likes and dislikes and how they should be assisted. Feedback regarding the meals again varied according to people's personal tastes and preferences and whether the cooking style of the care worker matched the expectations of the individual.

The service took appropriate steps to ensure care was only provided in accordance with people's consent or best interests. Where people had given their relatives legal permission to act on their behalf, this was recorded in their care records. The agency had a policy on the Mental Capacity Act and all staff confirmed that they had completed relevant training. Care staff demonstrated that they were aware of the principles of this legislation and the importance of giving people as much choice and control over their own decisions as possible.

People were helped to maintain their health and wellbeing. The live-in care worker supported people as necessary to access other healthcare support. Care staff confirmed that they had contact details for the other health professionals involved in people's care and supported people to attend or receive visits from them.

Good

Is the service caring?

Our findings

Most of the feedback we received described care staff as "Kind" and "Compassionate". Where people had experienced more than one care worker, they expressed that things were working well with their current care worker who they found to be "Very caring" and "Very good."

One relative could not praise the service highly enough, describing the live in carer as "Kind as kind could be." They went on to talk to us about the way the member of care staff had integrated really well into their family member's life and said "She's good fun, a good cook and enables my relative to continue living her life with her friends around her."

The registered manager was motivated and passionate about providing a service that made a difference to people's lives. The staff we spoke with shared this motivation and were enthusiastic about the work they did. When the care package started, either the registered manager or a supervisor from the office would introduce people to the live-in care worker who would be supporting them. People were appreciative of this personal introduction.

Staff understood the importance of building positive relationships with people and demonstrated how they provided good quality care to people in a way that recognised them as individuals. Staff talked to us about the little things they did to provide good care.

The service was clear about the importance of respecting people who use their service. The published philosophy of Melody Live In Care included the statement that they "Strives to help its clients to remain in their own homes, by upholding key qualities such as equality, dignity and independence." Staff talked to us about the things they did in practice to follow this philosophy. As such staff described situations where they had respected people's choices and encouraged them to do as much as possible for themselves. A relative told us "They allow my family member to be in charge, make choices and ultimately be in control of their own life."

Care workers were respectful of people's privacy and maintained their dignity. They also talked about how they ensured physical privacy during the provision of personal care. For example; covering people with towels, closing doors and allowing people privacy in the toilet. Staff also demonstrated that they understood the need to respect people's confidentiality and personal information.

Good

Is the service responsive?

Our findings

People and their relatives confirmed that the service had undertaken an assessment of their needs prior to the care package being delivered. People told us "They came and met me to find out what exactly what I was looking for, I thought that was very good." Most relatives described the assessment as "Thorough" and "Accurate".

Staff were knowledgeable about people's support needs, interests and preferences. Care staff told us that the people's assessments had been shared with them prior to them accepting to provide live-in care. Most staff thought the information shared with them at the start was sufficient, although they also said that "You don't really know exactly what people want until you start supporting them." We discussed with the registered manager the benefits of having a formal review soon after the start of the care package for the service to assess whether the initial care plan was an accurate reflection of the support initially set out at the assessment. The registered manager agreed that this could also be a useful way of ensuring people had been appropriately matched with care staff.

Care records were individualised. We read following the completion of an initial enquiry form, each person had been appropriately assessed before the commencement of any care. This information gathered had then been used to formulate a personalised plan of care. Information recorded details of their backgrounds, needs and what was important to them. We saw that people had been consulted about the support they needed and the outcomes they wanted from their care. We found that where people had more complex mobility needs, arrangements had been made to provide an additional member of care staff from service's sister domiciliary care agency to ensure people were supported safely.

The service reviewed the care provided through the records kept by the live-in care worker. The registered manager explained that the service was in the process of rolling out a programme of providing all live-in care workers with a tablet computer so they could provide daily electronic records about the support given. Where this system was in place, we saw it was working well. Where care staff were still using written records, this was forwarded to the office on a weekly basis for them to review. Whether electronically or manually, we saw that care staff maintained a clear record of the care they provided and that any highlighted actions were followed up by the service.

