

Vopa Consulting Ltd

Melody Care

Inspection report

Unit 10 Enterprise Centre
Coxbridge Business Park
Farnham
Surrey
GU10 5EH

Tel: 01252220080

Date of inspection visit:
09 December 2015
16 December 2015

Date of publication:
29 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Melody Care over two days on 9 and 16 December 2015. We told the provider two days before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to the agency's records. Melody Care provides personal care services to people in their own homes. At the time of our inspection 65 people were receiving a personal care service from the agency, most of whom were older people or people with physical needs.

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

We found that Melody Care was an efficient and effective agency. People who received services from them spoke highly of quality of care. Both people and their relatives praised the kindness and compassionate nature of care staff who they frequently described as "Going the extra mile to support them." People, relatives and staff who had experience of other agencies told us that "This company compares so much better."

Care staff worked in geographical teams which meant that most people benefited from the support of a regular team of staff. People told us that care staff "Know me very well" and that they received consistently good care. Care staff said that their jobs were made easier by being able to support a regular group of people whose needs and preferences they knew well.

People told us that they felt "Very safe" as a result of the care they received and several relatives commented that their family members were able to remain living in their own homes because of the care they received. The service had appropriate systems to safeguard people from the risk of harm or abuse and staff were knowledgeable about how to keep protect people and keep them safe.

The care philosophy for the service stated 'We know that if we are to provide the highest possible standard of care ...we must...recruit very special people with a great attitude ...and train them thoroughly.' We saw that the agency placed a lot of effort into the recruitment, selection and training of its staff. The outcome of this was reflected in the consistently positive comments we received about care staff. People described staff as "Absolutely brilliant" and "Well trained." Similarly relatives told us "My family member receives excellent care from them" and "I totally trust them."

The service had a comprehensive programme of training and staff told us that they had the training and support to undertake their roles. Staff demonstrated to us that they were aware of their responsibilities and knew how to deliver high quality care. Where people were supported with their medicines, this was done safely and appropriately.

The service was responsive to changes in people's needs and tailored their services accordingly. People were involved in the planning and reviewing of their care and supported to be as independent as possible. People were assisted to maintain good health and supported to access appropriate healthcare services. One relative told us "They have helped my family member to improve their health and we have managed to reduce his care needs from four calls a day to two calls a day and it's mostly down to their help."

Melody Care had good systems in place to monitor and improve the quality of its services. People were regularly asked for their feedback and satisfaction surveys sent to both people and staff were used to identify areas of concern or improvement. Where people raised complaints, these were investigated and attempts made to resolve issues to the satisfaction of people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

The service had an enabling approach to managing risks which promoted people's safety and independence.

The service had a robust recruitment process which ensured that there were sufficient and suitable staff to meet the needs of the people they provided care to.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

Gaining consent from people was something staff did automatically. Staff demonstrated an awareness of the Mental Capacity Act 2005.

People were supported to eat and drink in accordance with their care plan.

People were supported to maintain good health. People's health and support needs were assessed and care records reflected the care they required to keep healthy and well.

Is the service caring?

Good ●

The service was caring.

People and their relatives repeatedly praised the kindness of care staff who supported them.

People received care that was consistently provided in a respectful, dignified and inclusive way.

The agency had a clear philosophy which put people at the heart of the services provided. There were good systems in place to ensure care staff delivered high quality and compassionate support.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was responsive to their changing needs.

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences.

Staff supported people to be as independent as possible and reflected the agency's principles of putting people at the centre of their work.

People who used the service and their relatives said both management and staff were approachable and were confident about raising any issues or concerns with them.

Is the service well-led?

Good ●

The service was well-led.

The agency was well organised with efficient and effective management systems in place.

The agency had good systems to regularly monitor quality and identify areas for improvement.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the services provided.

Melody Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 December 2015, with a follow-up visit to the agency's office on 16 December 2015. The provider was given 48 hours' notice. We did this to ensure the managers were available to meet with us and provide access to records. The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the agency. Using this information we sent out questionnaires to a range of people. We received responses from 18 people, three relatives and eight staff.

During our inspection we went to the agency's office and spoke to the two registered managers (one of whom was also the provider) and three staff. We reviewed a variety of documents which included six people's care plans, four staff files and other records relating to the management of the service.

After the inspection, we conducted telephone interviews with six people who used the service and six relatives of people who received care. We also telephoned a further two care staff to seek their views on working for the agency.

We spoke with two other health and social care professionals who were involved in the care provided to

people who used the service.

Melody Care was last inspected in September 2013 where we had no concerns.

Is the service safe?

Our findings

People said that they felt safe with the care workers who supported them. We were consistently told "I am very safe with them" and "They know me very well and I feel very safe with them." Similarly, relatives echoed the same view and made comments such as "My wife is very comfortable and feels very safe in their hands" and "I totally trust them."

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

The service had an enabling approach to managing risks which promoted people's safety and independence. We read that a supervisor completed a detailed assessment with people before the commencement of any care package. This included assessing any risks associated with people's needs, living environment or equipment. Where specialist equipment, such as hoists were used, we saw that the service had taken steps to check that these were kept in good working. Where risks had been identified in respect of a person's property, appropriate action had also been taken to ensure the safety of staff. For example, the assessment for one person highlighted that their home had no outside lighting and as such care staff had been provided with torches to enable safe access when it was dark.

