

Melton Care Services 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Melton Care Services Limited provides care to people living in their own homes. 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, 119 people were receiving a service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support to anyone with a learning disability or an autistic person.

Staff were recruited safely, however the provider needed to ensure they consistently followed their recruitment policy.

People were protected from abuse and avoidable harm. Staff had received safeguarding training and knew how to recognise and report any form of abuse.

Risks associated with people's individual care needs, including the environment were assessed, planned for and monitored. Care staff were knowledgeable about known risks and actions required of them to keep people safe.

Written guidance for staff about people's known health conditions and the impact on the person and their care was limited. However, staff were found to be knowledgeable about individual care and support needs, and the registered manager had plans in place to make improvements.

There were enough staff to meet people's care needs. People received care from regular staff who they spoke highly of. Care calls were monitored to ensure calls were on time and staff provided care in accordance with people's assessed needs.

Staff completed ongoing training and support; the registered manager agreed to increase the frequency staff received supervision meetings. Spot checks to review staff competency were completed.

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.

People were supported with their prescribed medicines safely. Care records were monitored to ensure people received their medicines as required. Systems were in place to respond to accidents and incidents.

Infection prevention and control best practice guidance was followed. Staff wore personal protective equipment to reduce the risk of cross contamination and infection.

People who used the service and staff received opportunities to share their experience of the service.

The registered manager had systems and processes that assessed, monitored and reviewed the quality and safety of the service.

People spoke positively and complementarily about the care and support they received. This included how caring and compassionate the staff were and the organisation, communication and responsiveness of the registered manager.

Rating at last inspection

The last rated inspection for this service was good (published 8 January 2019).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Melton Care Services Limited on our website at www.cqc.org.uk.

Recommendation

We have made a recommendation about the provider's oversight and leadership practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Melton Care Services Limited

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 20 November 2023 and ended on 28 November 2023. We visited the location's

office on 27 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 8 relatives, to gather their views and experience of the service. We spoke with the registered manager and 6 care staff. We also contacted 20 care staff by email for feedback and received 11 responses. We looked at aspects of care records for 8 people. We reviewed a range of documentation relating to the management of the service including training records, staff recruitment, quality assurance, policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from abuse and avoidable harm. Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. Information was available for staff of how to report any concerns via safeguarding and whistleblowing procedures.
- A staff member said, "I last had safeguarding training in October 2023, if I had any safeguarding issues I would report to my manager, I would report it straight away and would report anything that puts anyone in any harm."
- People confirmed they felt staff provided safe care. Many positive comments were shared about how well staff supported people. A relative said, "[Relation] said staff are very kind, understanding, very supportive. They feel safe with them."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been assessed and planned for. Staff had access to guidance of action required to care for people safely and how to mitigate known risks. However, guidance for staff about people's health conditions and how this impacted their daily care and support was limited.
- The registered manager told us they were in the process of transferring information to a new electronic care planning system and how they would review information and guidance to ensure it was personalised and detailed.
- We found staff to be knowledgeable about people's individual care and support needs and positive comments were received from people about how well staff understood their individual needs. We therefore concluded this was a recording issue and the registered manager had plans in place to improve the level of guidance for staff.
- Positive comments were received about how well staff provided care and support. A person said, "I am extremely pleased with the care, high quality, very conscientious." A relative said, "[Relation] absolutely loves the staff, they are really good, they are excellent. They are kind, polite, communicate, promote independence to do things [relation] can. They assist and encourage them. They talk to me; they update me if they need to."
- Health and safety risks relating to a person's living environment was also assessed and monitored. This supported people and staff to remain safe.

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 MCA requires that, 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 Mental Capacity Act (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.

- We confirmed MCA principles were known and understood. Where people lacked capacity to consent to their care, an assessment and best interest decision had been made with the involvement of other relevant people.

Staffing and recruitment

- The provider was in the process of recruiting additional staff. Whilst staff reported at times staffing was reduced due to staff sickness and leave, any shortfalls were picked up by office staff including the registered manager. The staff rota confirmed what we were told.
- People received care and support in the main from a consistent staff team. People were positive about the staff's approach, competency and skills. People confirmed calls were generally at the expected time and staff stayed for the duration of the call. If staff were running late, overall, people were informed of this.
- Feedback from people in the main were positive about the delivery of their care package. The registered manager told us a new electronic App was used to record the names of staff expected to provide the care for each call. People and their relatives had access to this information if they wished. A person said, "Yes. There's a couple of carers I see on a regular basis and that's quite nice and there's a relationship, makes it a bit less embarrassing and we can have a chat. The App just shows what time they should arrive." Another person said, "Yes, I have got to know the staff quite well. They are very good. I always know who is coming, does sometimes change."
- Staff recruitment procedures were in place. We found staff had been recruited safely. Checks were carried out before staff started work which included references. However, we noted a staff member who had no previous employment had 1 character reference. The provider's recruitment policy stated this should be 2 references. We discussed this with the registered manager who agreed to review their practice.
- Disclosure and Barring Service (DBS) checks were also completed before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their prescribed medicine safely. Where people received support to take their medicines, a care plan and risk assessment provided staff with guidance of how to provide the support safely. Medicine records were reviewed by the registered manager to ensure people had received their medicines as required. If concerns were identified these were investigated and action taken.
- Staff had received medicines training and had their competency assessed to ensure their practice remained safe.
- People confirmed where they received support with their medicines, this was completed safely. A relative said, "Yes (completed safely), and some of them have a great way, they seem to have got [relation] into a good way of taking it now. If there's a discrepancy in the boxes, they get on to me and I will get on to the pharmacist. One of the medications was not logged on the paper that came with the dosset box and they would not give it unless it was labelled."