The agency also maintained a communication log of all contact that office staff had with or without people. We saw from these records that the agency effectively followed up concerns about people's health or wellbeing and engaged with other professionals to ensure people received whatever support they required.

Most people received a personalised service that was responsive to their changing needs and care staff encouraged people to be as independent as possible. The service had a policy of reviewing people's care at least once a year or more often if it was highlighted that their needs had changed. For example, one of the supervisors showed us records of an additional review that they had undertaken following a person's admission to hospital. Staff confirmed that if they were expected to report any changing needs to the service and that if they did, then this was followed up without delay.

There were systems in place to listen and learn from people's complaints. We saw that the service had a complaints policy and procedure which was followed in the investigation of complaints. We received mixed feedback regarding people's experiences of making complaints. Some people told us that their complaints had been resolved efficiently and to their satisfaction, whilst others were not always happy because in some cases their requests to change their live-in care worker had not been met as quickly as they wanted due to the time of year or the preferences of the service user. It was evident that the key to providing people with care that they were happy with was in ensuring the care worker supplied was appropriately matched to their needs.

Requires Improvement

Is the service well-led?

Our findings

Most people and their relatives described the agency as efficient and well managed, although as previously highlighted, they were not always satisfied with the live-in care worker who had been supplied by the service and as such this had affected their experience of the service.

Monitoring systems included regular contact with people and annual reviews of their care. Live-in care workers told us that they received three-monthly reviews and that these usually occurred at the person's home so that the supervisor could see them in their work setting. Due to the nature of the care provided, these visits were usually announced. Some relatives suggested that more unannounced monitoring might be beneficial and would provide greater confidence that the care worker was providing appropriate care.

With live-in care there is a risk regarding maintaining professional relationships and staff involvement with people's financial affairs. The agency had policies regarding the importance of professional relationships. All staff were aware of these policies and stated that they always recorded any purchases made on behalf of people, along with itemised receipts to share with the person or the relative managing their financial affairs. The registered manager said that they did not get involved in this aspect of support and we highlighted that having some additional monitoring of staff involvement in this area may afford greater protection to people and their staff.

On a bi-annual basis, people who used the service were asked to provide feedback about their experiences of the services provided by way of a questionnaire. The agency's website also provided a system for people to share their views, although some people who used the service did not have internet access themselves. People and their relatives said that they could contact the office if they had specific issues, but some felt that these were not always dealt with in the way they expected. As the matching process was crucial to the success of this service, we found more robust and frequent monitoring of care packages were required in order to ensure consistently good outcomes for people.

Given the complicated nature of the services provided, the close monitoring of the services provided was critical to ensuring consistently good outcomes. This had not always been provided and this amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We read that the results of surveys had been collated and analysed. We saw that in August 2015 people and their families submitted positive responses about their experiences of the service. We noted that people had expressed that their needs were met in a way that was safe and protected their privacy and dignity. Where comments had been raised about improving communication, we saw that the service had taken steps to secure improvement. For example, we found that the service was proactive in using new technology to increase the contact the office had with the live-in care workers and ultimately improve the monitoring of their work.

As the hours worked by the live-in care workers were bespoke to individuals, the service did not operate staff meetings. Supervisors told us that care staff could contact them at any time to request additional support

and care staff confirmed that this was the case. Some relatives suggested that care workers might benefit from contact with other people who did the same job.

Auditing systems continually quality checked the documentation maintained by the service. We found that regular audits of care and staff records were undertaken to ensure that they conformed to the agencies policies. Clear action plans were attached to each audit with timescales for outstanding areas to be completed.

The agency's office was well organised, with a comprehensive set of policies and procedures which were familiar to and followed by office and care staff.

Records were well maintained and stored safely. Confidential information was held securely and the agency also used a computerised system which enabled care and office staff to have live access to people's current information.

The agency was aware of the notifications that needed to be submitted to CQC and routinely completed these in an appropriate and timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not always ensured that there were adequate systems in place to monitor and improve the quality and safety of the services provided.