We read in care records that risk assessments were kept under ongoing review and staff confirmed that they understood the importance of reporting any new risks to the office. When people's needs changed, such as their mobility decreased or they experienced falls, we saw that risk assessments had been updated in a timely way and appropriate action taken.

Appropriate steps had been taken to ensure that information about how to access people's homes was kept safe and only available to those who needed to know. People and their relatives had no concerns about the way the agency managed access to their homes.

The agency operated a 24 hour on call service. People said that whenever they called the office, they always received a response, regardless of the time of day. The agency used a computerised system linked to staff's mobile phones which enabled them to check that care workers had completed their calls in a timely way and highlight if any call or task was missed.

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

There were clear systems for allocating care staff and people confirmed that they were informed in advance of the care workers that were scheduled to support them. People told us that they received a weekly schedule which included the times of their calls and the name of the allocated care worker. Feedback included "I always know who is coming and if there are any new carers." The registered manager told us that people received their schedule in the way they preferred. For example, some people chose to have a weekly printed list, whereas others liked to log on to the service's online system and check for themselves. People told us that care staff usually arrived on time and had never missed a call to them. They said that where delays had occurred, these were due to traffic and staff would only be late by up to ten minutes. Staff confirmed that the office usually allowed them sufficient time to travel between their allocated visits.

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

The service had good systems in place to safely support people with the management of their medicines. Where people required support with their medicines, this was provided by staff who had been trained in the safe administration of medicines. Staff handbooks included copies of the service's medication policy and procedure for them to refer to. Care records documented the necessary information to ensure people received their medicines as prescribed. Staff used the computerised system to record when people had taken their medicines. This system allowed the office to ensure people received their medicines in a timely way.

Is the service effective?

Our findings

People told us that they were supported by care staff who were well trained and understood their needs. People made comments to us such as "They are very good at their jobs" and "They seem to be very well trained." Similarly, a relative told us "They understand mum and dad really well."

Staff had the skills and knowledge to meet people's needs. The registered manager gave us examples of how they matched people with the right staff. For example, by ensuring staff had the right skills to meet people's specialist needs. We saw that the electronic scheduling system supported this process by not allowing care staff to be allocated to support people whose needs were outside their skill set. Staff told us that where people had specialist needs, additional training and support had been provided to them.

The service was committed to ongoing training. Staff told us that they had received a good induction when they commenced working with the agency which had included both online and practical training together with shadowing other care staff. We saw that staff recruited since April 2015 had been signed up to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

We read in staff files that staff completed a wide range of continuous training which included regular updates in areas such as moving and handling, safeguarding, first aid and dementia awareness. Each staff member was given a handbook which outlined their roles and responsibilities and what was expected of them. This helped to ensure that care staff lived the visions and values of the agency and provided support in accordance with best practice guidelines. Through the process of regular spot checks on staff and supervisions, staff practices were competency assessed on an ongoing basis.

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

People received appropriate support to ensure adequate nutrition and hydration. Where people needed assistance to eat and drink there was a care plan in place to outline the support required. This provided information about people's likes and dislikes and how they should be assisted. We read in one person's care plan that they liked their meals to be served in a particular way and this preference was fully documented for staff to follow.

People were helped to maintain their health and wellbeing. The service supported people as necessary to access other healthcare support. Where people required specialist health care support, we saw that the service had appropriately liaised with other healthcare professionals such as district nurses or occupational therapists to ensure this care was delivered safely and effectively. One relative told us how the agency had

immediately advised them how to support their mother when a small pressure area was noticed to ensure it did not break down further.

Is the service caring?

Our findings

People and their relatives repeatedly told us how kind and caring staff were to them. People who had previously used other agencies said "This agency compares so much better, they are all very caring from the manager to the carers." Care staff was consistently described as "Excellent" and "Very caring".

We were given examples of how care staff had "Really gone the extra mile." For example, one relative described how when their family was unwell, the care staff had stayed with them until the ambulance arrived and then returned in their own time later just to see how they were. Another relative had contacted us to tell us how "Efficient and compassionate" the service was and how they believed they were the reason their mother was able to remain in her own home.

Staff worked in geographical teams which allowed most people to receive support from the same small number of staff. People told us that they appreciated having the same care staff because it gave them consistency and continuity of care. One person said "The carers know me very well, they seem interested in me." Care staff confirmed that they mostly supported the same people which meant that they are able to get to know them and how they like their care to be provided.

The staff we spoke with were motivated and enthusiastic about the work they did. Staff understood the importance of building positive relationships with people and demonstrated how they provided good quality care to people in a way that recognised them as individuals. Feedback from relatives reflected this with comments such as "They seem to be very caring and enjoy doing their job." Staff recognised the importance of supporting the whole family unit to ensure people received the best care. This was echoed by a relative who told us "The company don't just look after my husband; they look after both of us." Another relative told us of an occasion when they had been unwell and how the next day, both the care staff and the registered manager had contacted them to make sure that they were okay.

