

Vopa Consulting Ltd

Melody Care Alton

Inspection report

18-20 Market Street
Alton
Hampshire
GU34 1HA

Tel: 01420613121

Date of inspection visit:
29 April 2019

Date of publication:
15 May 2019

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:

Melody Care Alton is a domiciliary care service that was providing personal care to 41 people at the time of the inspection. The service is provided to people living in the Alton and Bordon areas. Melody Care Alton provide care to younger and older people who may live with a disability, mental health diagnosis or dementia.

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

People's experience of using this service:

People liked the staff who provided their care and enjoyed their company. Their comments included, "Ever since I have been with them all I can say is they are all very good at what they do."

People felt very well supported by staff. They reported they received a good quality service, which they felt was well managed.

They told us staff had the skills required to provide their care effectively.

Staff were interested in people and their welfare. They treated them with respect and dignity.

People were kept safe and risks to them were assessed and well managed. Staff understood what to report for people's safety and how.

People had individualised care plans drawn up in consultation with them. These were regularly reviewed with people and updated as changes occurred.

The providers values, induction, staff training and on-going support, ensured staff understood and upheld people's human rights during the delivery of their care.

Staff put into practice the provider's values of kindness, respect and reliance.

The registered manager had taken action to ensure all staff were up to date with their practical moving and handling training, in addition to their theory and competency assessments.

Rating at last inspection:

At the last inspection the service was rated good (11 March 2017).

Why we inspected:

This was a planned inspection to check that this service remained good.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Melody Care Alton

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector 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. The Expert by Experience had experience of caring for older people.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides care to both older and younger people. The service had two managers registered with the Care Quality Commission, one of whom was responsible for the day to day management of the service. The other was a senior manager in the company. 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.

Notice of inspection:

We gave the service 48 hours' notice of the start of inspection activity. Inspection site visit activity started on 26 April 2019 with telephone calls to people who used the service. It ended on 29 April 2019. We visited the office location on 29 April 2019 to speak with the registered manager and staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the site visit we spoke with eight people and one relative to gain their views of the service provided. We requested information about the service from two professionals and spoke with a commissioner of the service. During the site visit we spoke to three care staff, the care team administrator and one of the registered managers. We reviewed care plans, daily records, medicine records and rosters for four people and files for three staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they had confidence in the staff who provided their care and felt safe in their company. Their feedback included, "They make me feel at ease and comfortable" and "I would trust them with anything."
- Staff completed training in safeguarding both adults and children during their induction. The provider recognised staff were likely to come into contact with children as part of their daily work and had recently introduced safeguarding children as a training requirement. Staff updated their safeguarding knowledge annually, to ensure it remained current. Staff had ready access to the provider's safeguarding policy for guidance.
- People were provided with information about how to keep themselves safe in their client handbook.
- Staff spoken with understood their role in safeguarding people from the risk of abuse. They understood the signs which might indicate a person was at risk and the actions they should take.
- The registered manager had not had to make any safeguarding alerts. However, they had a sound understanding of what constituted abuse and their role.

Assessing risk, safety monitoring and management

- People told us risks to them were managed "very well" and said, "Yes, they [staff] are very confident in what they do, and they give me confidence to."
- Staff identified, assessed and managed risks, both to people, and from their environment. Staff's management of risks considered people's wishes and preferences.
- Staff were provided with clear written instructions about how to manage identified risks, the equipment to use and the number of staff required.
- Care staff told us they found people's risk assessments to be thorough and holistic. One said, "They look at the whole picture." Staff recognised risks to people could change quickly. They told us they raised issues with the office as they arose, and office staff immediately updated people's electronic records and informed relevant staff. This ensured care staff were promptly informed of any changes to risks to people.
- Staff had all completed and were up date with their moving and handling theory training. Their practical skills were then assessed through moving and handling competency assessments. The provider also required staff to complete practical moving and handling training. Seven of the 18 care staff needed to either complete or update this training and arrangements had been made for them to do so. Staff had the skills and knowledge to transfer people safely and there was no impact of staff needing to update their practical moving and handling training.

