

Mellowcare Ltd

# Mellowcare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mellowcare Ltd a domiciliary care agency. It provides personal care to people living in their own homes. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 14 people were receiving a personal care service.

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

There were systems in place to monitor the quality and safety of the service, management carried out regular checks.

Medicines were managed safely. Staff were trained in medication and had their competency assessed.

People were supported by a regular team of care staff and said they received their calls on time. People were confident care staff had received appropriate training to meet their needs; we saw this was in line with current guidelines.

There were enough staff to effectively meet the current packages of care which supported people's needs. People were supported safely and any risk regarding their care was assessed. Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern it would be addressed.

People's care was provided by kind and caring staff and people told us they treated them with respect. People's individual risk assessments and care plans reflected individual needs and were reviewed regularly.

The provider worked in partnership with other agencies to make sure people received the right care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had access to sufficient supplies of Personal Protective Equipment (PPE) and received regular updates from the provider on the management of risks related to COVID-19.

### Rating at the last Inspection

At the last inspection this service was rated as requires improvement (Published 15 April 2020)

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

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below.

# Mellowcare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Our inspection was conducted by one inspector.

#### Service and service type

Mellowcare Ltd is a domiciliary care service, registered to provide personal care to people living in their own homes.

The service had a manager who has applied to register with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or manager would be in the office to support the inspection.

The inspection took place on 4 May 2022 at the provider's offices.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the clinical commissioning group, the local authority contract monitoring and adult safeguarding teams.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one care staff, the manager and the provider.

We reviewed a range of written records including care plans, three staff recruitment files, supervision records and information relating to the monitoring of service provision.

After the inspection

We spoke with two staff members and two relatives of people who use the service. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection the service was rated as requires improvement, at this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe. Relatives told us people were looked after and kept safe.
- People told us they were confident with staff and the manager frequently checks things are okay.
- Staff knew what action to take to protect people. Staff had received training in safeguarding and told us they knew how to spot signs of abuse.

Assessing risk, safety monitoring and management

- Risks were assessed monitored and managed.
- There were comprehensive risk assessments attached to people's care plans. The manager had reviewed all of the documents and was in the process of updating care plans and risk assessments.
- The manager checked equipment was regularly serviced and maintained even though this was not the responsibility of the service to do so.

Using medicines safely

- People received their medicines safely. Records were completed accurately and checked by the manager.
- Staff told us they were trained in medicines and were assessed as competent. Protocols were in place for PRN medicines, PRN are medicines people take 'when required'.
- Staff told us they carried out regular checks on medicines to ensure stock was correct and people received repeat prescriptions to ensure essential medication was always available.

Staffing and recruitment

- Staff were recruited safely. We saw criminal records had been checked, staff all had two references and the provider had carried out an identity check.
- There were sufficient staff to meet the needs of people using the service. People told us their staff were punctual and were always willing to do additional when requested.
- One relative told us, "The management have worked with us to ensure [name] has consistent staff as they don't like changes."

Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood current infection control procedures and the use of personal protective equipment (PPE) and told us they had plenty.
- People told us staff always wore personal protective equipment and ensured there was reduced risk of cross contamination by changing frequently.

### Learning lessons when things go wrong

- The provider and manager had taken a proactive approach to improve the service from the last inspection.
- The manager actively sought feedback from people and ensured they worked on continuous improvement. The manager told us they were keen to learn from incidents, accidents and concerns and make improvements.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection the service was rated as requires improvement, at this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. There was a comprehensive assessment carried out prior to people using the service.
- One staff member told us, "We support people in the way they like to be supported, people like consistency in the care we give them."
- One person told us "They always ask before they do anything and they always explain things to me."

