

Vopa Consulting Ltd

Melody Care Aldershot Ltd

Inspection report

140-142 Ash Road
Aldershot
Hampshire
GU12 4ES

Tel: 01252265265

Website: www.melodycare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Melody Care Aldershot Ltd is a domiciliary care service providing personal care. The service provides support to adults, who may have a physical disability, sensory impairment or learning disability. They also support people living with dementia, people who misuse substances, people with a mental health diagnosis and people with an eating disorder. At the time of our inspection there were 54 people using the service.

Not everyone who used the service received personal care. 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.

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

People were happy overall with the care they received. Feedback included, "I think they are doing a good job" and "I'm very satisfied." Some people felt aspects of communication and the timing of some calls could be improved. The registered manager was aware and action was being taken.

There were sufficient competent staff to ensure people received the support they required. The provider took prompt action after the site visit to ensure all staff recruitment information was available. Potential risks to people had been assessed and staff understood what to report and to whom. People were protected against the risk of abuse. Processes were in place for the reporting and reviewing of incidents. Processes were in place to protect people from the risk of acquiring an infection. People received their medicines safely.

The provider had clear objectives for the delivery of people's care and worked alongside other agencies and professionals to meet people's care needs safely. Processes were in place to monitor the delivery of people's calls from day to day in order to identify and address any issues and to audit aspects of the service.

The provider's purchase of 2 additional agencies this year had created challenges, as people and staff adjusted. The focus throughout has remained on achieving good outcomes for people. The registered manager was experienced in their role, they understood and managed potential risks to people's care. The views of people and staff were sought using various methods.

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 assessments 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 care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it

is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was good (published 30 October 2018).

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 remains the same. 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 Melody Care Aldershot Ltd on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Melody Care Aldershot 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 Health and Social Care Act 2008.

Inspection team

The 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 information gathered as part of monitoring activity that took place on 20 July 2023 to help plan the inspection and inform our judgements. We received feedback on the

service from commissioners and a social care professional. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people, 10 relatives, 10 staff and the registered manager. We reviewed 6 people's care and medicine records and 5 staff recruitment files. We also reviewed records related to the safety and management of the service.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were robust safeguarding processes, in place. People and their representatives reported care was provided safely. Their feedback included, "Yes, I'm safe, Melody do their own checks to make certain I'm safe" and "Yes, I'm very safe, better than my own relations."
- Staff had completed the provider's safeguarding training and safeguarding was discussed with them during their supervision sessions. Staff had access to the provider's safeguarding guidance, which had been re-issued to them in March 2023 to refresh their knowledge. There was also a whistleblowing policy, staff could use to raise any concerns. Staff spoken with understood their role, responsibilities and how to raise concerns. Staff told us, "The culture in the office team around safeguarding is strong," and, "I would report anything immediately. We have incident reports and body maps if required."
- The provider had worked alongside local authorities as the lead agency for safeguarding when required to complete investigations. These had been completed thoroughly and any necessary actions taken, to ensure people's safety.

Assessing risk, safety monitoring and management

- People and their representatives reported care was provided safely. Processes were in place to identify, assess and manage a range of potential risks to people. Potential risks to people associated with their environment, health and lifestyle, mobility, eating and drinking had been assessed. Where risks to people were identified, measures were in place to manage them. For example, if people used bed rails to prevent them from falling out of bed, then any risks associated with their use had been assessed.
- Staff had received relevant training to enable them to manage identified risks and had access to written guidance. For example staff had completed training in basic life support, fire awareness, health and safety and moving and handling. A person confirmed, "Yes, they [staff] understand the equipment, I am of the understanding that they have done the Health and Safety training."
- Risks were shared with relevant professionals where required and their guidance was reflected in people's care records. If people lived with diabetes, then there was written guidance for staff about how they would know they were unwell and the actions to take. Staff had undertaken diabetes training.
- Staff understood how to raise any safety concerns and told us they felt able to do so. Staff knew how to seek support from senior staff out of office hours if required.

Staffing and recruitment

- People who required 2 staff to deliver their care safely confirmed 2 staff attended their calls. They told us, "I always get two carers," and, "They come in pairs."
- People were happy overall with the consistency of their staffing. Feedback included, "He has a 'special few' [staff] that come regularly which he has a good rapport with," and, "Recently we have had lots of

different ones due to holidays but I know them all." Three people said some of their care calls were not at their preferred time. There had been pressures on staffing particularly over the summer holidays and with recent staff turnover. However, action had already been taken and new staff recruited who were starting their induction, which will address this issue for people.

- The provider's call data showed some calls were shorter than planned. This was sometimes due to people not wanting the full time allocated to them. Other care calls were longer than planned, which evened out any differences. Overall people reported their calls were of the required length. Some people told us some of their calls had been late, due to traffic or a previous call running over. Most people said they were informed by staff if their call was to be late.
- Staff said weekends were busy and getting to calls on time in areas when traffic was heavy was challenging. Staff worked in geographical rounds, to minimise their travel both between areas and care calls, the rounds were then kept under review. Staff were each contracted to complete some weekend and evening work, to ensure there were sufficient staff. Travel time was built into rounds, as although calls were often a short distance apart, this was required.
- The provider had safe recruitment processes which had recently been updated to ensure information was documented as soon as it was received. The provider's pre-employment checks also included psychometric testing of the applicant's suitability for the role, to help them determine if they had the right values and attitude for the role. Staff completed a range of relevant training for their role and had checks to ensure their competency.