Staffing and recruitment

- People told us they received their care from small teams of staff whom they had got to know. No-one

spoken with minded having their care from a group of staff, rather than one or two care staff.

- People told us their care was delivered on time and staff stayed for the time booked. People's records demonstrated wherever possible they received their care at their preferred times. Staff told us they were allocated sufficient travel time between calls.
- The provider where possible, ensured staff were matched to people's preferences, to facilitate compatibility.
- There were two lead carers, in addition to the office staff and an on-call system. This ensured people and staff could access assistance or guidance as required.
- The provider followed rigorous recruitment procedures and completed relevant pre-employment checks to ensure only suitable staff were recruited. These included psychometric testing which helped the provider gain an insight into an applicant's personality and approach.

Using medicines safely

- People received their medicines as required from trained staff who underwent regular medicine competency assessments.
- People's medicines needs had been assessed and there was an up to date list of people's medicines. Staff had written guidance about when to give medicines taken 'as required' and pictorial guidance for the application of people's topical creams. People's arrangements for the collection of their medicines was noted for staff.
- People's medicines administration was documented on an electronic medicine administration record (MAR). This 'real time' recording, enabled office staff to constantly monitor and address any issues with people's medicines administration. It also enabled them to instantly update people's MAR with any changes.
- Staff ensured they checked any information about changes to people's medicines where required with the relevant professional for the person's safety.

Preventing and controlling infection

- People told us staff wore the personal protective equipment provided. Staff confirmed they were provided with plenty of equipment to minimise the risk of transferring any infection between people.
- Staff underwent infection control and food safety training which they updated every two years. They had access to relevant guidance, both in people's care plans and in the provider's infection control policy. Staff's adherence to the infection control guidance was checked during regular spot checks of their practice.

Learning lessons when things go wrong

- Staff told us they would report any issues to the office. Records confirmed staff regularly reported issues they identified and relevant actions were taken for people. For example, staff rang in to report any falls people experienced when they were not there. Staff were updated about any changes to people's care, either by phone or electronic communication.

Is the service effective?

Our findings

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

Good: 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 told us they had received an initial assessment of their care needs prior to the service commencing. Staff ensured where people were referred from statutory services, they obtained a copy of the person's care plan to inform their assessment.
- The delivery of people's care reflected current legislative requirements and guidance. The providers policies referenced relevant legislation and guidance. This ensured effective outcomes were achieved for people.
- Staff were kept up to date with developments through the provider's learning and development team and access to the electronic portal.
- The providers values, induction, staff training and on-going support, ensured staff understood and upheld people's human rights during the delivery of their care.

Staff support: induction, training, skills and experience

- People told us staff had the skills required to provide their care effectively. Their feedback included, "Yes definitely. They do shadowing as well and make sure they know what they are doing" and "Yes, no problem there."
- Staff had a comprehensive induction to their role, during which they both shadowed and were supported by senior colleagues. Shadowing is when a member of staff observes and works alongside an experienced member of staff. The registered manager sought feedback from senior staff about new staff, following shadowing, in order to assess their suitability for the role.
- Staff new to social care were expected to undertake the 'Care Certificate,' which is the industry standard induction. Staff were required to successfully complete their probationary period, to demonstrate they had achieved the required level of skills and knowledge for their role.
- Staff completed a range of required training, which included areas such as dementia, diabetes awareness and mental health. Staff then undertook further training as required, relevant to their role and the needs of the people for whom they provided care.
- Staff told us, and records confirmed they had been supported with their ongoing professional development. Staff received regular supervisions and observations of their practice. Staff told us they felt well supported in their work, which enabled them to provide people with effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff prepared their meals for them as required and ensured they were provided with food and drink for between visits.
- People's care plans informed staff of who was responsible for ensuring the person had food in their home, such as family. Any risks to people associated with eating and drinking, such as the risk of malnutrition or

dehydration were highlighted. Staff understood people's eating and drinking needs and how these were met. Records showed where staff had any concerns about people's eating or drinking they had taken appropriate action and informed the relevant health professional.