Preventing and controlling infection

- Staff received training in the prevention and control of infection and how to use PPE safely. The provider had an infection prevention and control policy in place.

- Spot checks took place by the management team which included checking staff use of PPE.
- People confirmed staff wore PPE when supporting them. A person said, "Yes, they have always got gloves and aprons on. Some have masks."

Learning lessons when things go wrong

- Staff were aware of their responsibilities and actions required if an accident or incident occurred. There was a procedure for staff to record, report and respond to accidents and incidents. The registered manager continually monitored the electronic system for incidents.
- We discussed incident management with the registered manager and identified whilst incidents were minimal, there was no analysis completed that provided oversight of lessons learnt, themes or patterns. The management team agreed to review their practice and implement a system to capture and review this information.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that 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 we rated this key question good. At this inspection, the rating changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had systems and processes that assessed, monitored, and reviewed quality and safety. However, there was a lack of information to assure us internal monitoring systems were fully effective.
- The Nominated Individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual told us whilst they and other directors, accessed daily the electronic systems remotely that monitored quality and safety, they did not record details of these checks, such as frequency, outcome, and actions.
- The registered manager told us they had daily contact with the nominated individual and how they provided guidance and support. Whilst the impact on the service was low it demonstrated a lack of recorded evidence of oversight and leadership by the provider. We discussed this with the management team who agreed to make improvements and immediate actions were taken, this included the implementation of a monthly reporting tool.
- Procedures to support staff needed strengthening. There had been no staff meetings since 2022. Staff received 6 monthly supervision meetings to discuss their work, training and development needs. Staff spot checks were completed 4 monthly. These checks observed how well staff met people's care needs and followed the provider's expected procedures.
- Whilst the provider needed to review their staff support systems and process, this had not had a negative impact on people. We discussed this with the management team who agreed to take immediate action, this included increasing the frequency of staff supervisions.
- Staff training records identified gaps in mandatory training in learning disability and autism awareness, this is a legal requirement for all staff of registered services to complete. The registered manager told us this had been brought to their attention in a recent local authority audit visit. The registered manager told us they had recently completed this training and was arranging for staff to complete. The management team acknowledged this was an oversight. At the time of the inspection, no person was receiving a service who had a learning disability and or autism.

We recommend the provider reviews their systems and processes of how they monitor quality and safety to ensure this is recorded consistently and effectively to show provider oversight and leadership.

- Staff were positive about the support and communication they had with the registered manager. Positive feedback was received from people and relatives, about the staff skills and competency. This was further

confirmed by the registered manager. We found staff to be knowledgeable about people's care needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care and support that was individualised to their care and support needs. Feedback from people and relatives was consistently high about their experience of the service. A person said, "Yes, they know what I want and how I like things done. I have no complaints with the staff at all." A relative said, "The staff are brilliant with [relation], amazing. When relation has a wash, they know what order to do the wash as they are very particular."
- Staff were positive about their work and showed a good understanding of people's individual care and support needs. A staff member said, "If I wasn't working with Melton Care Services, I'd have quit working in Care. They are very good company to work for." Another staff member said about working for the service, "Absolutely perfect! Very rewarding. Office staff are lovely, will sort anything out quick. No issues with travel times or duration."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a quality assurance procedure that enabled people, relatives to share their experience about the service. Surveys were sent out annually. We reviewed feedback received during 2022, evidence was seen that people's experience were mostly positive, the registered manager followed up on people's comments and actions were taken where needed.
- People confirmed they were given opportunities to share their experience of the service. A person said, "Yes. I think I have had two. I have recently done one. There was no need for feedback. The manager has rung me as well to make sure everything was alright." Another person said, "I don't remember, I might have done one. I think they listen to the suggestions. I think they do rectify things in a good way."
- Staff reported they felt well supported, valued and listened to. A staff member said, "I love my job. Seeing people in their homes is so much nicer. You get that one to one with them. I feel supported and have no concerns."

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

- The registered manager understood their responsibilities and requirements of the duty of candour to be open, honest and transparent when things go wrong.
- The registered manager understood their responsibilities to complete statutory notifications. These are specific events the registered manager is legally required to notify CQC to assist us with our monitoring of services.
- At the time of our inspection, no complaints had been received. This was confirmed by people who told us they felt able to raise any concerns and felt confident they would be listened to.

Working in partnership with others

- Staff worked with external health and social care professionals to support people in their ongoing care needs.
- Care records confirmed how staff made referrals and sought guidance and support when required. This included sharing important information with ambulance and hospital staff to support people in their ongoing care needs.