Staff support: induction, training, skills and experience

- Care staff had a full induction and were trained to ensure they have the skills and experience to effectively support people.
- One staff member told us, "We have good training and are trained in different areas so we can support people's needs."
- One relative told us, "[name] doesn't like different staff all the time and they have worked hard to ensure there is a stable team to offer care and support."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear about people's preferences and any dietary requirements.
- One staff member told us, "We prepare meals and cook everything, we encourage a healthy diet."
- The manager told us if they suspected a person's health needs had changed, they sought a professional to assess. They gave examples of speech and language being contacted when one person had trouble swallowing and the falls team being involved when one person had fallen over. They kept this under review and referred on as soon as there were any signs people required a healthcare professional.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's consent for care was sought. People told us their care needs were discussed and any changes agreed.
- Staff understood and followed principles of the MCA to obtain people's consent for care. One staff member told us, "We always discuss what we are going to do [name] likes to go to the city centre and look around the shops."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection the service was rated as requires improvement, at this inspection the rating has changed to good.. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, respect and kindness.
- The manager told us that one person was unable to celebrate their religion in their place of worship because of failing health. The manager had arranged for the service to take place in their home so that they could continue to enjoy their worship.
- Care plans were person centred and celebrated people's diversity. The provider told us the service was adapted to meet people's needs no matter what those needs were.

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

- People and their relatives confirmed they were involved in their care, from planning to delivery. One relative told us, "They have worked hard to ensure that we have the service that [name] wants and increased the care package to suit their needs as their needs have changed."
- Staff told us they delivered care as the person wanted. Staff felt they had forged good relationships and knew the people they supported and supported them as individuals.

Respecting and promoting people's privacy, dignity and independence

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy. One person told us, "Staff treat us well, kind and caring and go over and above, they are always respectful with us and our home."
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way people felt comfortable and respected their wishes.

# Is the service responsive?

## Our findings

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

At our last inspection the service was rated as requires improvement, at this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support responsive to their needs.
- Staff were encouraged to deliver care in a person centred way which respected people's needs and preferences. One staff member told us, "We always make sure that we support people how they want to be looked after and cared for."
- People were encouraged to be involved in planning their care and adjusting requirements as needs changed. The manager told us that they worked closely with people and their relatives to ensure they were getting the support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and agreed with them. Staff we spoke with knew people well and how to communicate with them in the way they understood.
- The provider was meeting the Accessible Information Standard, one person's care plan had been translated into French which was their first language and the provider had provided pictures throughout so that staff knew at a glance what the translation was.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities are socially and culturally relevant to them

- People were supported to take part in activities and outings which was relevant to them and what they were interested in.
- One staff member told us, "People like to have the same staff to take them to places that they enjoy, I'm happy to support people to go where they want to."
- The registered manager told us they had supported people to the local day centre where they took part in different activities and supported a foodbank for those less fortunate.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of our inspection we saw how one complaint had been investigated and resolved.
- People told us if they had a complaint or concern they would be happy to report it and felt confident it would be resolved.

#### End of life care and support

- The provider was aware of planning for end of life care.
- We could see that there were advance decision care plans in people's files although not all of them were completed.
- The manager told us they would have an advanced decision plan in place and would ensure staff had relevant training in supporting end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection the service was rated as requires improvement, at this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager had systems in place to provide a good oversight of the service. The manager was in the process of registering with the Care Quality Commission and it was clear that both the manager and the provider were passionate about the care the service provided.
- Staff told us they felt supported by management and they were happy to speak to them if they had any issues or concerns.
- People told us the manager was responsive to the needs of those using the service and listened to them, taking action if necessary.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear structure in place for staff to escalate concerns. Staff told us the management were always very approachable.
- The manager was aware of the responsibility of reporting significant events to us and of raising concerns with outside agencies as required.
- The provider had clear policies and procedures to promote best practice. There were a range of audits to reflect on the quality of care.

Promoting a positive culture is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager regularly contacted those using the service to request feedback and offer support. The manager also sought feedback from staff to inform improvements to the service.
- Staff we spoke with told us they felt valued and their opinions mattered. The staff told us they were well supported with regular supervisions and management were really good and approachable.
- The provider had systems in place to monitor staff performance, through supervision, appraisals and spot checks.

Continuous learning and improving care; Working in partnership with others

- The manager was committed to working to maintaining and improving care for people. They welcomed feedback and were open to the inspection process.
- Staff told us they had good relationships with visiting professionals.

- The provider consulted with relevant authorities and professionals to improve care for those using the service.