- Staff were able to support people who had a percutaneous endoscopic gastrostomy (PEG), where they received their fluid and nutrition through a tube in the stomach wall.
- People's preferences about what they wanted to eat, and drink and their preferred portion sizes were noted. Staff recorded what people ate and drink at each visit where required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with other agencies, including health and social services. For example, if a person needed an increase in care and they were publicly funded, staff informed the relevant professional. Records showed when people went into hospital, staff ensured their care was ready to restart upon their return. Staff referred people to other agencies as required.
- Processes were in place to promote clear and effective communications between the office and field staff for people. This ensured any information was shared promptly and acted upon.

Supporting people to live healthier lives, access healthcare services and support

- Staff were provided with information about people's medical conditions, to ensure they had access to relevant information.
- Staff ensured people were supported to access healthcare services, where required. When staff noted changes in people, either the person was supported to make a relevant appointment or where they wished their family were informed so they could assist them.

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 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.
- Staff had completed training on the MCA which they were required to update every two years. They demonstrated a sound understanding of the principles of the act and its application.
- Staff had not needed to complete any MCA assessments and best interests' decisions for people who lacked capacity to consent to their care. They had access to relevant forms and guidance to support them if required. The registered manager explained how in a complex situation, they had sought external support to assess a person's mental capacity. Staff understood the MCA, their role and when to seek guidance.
- People were asked to sign their consent to their care where they had the capacity to do so. Where people had a Power of Attorney in place, this was noted and the type of decisions they were authorised to make.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they enjoyed positive relationships with the staff who provided their care. Their comments included, "Yes, they are very nice, we have a good relationship with them all. We have a laugh. They cheer me up!" and "Yes, they treat me like a friend, we get on well. They are all little angels."
- The provider's value-based recruitment helped to ensure staff were appointed who had the right attitudes and values to provide good care. A staff member said, "I like to treat people how I would want my family member to be treated."
- Staff were provided with information about people's background and personal history, to enable them to initiate conversations. Staff told us how they used this information to foster positive relationships with people by finding out more about their life and history.
- People's care records noted what they enjoyed and what they did not like and how staff could best support the person with each aspect of their care.
- Staff had undertaken training in equality and diversity and person-centred care. Staff recognised the individuality of the people. People's care records very respectfully acknowledged what was of particular significance to individuals and how to uphold their wishes and beliefs during the provision of their care. People's records provided staff with information about each person's communication needs and how these were to be met.

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

- People felt consulted about decisions about their care. Their care records noted who they wanted involved in decisions about their care and their order of significance to them. People were provided with relevant information to enable them to make informed decisions about their care, in their information pack, in the providers statement of purpose and on the provider's website.
- Staff were instructed in people's care plans to respect their right to make their own choices. Staff told us they constantly involved people in decisions about their care. One staff member said, "You are asking people all the time how they would like things done."
- People's care plans explicitly instructed staff to spend time talking to people. Staff confirmed they had time to spend with people. This ensured care was person centred and focused on people's well-being rather than on the completion of tasks.

Respecting and promoting people's privacy, dignity and independence

- People's care records instructed staff on how to support people sensitively and respectfully. A person confirmed they found staff's behaviour with them in difficult situations very helpful.
- Staff had undertaken training in privacy and dignity. They understood the importance of respectfully upholding people's privacy and dignity during the provision of their personal care. They described the

measures they took to support people with their personal care, to protect their dignity.