People's privacy and dignity were protected. People told us that staff always treated them with respect and that their privacy was never compromised. Relatives re-iterated that personal care was provided sensitively and discreetly. One relative commented "My wife is never made to feel embarrassed in any way by any of them." Similarly, another relative remarked "They treat my relative with such dignity, care and respect." Staff talked to us about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and allowing people privacy in the toilet.

The service was clear about the importance of respecting people who use their service. The published philosophy of Melody Care included the statement that they "Strive to ensure that the needs and desires of our service users are at the very centre of everything we do." Staff talked to us about the things they did in practice to follow this philosophy. As such staff described situations where they had respected people's choices and encouraged them to be as independent as possible. Staff demonstrated that they understood the need to respect people's confidentiality and personal information.

Is the service responsive?

Our findings

People told us that the service had taken the time to get to know them. They said "The manager called out to see me and discuss my needs before I commenced care with them, I was very happy with this."

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. We read that each person had been appropriately assessed before the commencement of care. This information had been used to formulate a plan of care that was personalised to them. Information recorded details of their backgrounds, needs and what was important to them. We saw that people had been consulted about the support they needed and the outcomes they wanted from their care. People's preferences such as the time and length of their care calls were fully documented and reflected in the package that they then received.

For most people, the agency used a live computer system to provide care staff with access to current information about people via their mobile phones. People told us that if they requested their information not to be stored in this way, this was respected and they had a paper file in their home containing the required information instead. Staff told us that for the most part, the electronic system worked well because both care and office staff had access to the same most up to date information at all times. We were however told that in some areas, mobile signal issues meant that they could not always access the information they needed in a timely way. In such cases, staff said that they would contact the office who would provide the necessary information over the phone.

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

People received a personalised service that was responsive to their changing needs. Melody Care had formal systems to ensure people's care was monitored by supervisors on at least an annual basis. We found that this process was followed across the agency and in many cases, reviews had occurred more often. For example, where care staff highlighted concerns or issues with a person's care then this was followed up with a review by the supervisor. People also saw supervisors face to face when they carried out spot checks on staff and as such we saw that this process also sometimes triggered a formal review of people's care.

Care staff provided us with examples where people's support needs had changed and the service had worked with the funding authority to adjust the care accordingly. In some cases this meant that people's support needed to be increased, whilst on other occasions packages of support had been reduced because the person had become more independent. One member of care staff talked to us about a person that they had previously supported twice a day every day with all their care needs. They went on to describe how they had supported this person to gradually do more for themselves and as a consequence they were now much more independent and as such their care calls had been reduced down to five visits a week. Feedback from

relatives also confirmed that the service responded well to people's changing needs. One relative told us "They have reacted to their changing needs really well."

People who used the service and their relatives said both management and staff were approachable and were confident about raising any issues or concerns with them. The service had a clear policy and procedure for the handling of complaints. People told us that they felt able to complain should they need to. We saw that where people or their relatives had raised concerns about their care in writing, these were dealt with appropriately and in a timely way.

Is the service well-led?

Our findings

Most people and their relatives felt that the service was well managed. One relative told us that they had a good relationship with the registered manager who they said had frequently given them good advice about how to effectively support their family members.

Melody Care had recently taken on a number of clients and care staff previously attached to another agency. In respect of these people and staff we received some feedback that communication could be slightly improved. The service has since registered another location to manage this geographical area which should ease the situation for all parties.

The service was well organised with efficient and effective management systems in place. The registered manager had recently worked hard to implement standard operating procedures to ensure that all office staff had detailed processes to follow in order to deliver services consistently and efficiently. As such, manuals and checklists had been produced to ensure all activities from staff recruitment to the assessment of people were carried out appropriately and in accordance with the regulations and company policies. This meant that the correct protocols would be followed regardless of which staff were responsible for delivering them.

Melody Care had good systems to regularly monitor quality and identify areas for improvement. The service had a number of ways to monitor and check the quality of care provided. For example, supervisors completed regular spot checks on care staff to ensure they were working appropriately. In addition to spot checks, supervisors also undertook supervisions with staff which included watching their practice in people's homes. We saw that feedback from these sessions were recorded in staff files.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the care provided. In addition to the face to face reviews and the regular spot checking of staff, the service sent out twice yearly satisfaction surveys to people to gather their views on the service. We saw that this feedback had been analysed and actions set in response to any areas identified for improvement. As a result of the most recent surveys, the service was in the process of introducing an electronic scheduling system so that people and their relatives could log-on to the Melody Care website and monitor any changes to their calls as they occurred.

Regular surveys were also sent out to staff and we saw that any issues raised in these were then discussed in subsequent staff meetings. We read that staff meetings were also used as a forum to improve staff practices in areas such as communication, accessing training and using the new electronic recording systems.

Records were well maintained and stored safely. Confidential information was held securely and the agency also used a computerised system which enabled care and office staff to have live access to people's current information. We found that regular audits of care and staff records were undertaken to ensure that they conformed to the agencies policies. Clear action plans were attached to each audit with timescales for outstanding areas to be completed.

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