Using medicines safely

- People were encouraged to self-administer their medicines and where they required staff's support with medicines, this was provided safely. People's medicine needs and how any associated risks were to be managed was recorded in their care plan. For example, the actions to take if their medicines stocks were low and who was responsible for ordering medicines.
- Staff received medicines training and had their competency assessed during spot checks of their practice. Staff had access to the provider's medicines guidance which was up to date.
- Staff had written guidance about when to administer medicines people took as required. Staff told us rosters were planned to take into account people who required specific time gaps between the administration of their medicines, to ensure their safe use.
- Staff recorded the administration of people's medicines. They recorded the date any topical patches were applied for people, to enable them to tell when they were applied. Staff did not document the location as recommended by guidance. We spoke with the registered manager who took action to address this with staff.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People's care plans contained clear information for staff about what to report and to whom. Staff spoken with understood their responsibility to raise concerns and report incidents and how to do so. Staff told us, "We have incident forms to complete if required."
- When staff reported incidents, records showed what actions had been taken in response. Staff told us, "We get feedback when things have been reported." Staff were provided with a daily update including any

information they needed to be aware of following incidents.

- When incidents occurred, there was a form for staff to use where required, to reflect on what went wrong and if any changes to practices were needed. The registered manager told us following an incident, senior staff had received refresher training on how to check the expiry dates on hot water bottles. To ensure they remained safe for use.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been challenges this year, with the provider's purchase of 2 other local domiciliary care agencies and a new management and office team for the location. This had entailed a period of adjustment for both people whose care was transferred over and staff. People remained satisfied with the service overall. Feedback included, "Yes, I would recommend them because I get on with them very well," and "It`s like a lifeline to me."
- The registered manager told us during and after the mergers, staff had all been informed of the benefits of working for the provider. These included a range of financial bonuses and performance related incentive schemes.
- Overall staff reported they were happy in their work and well supported. There was a career pathway and opportunities for professional development. Some staff felt covering the summer holidays had been pressurised. However, all staff including the office staff had worked together as a team to ensure people's care calls were covered and newly recruited staff were starting. Staff's additional efforts over this period were also being rewarded with a summer bonus.
- The service had a positive culture. The provider's statement of purpose set out the aims and objectives for the service. Staff told us they learnt about the provider's values and purpose during their induction. Staff spoken to clearly cared about people, which was confirmed by a social care professional. There was a focus on achieving good outcomes for people. The provider had various schemes in place to identify and recognise when carers went above and beyond and to identify incidents of 'what went well' for people. This was also reflected in thank you cards staff had received.

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 legal duty to inform people and their relatives of certain events. When something had gone wrong, relevant people had been informed.

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

- The registered manager was also the regional manager for 3 of the provider's locations. To support them to run the location day to day, there was both an experienced location manager and a deputy manager. The registered manager visited the location most days and told us they had managed to meet all but 10 of the people whose care had been transferred over following the 2 mergers. In addition 1 of the other regional

managers spent part of their week at the location to support staff. Although the registered manager had additional management roles and responsibilities, they maintained a regular presence and had a robust understanding of how the location was performing and any issues which required action.

- Staff were not currently supporting anyone whose primary needs related to their learning disability. However, staff had completed autism and learning disability awareness training, to ensure they understood how to interact and support people.
- The registered manager completed a quarterly audit of the service, the last of which was completed in March 2023. They advised the June 2023 audit had not been completed, due to the summer staffing pressures. The next planned audit was on course for completion as staffing pressures had eased.

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

- Overall people felt there was a good level of communication and said they were informed of any issues. Three people felt communication required improvement, which the registered manager was in the process of addressing with staff. Four people reported they lacked a call roster but the registered manager advised systems were in place for people to receive a roster. Most staff felt communications from the office had improved with the use of social media apps and a daily update.
- People had been sent a survey to complete in May 2023. Their views were also sought when staff had a 'spot check' of their work and through reviews of their care. A person told us how when they had raised issues about a member of staff they had been listened to and the staff member had been removed from their care.
- Staff could give their feedback through supervision, spot checks, meetings or by dropping into the office. The registered manager told us staff were encouraged to visit the office and refreshments were available for them.

Continuous learning and improving care

- The provider's electronic records system only captured data about the full length of the call for the 'main' carer when a person's care was provided by 2 members of staff. People and staff both confirmed 2 staff attended these calls as required. The registered manager advised this was under review, they were also trialling a second system.
- People's medicines administration was monitored through the electronic records system and any gaps in administration records were followed up. The registered manager also audited these records as part of their monthly audit of a selection of people's care records.
- The location manager sent the provider a weekly report, which reflected what had gone well and any risks which required action. This showed communication and travel time were priority areas which were being addressed and improving. They were also supported by the quality manager to complete audits of staff records and people's records.
- There were regular management meetings and meetings with managers from the provider's other locations to review performance and to share learning across the provider's locations.

Working in partnership with others

- Staff worked with a range of local professionals such as district nurses and external agencies to support the provision of people's care. Processes were in place to ensure staff were updated about any changes to people's care.