- People had control of their data and records. For example, people were able to choose to have manual records if they did not want their information held and managed electronically. People were able to access their electronic records and could decide if they wanted other members of their family to be able to access this information.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were involved in planning their care, which met their needs. People's feedback included, "We had a meeting with the care company and have added to the care plan over the years."
- People's care was planned with them and a representative of their choice where appropriate. Care plans were person centred and fully reflected their physical, mental, social and emotional needs.
- People confirmed staff enabled them to remain independent. Their feedback included, "Yes, they will let me do the things I can do by myself and I like that." Another person told us staff supported them whilst they went in their garden to take exercise. A staff member told us how they involved people in daily tasks, such as making a cup of tea, by doing them together. This made people feel involved and able.
- People had regular reviews of their care, to ensure plans remained up to date and reflected their needs. People's records showed the service was responsive to changes in their needs and requests. Staff re-arranged care around people's appointments and increased care as required.
- Staff supported people to follow their interests and take part in activities where they were commissioned to provide this care. Some people received care under the carers, 'Take a Break' scheme. Staff were provided with guidance about what people wanted to do and where they could take them. There was evidence staff took people out into the community, for example, shopping and to garden centres as per their wishes.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- The provider's electronic care delivery system enabled office staff to monitor people's care call delivery in 'real-time'. This enabled any issues, for example with the time of a call to be identified immediately and addressed for people.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint in their client handbook when they joined the service. Staff understood how to support people to make a complaint if required. Staff checked with people at their reviews if they had any complaints. Where an issue had been raised, we saw there had been a thorough investigation and full response provided. Relevant action had been taken to reduce the risk of repetition.

End of life care and support

- Staff were not currently supporting anyone at the end of their life. The registered manager showed us the advance care plans they used with people who required this care, to document the person's preferences and wishes. Staff told us they had undertaken relevant training, which records confirmed. Staff told us they were well supported when providing people with this care.

- Staff ensured where people had forms in place to guide professional decision making in the event of a clinical emergency. A copy was kept on their electronic records, to ensure they were immediately accessible.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were pleased with the service they received. Their comments included, "They are very good at what they do, we have never used anyone else and they are first class." "I must say they are always very polite, kind and helpful. I really can't find a fault. I get on with them all."
- The provider had launched new values in September 2018 of kindness, respect and reliance, which had been identified with the involvement of staff. They defined who the company was and what they did. People's feedback and our observations demonstrated staff 'lived' these values and applied them in their work with people.
- The registered manager monitored the day to day culture in the service. This involved them regularly working in the field, alongside staff in the provision of people's care. All three office based staff worked some hours in the field. This fostered a good culture within the staff group and enabled them to have oversight of the practical delivery of people's care. There was an open and honest culture.
- Staff told us they were happy working for the provider. They valued the measures the provider took to recruit and retain staff. One staff member told us, "[Provider's name] cares about his staff," another commented they felt "part of a family". Staff told us how a group of them were involved in a fund raising event for a local charity.

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

- People told us the service was well managed. Their comments included, "I have a very good relationship with the manager" and "Yes, very well managed."
- The registered manager had a good understanding of the key challenges for the service, such as on-going staff recruitment and how this was to be achieved. They also knew what the service did well, in terms of being person centred and listening to feedback.
- The registered manager felt well supported within their role by senior management.

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

- Processes were in place both to engage with and seek people's views and those of staff.
- People told us their views were sought at their reviews and through the provider's annual survey, which had recently been circulated and the results were awaited. People were also encouraged to provide ongoing 'working feedback' either on the provider's website or by post.
- Staff's views were sought through team meetings and the registered manager's 'open door' policy,

whereby staff were encouraged to drop in and express their views. These processes ensured open communication with people and staff.

Continuous learning and improving care

- There were robust quality assurance processes. The electronic care planning and delivery system enabled office staff to continuously monitor the delivery of people's care and to identify and address issues as they arose. In addition, specific audits were completed on the electronic records. For example, in relation to hydration and daily records, to check the quality of service delivery.
- In addition, the processes of reviews, working feedback, surveys, complaints, compliments, spot checks and supervisions enabled the registered manager to monitor the quality of the service provided.
- The provider had completed monthly audits of the service until March 2019, when these had been devolved to the branch, with the registered manager now reporting back to senior management on their outcomes. The registered manager felt this had enabled more ownership of the auditing process at the local level.